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Practice Notes: Strategies in Health Education

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Practice Notes: Strategies in Health Education

The Practice Notes section is intended to keep readers informed about health education practice around the country. It is an attempt to spread the word about exemplary strategies, initiatives, and programs and share successes in overcoming obstacles or challenges. Periodically, articles presenting perspectives on practice-related issues are also included in Practice Notes.

Program: Usage of a Pedestrian Count Tool to Measure Environmental and Health Promotion Efforts

Sponsors: The Northern Kentucky Health Department, the City of Erlanger, Kentucky, and Step Forward Erlanger Community Coalition

Objective

To monitor the progress in the promotion of walkable community initiatives.

Assessment of Needs

The surveillance of pedestrian activity levels is essential in monitoring progress toward national and state goals to decrease obesity and overweight. Recommendations are that children accumulate 1 hour of physical activity daily, and adults a minimum of 2½ hours per week (U.S. Department of Health and Human Services, 2008). The Centers for Disease Control and Prevention (CDC) has determined that improving and creating environments that promote activity can result in a 25% increase in the percentage of people exercising at least three times a week. (CDC, 2005). People living in neighborhoods with a mix of shops

and businesses within easy walking distance have a 35% lower risk of obesity (Powell, Martin, & Chowdhury, 2003). The Task Force on Community Preventive Services strongly recommends the creation of enhanced access to places for physical activity combined with informational outreach (CDC, 2005). Public health practitioners are asked to measure outcomes of working with communities to increase pedestrian activity with little resource allocation to evaluation.

Program Strategy

A comprehensive plan involving environmental changes and health promotion was developed to create a walkable community in the city of Erlanger, Kentucky. This project, initially a collaborative effort between the city and the Northern Kentucky Health Department (NKHD), led to the

creation of a Master Sidewalk Plan for the city of Erlanger, a community coalition, and implementation of health promotion programs that promote walking and biking. The NKHD assisted the city in finding and applying for funds for the Master Sidewalk Plan. Thus far, grant awards plus city contributions total \$1,078,821.00.

The National Documentation Project (NDP) survey tool is being used to measure change in pedestrian and bike counts over a 5-year period during which both environmental changes (sidewalks, crosswalks, signage, etc.) and health promotion programming will be initiated.

Evaluation Approach

The NDP annual bicycle and pedestrian count and survey is sponsored by the Institute of Transportation Engineers Pedestrian and Bicycle Council. NDP was initiated by Alta Planning and Design, a national bicycle and pedestrian planning firm. At the time of initiation, there was no consistent counting or surveying methodology (Alta Planning and Design, 2008). The NKHD adopted the NDP tool to evaluate whether walkability efforts were working in Erlanger. Data were collected using trained community volunteers. The volunteers count bikes, pedestrians, and other modes of nonmotorized transportation during the official pedestrian count week (2nd week of September). Additional baseline data were gathered in May 2007 before construction or beginning walking education programs. Raw data are submitted to the national center and data are used internally.

Implications for Practitioners

The tool is simple to use and economical, and community volunteers can be easily trained. It does have limitations: counts are affected by weather; Alta-Planning has not yet put the entry system online, therefore

requiring faxing; and although Alta Planning is housing the data, there is no reporting tool for comparison between local and national data. The ease of use and economy of the tool, however, outweighs these problems. Changes in the transportation system (roads, sidewalks, trails) are made by people elected or appointed to make such decisions. Officials are accountable to the taxpayers in their communities. The NDP survey tool provides an economical way for public health, planning professionals, and elected officials to report on the progress of the investment in infrastructures that promote walking. It provides a cost-effective and sustainable strategy tool for evaluation of walkable community initiatives.

For more information, contact Steve Katkowsky, Public Health Director, or Mary Singler, Health Promotion Manager, 610 Medical Village Drive, Edgewood, KY 41017; phone (859) 341-4264; e-mail: steve.katkowsky@ky.gov or mary.singler@ky.gov; website: www.nkyhealth.org.

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Program: Put It Out Rockland: A Tailored Approach to Smoking Cessation

**Sponsors: Rockland County Department of Health,
Division of Health Promotion**

Objectives

The Put It Out Rockland (PIOR) cessation program is part of a comprehensive tobacco prevention, education, and cessation program within the Rockland County Department of Health. At the onset of the program, the goal was to achieve an adult smoking rate of 12% by 2010, consistent with Healthy People 2010. The primary objective of PIOR is to provide direct cessation services and resources, including free nicotine replacement therapies (NRTs), to the residents of Rockland County, with a special emphasis on the underserved.

Assessment of Needs

Rockland County is geographically the smallest and one of the most ethnically and economically diverse counties in New York State. On program initiation in 2003, adult smoking rates in Rockland County were slightly more than 15%, lower than those for the U.S. as a whole or New York State, but not meeting the Healthy People 2010 objective (Lieberman, 2008).

Program Strategy

In 2003, Master Settlement Agreement funds were used to develop a comprehensive tobacco prevention, education, and cessation program. Two individuals were hired and trained as tobacco treatment specialists. After reviewing best practices and other successful program models, an 8-week, 10-session group behavior modification

program using nicotine replacement therapies (patch, gum, and lozenge) was developed. The first two sessions of the program occur before the quit date to allow for quit preparation. Program participants receive handouts and educational materials specific to the content of each session.

Best practice at the time of program development suggested that an 8-week course of NRT was effective and that the combination of behavior modification and NRT yielded a higher quit rate than either one alone (Fiore et al., 2000). Early on in the program, it was noted that an additional 2 weeks of NRT (for a total of up to 10 weeks of treatment) increased program success in those who experienced difficulty as determined during midprogram evaluations. In addition, the Put It Out Rockland program developed a unique, tailored dosing approach that includes double dosing (patch with gum or lozenge) for clients smoking more than 25 cigarettes per day with a high Fagerstrom score.

Evaluation Approach

Since 2003, an independent, external consultant has completed a continuous and ongoing evaluation of the program. A pre- and posttest survey and 3-, 6-, and 12-month telephone follow-ups are used to calculate cessation rates for program completers. Extensive process evaluation has provided feedback to improve program implementation and delivery. In 6 years, more than 1,257 smokers have participated in PIOR, with 919 (74%) completing the program.

Implications for Practitioners

Evaluation is often the overlooked and undervalued component of public health practice. In this project, evaluation data were especially important in determining the most successful cessation method. Qualitative feedback was used to expand and modify the program. PIOR began as an 8-week group program. Some participants expressed a need for ongoing support after program completion, others described a desire for an individual program rather than a group, and other members had difficulty making all group sessions. Subsequently, a one-on-one version of the program was developed that includes at least three 30-minute sessions with a cessation specialist spread out over 6 weeks. It was also noted that non-English-speaking individuals preferred the one-on-one method. Therefore, translators are now available for sessions in Creole/French, Spanish, and Russian, the predominant languages spoken by residents in Rockland County. Over the years, the PIOR program has developed an extensive network of partner organizations, including schools, work sites, and other community-based organizations and coalitions that increase community awareness, referrals, and program promotion. Outreach workers have been essential in reaching the underserved and non-English-speaking population. Both observational feedback and formal evaluation data have been useful

in the development of this "model practice" program as designated by the National Association of County and City Health Officials (NACCHO) in 2004.

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PRACTICE NOTES EDITORIAL COMMITTEE

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SUBMISSION INFORMATION

Abstracts for Practice Notes and all correspondence concerning abstract review should be sent to Lisa D. Lieberman, Department of Health and Nutrition Sciences, Montclair State University, liebermanl@mail.montclair.edu. Submissions, formatted in Word, can be sent by e-mail attachment to liebermanl@mail.montclair.edu. Published manuscript length is approximately 300 words (excluding headings and contact information). Submitted manuscripts may be up to 700 words and will be edited for length and clarity. Include the following: name of initiative or program, contact person, sponsoring agency or agencies, address, and phone number. The program description should include the following headings: Objective, Assessment of Needs, Program Strategy (e.g., risk reduction, community organizing, media advocacy, disease management, policy advocacy, coalition building, social support, etc.), Evaluation Approach, and Implications for Practitioners (including descriptions of any special challenges or unique circumstances that the project has overcome). Authors should not include evaluation results because Practice Notes is intended to describe processes and programs, not to assess outcomes. Submissions will be judged on applicability and utility to the health education practitioner, clarity of objectives, innovativeness and creativity, existence of evaluation plan, and potential replicability. Additional artwork, graphs, or tables may be submitted in camera-ready form.

