Evidence-Based Practices Report

Thurston Coalition for Women's Health

April 2011

Executive Summary

This report, developed by Thurston County Public Health & Social Services in collaboration with the Evidence-Based Practices Subcommittee of the Thurston Coalition for Women’s Health, provides options for evidence-based practices that best fit the coalition criteria that were developed and approved by the Thurston Coalition for Women’s Health in January 2011. This information will be used by the Thurston Coalition for Women’s Health as options for strategic planning to address priority health issues and improve health outcomes of women and girls in Thurston County.

As the Thurston Coalition for Women’s Health moves forward with recommending priorities and strategy, the committee offers the following for consideration:

- Prevention needs to start with girls and younger women. Addressing programming to younger age groups is vital to improving the health of women/girls.

- Screening, if not coupled with resources and services, can be more detrimental than helpful. Screening is an important part of health services, but when considered it needs to be part of a more comprehensive program that offers resources for care.

- In the topic area Access to Health Services there is a significant gap in our community that affects women and girls. With the current state of flux in health care reform, there is an increasing need to address this gap. The committee recognizes the urgency of dealing with this gap, but was unable to find options that fit the criteria.

- In some of the topic areas, particularly physical activity for women and girls, there are programs in development (e.g., TAAG and LEAP programs) that may be of interest in the future once they have been evaluated. Focusing on physical activity, particularly certain forms of physical activity (e.g., weight lifting) that have traditionally not been gender focused was an area of interest to the committee.

- There is a need for more programming that uniquely addresses the experiences of women and girls in each of the topic areas and delves into how to best serve them.
The Thurston Coalition for Women’s Health identified eight health-related topic areas of interest in November 2010. These topics include: Abuse, Access to Health Services, Chronic Disease Related Conditions, Mental Health, Nutrition, Physical Activity, Substance Use, and Weight (BMI). The Evidence-Based Practices Subcommittee reviewed numerous potential interventions for these topic areas based on the coalition developed and approved criteria. The guiding criteria include:

- Targets women/girls: preconception/interconception
- Evidence-Based
  Adherence to a model/fidelity
- Can be in place within 6 months
- Costs less than $75,000
- Return-on-investment, cost benefit potential
- Sustainable components
- Prevention focused
- Supports funder priorities
- Driven by priorities identified from year 1 planning grant
- Enhances existing services or address gaps in our community
- Shows short-term health improvement within 1-2 years
- Can be implemented by community-based organizations
- Programs that address multi-topic areas are preferable

Based on these guiding criteria the Evidence-Based Subcommittee offers the following evidence-based options list as interventions that fit the Coalition criteria.

- **Girls Circle***
- **Supporting breastfeeding in worksites, healthcare, and childcare***
  - Athletes Targeting Healthy Exercise and Nutrition Alternatives (ATHENA)
  - Little by Little
  - Commit to Quit
  - BodyWorks
  - Big Brothers, Big Sisters Mentoring Program

*Of these recommendations, the committee proposed Girls Circle and Supporting breastfeeding in worksites, healthcare, and childcare as the top two best interventions meeting the established criteria with which Thurston County should move forward. To learn more about these programs, please see Appendix A.
Methods

The Evidence-Based Practices Committee was formed in December 2010. They met three times between February-April 2011. In February the committee met for orientation of the project, in March the committee reviewed an initial list of options for consideration and discussed them, and in April the committee compiled their final recommendations and reviewed the report draft. Members of this subcommittee were:

- Rachel Alm, Sea Mar Community Health Centers
- Joe Avalos, TCPHSS Chemical Dependency Program
- Traci Crowder, Behavioral Health Resources
- Larry Geri, United Way of Thurston County
- Holly Greenwood, CHOICE Regional Health Network
- Stephanie Kerr, Providence St. Peter Hospital
- Gwen Marshall, South Sound Breastfeeding Network
- Jolene Stiles, South Puget Sound Community College

Between meetings, Thurston County Public Health & Social Services staff conducted research on evidence-based interventions that addressed the eight topics areas identified earlier in the Coalition’s process. The full listing of interventions that PHSS staff preliminarily considered to meet Coalition criteria and matched with these areas of preconception health for women and girls can be found in Appendix B.

Assumptions and Limitations

- The committee’s scope was limited to evaluating evidence-based practices that met the strict criteria of the coalition. There are many other options for evidence-based practices that do exist but fall outside of one or more of the criteria. See Appendix B for a listing of the full set of intervention options presented by PHSS staff to the committee for its consideration.

- The committee was limited to the programs that target women and girls. We reviewed several programs that met all of the criteria of the coalition except for the fact that they were more universal and did not uniquely address the experiences of women and girls.

- In some topic areas, there are very few evidence-based practices that have been established that emphasize primary prevention or that have been reliably evaluated enough to include.

- In many topic areas, cost was a major prohibitive factor.
Findings and Discussion

PREVENTIVE SERVICES: Among the main points of discussion for the Evidence-Based Practices Subcommittee was the importance of identifying preventive services. Intervening before the onset of health conditions, a focus on primary prevention, was a significant contribution of this process. This in turn moved the committee toward a strong emphasis on younger women and girls as the appropriate age group to serve for preconception health.

ETHICS: The issue of appropriateness or whether a particular intervention was ethical was another major consideration of the subcommittee. For instance, school-based interventions were not included in the initial listing of interventions. PHSS staff had determined that this would be a difficult kind of intervention to initiate at a time when schools are already burdened with substantial requirements that reduce the amount of time and resources available to them to deal with even traditional health topics such as physical education. It would also be difficult to implement across multiple school districts within this project, something PHSS would need to do in order to be fair. Upon further consideration of this, some school-focused interventions were added for consideration if they also had a community component. Another example was the discussion of screening as an intervention. Though strongly evidence-based, screenings as an intervention were considered unethical if not accompanied by equivalent services (in care or treatment) for the many people who would as a result have health conditions identified.

FOCUS ON WOMEN AND GIRLS: The Evidence-Based Practices Subcommittee also devoted considerable attention to finding interventions that were truly developed for women or girls, not only developed with women as a target but also with women and girls’ unique experiences integral to the service’s development. This was a strong interpretation of the imperative specifically to serve the health needs of women and girls in Thurston County, and it helped the subcommittee to narrow their recommended intervention options substantially - from more than 20 that appeared to be a fit for the Coalition criteria and our community, to less than 10.

INTERVENTIONS SELECTED: Initially, PHSS staff had expected to select at least two interventions for each topic area. The final interventions that the subcommittee recommended, by topic area, were:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Abuse</td>
<td>1. Girls Circle</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>None</td>
</tr>
<tr>
<td>Chronic Disease Related</td>
<td>1. Supporting breastfeeding</td>
</tr>
<tr>
<td>Conditions</td>
<td>2-4. See Nutrition and Physical Activity below</td>
</tr>
</tbody>
</table>

Thurston County Public Health & Social Services Department
| Mental Health:  | 1. ATHENA  
|               | 2. Girls Circle |
| Nutrition:    | 1. BodyWorks  
|               | 2. Little by Little  
|               | 3. Supporting breastfeeding |
| Physical Activity: | 1. BodyWorks  
|               | 2. Commit to Quit |
| Substance Use: | 1. ATHENA  
|               | 2. Big Brothers, Big Sisters  
|               | 3. Commit to Quit  
|               | 4. Girls Circle |
| Weight:       | 1. BodyWorks |

Note: numbers shown above, and below in the appendices, are counts in each topic area rather than indications of priority.

Of the final seven interventions that met this more rigorous standard, the subcommittee felt that two interventions rated highest in terms of fit to Thurston County's needs:

- Girls Circle
- Supporting breastfeeding in worksites, healthcare, and childcare

Gaps: The Evidence-Based Practices (EBP) Subcommittee discussed the need to address the gap on Access to Health Services. The committee had real concern about not being able to find interventions that fit the Coalition criteria for this topic area. Particularly with the changing climate of health care reform, the committee noted the need that exists for improved access to health care services for women and girls in our community. Other intervention areas that were of particular interest to the EBP Subcommittee were physical activity promotion, especially certain forms of physical activity (e.g., weight lifting) that are not traditionally gender focused, and programming that uniquely addresses experiences of women and girls in each of the health topic areas.
SUMMARY: This process has identified evidence-based practices that meet the Thurston Coalition for Women’s Health criteria as interventions that will fit the needs of our community for preventive services in preconception health for women and girls. Interventions meeting the rigorous standards used by the EBP Subcommittee are available in 7 out of 8 health topic areas originally specified as germane to this project, with more than half of these (5) having more than one very promising option. Two options appear to be particularly well-suited to improve the health of Thurston County’s women and girls prior to pregnancy – one that addresses abuse, mental health and substance abuse (Girls Circle) and one that has been proven to address both mother and child health through optimal nutrition (supporting breastfeeding in a variety of contexts). The EBP subcommittee is pleased to provide these recommendations in pursuit of the best possible plan for preconception health of Thurston County’s women and girls.
Appendix A

Recommendation of Options for Evidence-Based Practices

1. Girls Circle

Girls Circle is a strength-based support group that addresses the unique needs of girls ages 9–18 by integrating relational-cultural theory (RCT), resiliency practices, and skills training into a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. The program consists of an 8 to 12 session curriculum, or more. In each session, typically held once weekly, a group of girls of similar age and development meet with a facilitator for either a 90- or 120-minute session.

Socio-Ecological Model: Individual

Who: Girls ages 9-18

Why: Has been evaluated as a prevention model that showed significant increases in self-efficacy, body image, and social connection. This program has been used in a variety of settings with a variety of subpopulations effectively.

http://www.girlscircle.com/

2. Supporting breastfeeding in worksites, healthcare, and childcare

Socio-Ecological Model: Organizational

Who: Medical providers, childcare providers, employers

Why: Breastfeeding has health benefits to both mother and child including prevention of chronic disease and maternal-child attachment. While WA State is one of the leaders for breastfeeding initiation, duration is very low. Environmental and policy supports for breastfeeding are vital to increasing duration rates.

http://www.doh.wa.gov/cfh/NutritionPA/default.htm
3. **Athletes Targeting Healthy Exercise and Nutrition Alternatives (ATHENA)**

ATHENA addresses the connection between young women in sports, disordered eating behaviors and body shaping drug use. Its multiple components provide healthy sports nutrition and strength-training alternatives to the use of alcohol, illicit and performance-enhancing drugs. ATHENA is peer-led and gender specific. It involves eight, 45 minute sessions integrated into a team’s usual practice activities.

Socio-Ecological Model: Interpersonal

Who: Adolescent girls involved in sports on teams

Why: The intervention includes a balanced presentation concerning the consequences of substance use and other unhealthy behaviors and the beneficial effects of appropriate sport nutrition and effective exercise training. In addition to its learning goals related to nutrition, ATHENA incorporates cognitive restructuring appropriate to a sport team setting to address mood-related risk factors for diet pill use.


4. **Little by Little**

A program that uses a single-use brief interactive CD-ROM to increase fruit and vegetable consumption in a low-income population. The CD-ROM may be used alone or in conjunction with reminder calls. Interviewers making reminder calls ask participants if they remember the goals they set, how well they have progressed toward the goals, and if they have had any problems reaching the goals.

Who: It is intended for use in clinical settings and with low income populations.

Socio-Ecological Model: Organizational

Why: Research indicates that low fruit and vegetable intake is a risk factor for many chronic diseases. Most Americans eat fewer than the recommended daily number of servings of fruits and vegetables.

http://rtips.cancer.gov/rtips/programDetails.do?programId=280192
5. **Commit to Quit**

Geared toward adult female smokers, Commit to Quit is a 12-session, group-based, cognitive-behavioral smoking cessation program and exercise regimen tailored specifically to each participant. The cognitive-behavioral program includes traditional topics: self-monitoring, stimulus control, coping with cravings and high-risk situations, stress management, and relaxation techniques. Also included are topics of particular importance to women: healthy eating, weight management, mood management, and balancing work and family. The exercise component involves attending three exercise sessions per week. Exercise sessions consist of a 5-minute warm-up, 30-40 minutes of aerobics, and a 5-minute cool-down with stretching. Each person is given an exercise prescription calculated from the peak heart rate achieved on a baseline exercise test.

**Socio-Ecological Model:** Individual

**Who:** Women who smoke and want to quit and improve their physical activity levels.

**Why:** Smoking and lack of physical activity combined are two leading causes of chronic disease.

[http://rtips.cancer.gov/rtips/programDetails.do?programId=109261](http://rtips.cancer.gov/rtips/programDetails.do?programId=109261)

6. **BodyWorks**

Ten 90 minutes weekly sessions for parents and caregivers that are designed to help parents and caregivers of adolescents improve family eating and activity habits. The program can be offered in both English and Spanish. It is based on the theory that parents and caregivers serve as role models for their children. It was designed originally for mothers and daughters and has been expanded to include a part of the materials that are geared towards males.

**Socio-Ecological Model:** Individuals

**Who:** Parents and Caregivers
Why: Program focuses on obesity prevention by educating parents on healthy eating and improving daily habits. It has been shown to change parent’s short term motivation, intention, and immediate behavior. This intervention needs more testing for longer term outcomes.

http://www.womenshealth.gov/BodyWorks/index.cfm

7. **Big Brothers, Big Sisters**

This program matches non-related adult mentors with children to promote positive development and social responsibility. The traditional mentoring model has the mentor volunteer three to five hours per week with a child for one year. Goals for the child are set with the staff during an initial interview held with the child and parent. A new set of programs focuses on establishing school-based mentoring programs. These programs differ from the traditional model in that all contact between the mentor and the child take place within a school and they adhere to a different set of participant requirements.

Socio-Ecological Model: Individuals

Who: Girls between ages 6-18 years old

Why: Youths involved in this program are less likely to initiate illegal drug use and alcohol use. They also are less likely to engage in violent behavior.

http://www.ppv.org/ppv/publications/assets/111_publication.pdf
Appendix B

Options for Evidence-Based Practices Intervention List

*-means the intervention has multi-use intervention areas

Topic Area:

| Abuse (Violence-dating, domestic) |

1. **Maternal domestic violence screening in an office-based pediatric practice**

   Socio-Ecological Model: Organizational

   Who: Screens all mothers when they come in for children's pediatric appointments as a regular part of office practice.

   Why: Shown effective in helping women experiencing domestic violence.

   [http://pediatrics.aappublications.org/cgi/content/full/126/4/833](http://pediatrics.aappublications.org/cgi/content/full/126/4/833)

2. **Secondary prevention of intimate partner violence-screening in primary care settings**

   Socio-Ecological Model: Organizational

   Who: Primary Care settings screen all women who come in for appointments as a standard care practice.

   Why: Shown effective in helping women experiencing intimate partner violence.


3. **Safe Dates**

   Safe Dates is a program designed to stop or prevent the initiation of emotional, physical, and sexual abuse on dates or between individuals involved in a dating relationship. Intended for male and female 8th- and 9th-grade students, the goals of the program include: (1) changing adolescent dating violence and gender-role norms, (2) improving peer help-giving and dating conflict-resolution skills, (3) promoting victim and perpetrator beliefs in the need for help and seeking help through the community resources that provide it, and (4) decreasing dating abuse victimization and perpetration. Safe Dates
consists of five components: a nine-session curriculum, a play script, a poster contest, parent materials, and a teacher training outline.

Socio-Ecological Model: Individual
Who: 8th and 9th grade students in a school setting

Why: Program shows outcomes in decreasing perpetration of psychological abuse, sexual abuse, and physical abuse as well as decreases in violence against a current dating partner.

Recommended by: CDC, OJJDP Model Program Guide


4. **Girls Circle** (ties to Mental health and Substance Use)

Girls Circle is a strengths-based support group that addresses the unique needs of girls ages 9-18 by integrating relational-cultural theory (RCT), resiliency practices, and skills training into a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. The program consists of an 8- to 12-session curriculum, or more. In each session, typically held once weekly, a group of girls of similar age and development meet with a facilitator for either a 90- or 120-minute session.

Socio-Ecological Model: Individual

Who: Girls ages 9-18

Why: Has been evaluated as a prevention model that showed significant increases in self-efficacy, body image, and social connection. This program has been used in a variety of settings with a variety of subpopulations effectively.

http://www.girlscircle.com/

**Access to Health Services (Family Planning, Insurance Coverage, Lack of Medical Home)**

5. **Motivational Interviewing training for health care providers** (ties to Chronic Disease)

Socio-Ecological Model: Organizational
Who: Train health care providers on motivational interviewing techniques to help patients with better self-management techniques in coping with living with chronic illness and getting appropriate treatment.

Why: Shown to be effective in helping patients become better self managers of their treatment.

http://spectrum.diabetesjournals.org/content/19/1/5.extract
http://care.diabetesjournals.org/content/30/5/1081.full

Chronic Disease Related Conditions (Diabetes, Cancer, Heart Disease, HBP, High Cholesterol)

6. **Exercise Is Medicine**

   Exercise is Medicine is an initiative to make physical activity a standard vital sign question in each patient visit. It also helps MDs and other health care providers to become consistently effective in counseling and referring patients as to their physical activity needs.

   Socio-Ecological Model: Organizational

   Who: Health care providers

   Why: Physical activity is a standard part of disease prevention. It is also linked to obesity prevention.

   Recommended by: American College of Sports Medicine

   http://exerciseismedicine.org/

7. **Motivational Interviewing training for Health Care Providers** *(ties to Access to Health Services)*

   See description under Access to Health Services topic area above.

8. **ALIVE!**

   A tailored computerized program delivered entirely by email. This worksite intervention has been shown to increase physical activity and f/v intake and decrease intake of saturated and trans fat and added sugar.

   Socio-Ecological Model: Organizational, Individual
Who: Employees at worksites that have email.

Why: Reaches a large population (employed women) and focuses on both nutrition and physical activity, both are indicators for chronic illness.

http://rtips.cancer.gov/rtips/programDetails.do?programId=557543

### Mental Health

9. **TeenScreen**

Socio-Ecological Model: Organizational

Who: Makes mental health screening a routine part of health checkups at primary care facilities. Can be also be done in schools and/or community settings.

Why: Screening for depression and other mental illnesses has been shown to be a safe and effective method of early identification of mental illness and youth suicide prevention. Untreated depression and mental illness in children and adolescents can lead to higher health care utilization, school failure, criminal justice involvement, and long term disability.

Recommended by: US Preventative Services Task Force, SAMHSA


10. **Parenting Wisely** (combines Mental Health and Substance Use)

Parenting Wisely is a set of interactive, computer-based training programs for parents of children ages 3-18 years. Based on social learning, cognitive behavioral, and family systems theories, the programs aim to increase parental communication and disciplinary skills. Parents use this self-instructional program on an agency's personal computer or laptop, either on site or at home, using the CD-ROM or online format. During each of nine sessions, users view a video enactment of a typical family struggle and then choose from a list of solutions representing different levels of effectiveness, each of which is portrayed and critiqued through interactive questions and answers. Each session ends with a quiz. All nine sessions can be completed in 2 to 3 hours. Parents also receive workbooks containing program content and exercises to promote skill building and practice.

Socio-Ecological Model: Individual
Who: Parents of children 3-18 years old

Why: Helps parents identify healthy and safe ways to dialogue with and discipline their children in order to foster safe and healthy, lifelong family relationships while avoiding miscommunication and over-reliance on disciplinary tools.


**11. Systematic Training for Effective Parenting (STEP)** *(combines Abuse and Mental Health)*

Systematic Training for Effective Parenting (STEP) provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is presented in a group format, with optimal group sizes ranging from 6 to 14 parents. The program is typically taught in 8 or 9 weekly, 1.5-hour study groups facilitated by a counselor, social worker, or individual who has participated in a STEP workshop.

Socio-Ecological Model: Interpersonal

Why: Promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices. Showed positive outcomes in mental health, social functioning, family relationships, and violence.


**12. Athletes Targeting Healthy Exercise and Nutrition Alternatives** *(ATHENA)* *(combines Mental Health and Substance Use)*

ATHENA addresses the connection between young women in sports, disordered eating behaviors and body shaping drug use. Its multiple components provide healthy sports nutrition and strength-training alternatives to the use of alcohol, illicit and performance-enhancing drugs. ATHENA is peer-led and gender specific. It involves eight, 45 minute sessions integrated into a team’s usual practice activities.

Socio-Ecological Model: Interpersonal

Who: Adolescent girls involved in sports on teams

Why: The intervention includes a balanced presentation concerning the consequences of substance use and other unhealthy behaviors and the beneficial effects of appropriate sport nutrition and effective exercise training. In addition to its learning goals related to
nutrition, ATHENA incorporates cognitive restructuring appropriate to a sport team setting to address mood-related risk factors for diet pill use.


**Nutrition**

**13. Support community gardens*** (ties to Physical Activity)

**Socio-Ecological Model:** Interpersonal

**Who:** Low-income families in Thurston County.

**Why:** Allows access to fresh, nutritious foods for lower income families. Promotes physical activity as a required element to gardening.

Recommended by: CDC, WA State Nutrition and Physical Activity Plan, Nutrition Objective #1, Priority A

http://www.doh.wa.gov/cfh/NutritionPA/default.htm

**14. Support breastfeeding in worksites, childcare, and healthcare settings***

**Socio-Ecological Model:** Organizational

**Who:** Medical providers, childcare providers, employers

**Why:** Breastfeeding has health benefits to both mother and child including prevention of chronic disease and mother child attachment. While WA State is one of the leaders for breastfeeding initiation, duration is very low. Environmental and policy supports for breastfeeding are vital to increasing duration rates.

Recommended by: CDC, US Surgeon General, WA State Nutrition and Physical Activity Plan, Nutrition Objective #3

http://www.doh.wa.gov/cfh/NutritionPA/default.htm

**15. ALIVE!* (combines Nutrition and Physical Activity)

See Access to Health Services topic area above.

**16. Little by Little**

A program that uses a single-use brief interactive CD-ROM to increase fruit and vegetable consumption in a low-income population. The CD-ROM may be used alone or
in conjunction with reminder calls. Interviewers making reminder calls ask participants if they remember the goals they set, how well they have progressed toward the goals, and if they have had any problems reaching the goals.

Who: It is intended for use in clinical settings and with low income populations.

Socio-Ecological Model: Organizational

Why: Research indicates that low fruit and vegetable intake is a risk factor for many chronic diseases. Most Americans eat fewer than the recommended daily number of servings of fruits and vegetables.

http://rtips.cancer.gov/rtips/programDetails.do?programId=280192

17. **BodyWorks** (combines Nutrition and Physical Activity)

Ten 90 minutes weekly sessions for parents and caregivers that are designed to help parents and caregivers of adolescents improve family eating and activity habits. The program can be offered in both English and Spanish. It is based on the theory that parents and caregivers serve as role models for their children. It was designed originally for mothers and daughters and has been expanded to include a part of the materials that are geared towards males.

Socio-Ecological Model: Individuals

Who: Parents and Caregivers

Why: Program focuses on obesity prevention by educating parents on healthy eating and improving daily habits. It has been shown to change parent’s short term motivation, intention, and immediate behavior. This intervention needs more testing for longer term outcomes.

http://www.womenshealth.gov/BodyWorks/index.cfm

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<th>Physical Activity</th>
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18. **Commit to Quit** (combines Substance Use - smoking cessation w/Physical Activity)

Geared toward adult female smokers, Commit to Quit is a 12-session, group-based, cognitive-behavioral smoking cessation program and exercise regimen tailored specifically to each participant. The cognitive-behavioral program includes traditional topics: self-monitoring, stimulus control, coping with cravings and high-risk situations,
stress management, and relaxation techniques. Also included are topics of particular importance to women: healthy eating, weight management, mood management, and balancing work and family. The exercise component involves attending three exercise sessions per week. Exercise sessions consist of a 5-minute warm-up, 30-40 minutes of aerobics, and a 5-minute cool-down with stretching. Each person is given an exercise prescription calculated from the peak heart rate achieved on a baseline exercise test.

Socio-Ecological Model: Individual

Who: Women who smoke and want to quit.

Why: Smoking and lack of physical activity combined are two leading causes of chronic disease.

[19. Outdoor environment improvements to support women walking]

Policy change work with municipal and county government to include more attention to safety and walkability in community development and design rules. For example: enhanced lighting, natural surveillance along streets, trails and other walking paths near dense housing, esp. low-income, and worksites.

Socio-Ecological Model: Policy

Who: Low income neighborhoods adjacent to parks and trails

Why: Makes physical activity more accessible and shows effectiveness in increasing physical activity and in providing a “more inviting and safer outdoor environment for activity.”

Recommended by: CDC, WA State Nutrition and PA Plan

[20. Support community gardens* (ties to Nutrition)]

See description under Nutrition topic area above.


See description under Nutrition topic area above.
22. **Support voluntary adoption of policies that support smoke-free housing especially in multi-unit family housing**

Socio-Ecological Model: Organizational Change

Who: Effects women and children living in multi-family housing

Why: There is no safe exposure to secondhand smoke. Secondhand smoke exposure is linked to increased risk of lung disease, heart disease, and cancer. In children it increases risk for low birth weight, SIDS, asthma, lower respiratory tract infections, and ear infections.

Recommended by: the WA State Tobacco Prevention and Control Program Five Year Strategic Plan, April 2009.


23. **Athletes Targeting Healthy Exercise and Nutrition Alternatives* (ATHENA)**
(Combines Mental Health and Substance Use)

See description under Mental Health above.

24. **SPORT* (combines Substance Use and Physical Activity)**

SPORT is a brief, multiple behavior program integrating substance abuse prevention and fitness promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-promoting habits.

SPORT involves a short, self-administered health behavior screen survey measuring physical activity and sport behaviors and norms, healthy nutrition, sleep, and alcohol use. Participants then receive a 10- to 12-minute personally tailored consultation from a written script, along with a key facts handout. A simple fitness prescription goal plan is completed by participants to motivate positive behavior and image change. In addition, parent/caregiver communication cards addressing key content are provided during the consultation and then sent or mailed home to adolescents for 3 to 5 consecutive weeks.

Socio-Ecological Model: Individuals

Who: Youth in school, sport, and community settings
Why: Program effectively targets substance abuse prevention and physical fitness in one curriculum aimed at youth as they have less and less access to physical activity and successful anti-substance abuse material.


25. Parenting Wisely* (combines Mental Health and Substance Use)

See description under Mental Health topic area above.

26. Family Matters

Family Matters is a family-directed program to prevent adolescents 12 to 14 years of age from using tobacco and alcohol. The program involves successive mailings of four booklets to families and telephone discussions between the parent and health educators. Two weeks after family members read a booklet and carry out activities intended to reinforce its content, a health educator contacts a parent by telephone. A new booklet is mailed when the health educator determines that the prior booklet has been completed. The program can be implemented by many different types of organizations and people, such as health promotion practitioners in health departments, school, health educators and parent-teacher groups, volunteers in community-based programs, and nonprofit organizations.

Socio-Ecological Model: Interpersonal

Who: Families of children ages 12-14 years old

Why: Directed at parents it shows outcomes link to reduced smoking onset among adolescents who reported being nonusers at the start of the program.


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<th>Weight (BMI)</th>
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27. BodyWorks* (combines Nutrition and Physical Activity)

See description under Nutrition topic area above.

28. Promotion of obesity prevention and control worksite programs such as the CDC LEAN Works Program.

LEAN (Leading Employees to Activity and Nutrition) Works is a web-based resource that offers interactive tools and evidence-based resources to design effective worksite
obesity prevention and control programs, including an obesity cost calculator to estimate how much obesity is costing employers and how much savings employers could reap with different workplace interventions.

Socio-Ecological Model: Organizational

Who: Employers

Why: Employed women spend a majority of their waking hours at work. By making environmental and policy changes in the workplace, employers can improve access to healthier nutrition and physical activity options in the workplace environment.

Recommended By: CDC, WA State Nutrition and PA Plan

http://www.thecommunityguide.org/obesity/workprograms.html
http://www.cdc.gov/leanworks/