

Communications Plan
For the
Long Island Population Health Improvement Program
Long Island Health Collaborative (Key Workgroup)

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(DRAFT)



INTRODUCTION

This communications plan outlines a strategy for the Long Island Population Health Improvement Program (LIPHIP) and its core workgroup – the Long Island Health Collaborative – to present itself and its mission before these audiences:

- Community-based organizations
- Civic-based organizations
- Health and social service providers
- Public health partners (local and state)
- Long Island business community
- Universities and colleges
- Public school districts
- Hospitals
- Health clinics
- Physician providers
- Mid-level practitioners
- Media

It offers a blueprint for health communication activities and strategies that will raise awareness about a) the Long Island PHIP and its mission and b) the population health-based approach to care that will become the mechanism through which chronic diseases are managed to achieve a healthier population on Long Island.

Mission

The LIPHIP exists to assist the full spectrum of health and social service providers provide better healthcare, especially in the area of chronic disease, more efficiently and cost-effectively for all Long Islanders through population health activities.

Vision

The Long Island PHIP includes the development of a well-established network of collaborative partners that supports data and information transparency and sharing of best practices to improve

the collective health of Long Islanders. In addition, it endeavors to promote widespread public awareness about the importance about one's health and health behaviors and the availability of resources needed to achieve a healthier life. It is the hope of the Long Island PHIP that all Long Islanders of every age will incorporate healthy choices and a healthy lifestyle as a matter of routine. The Long Island PHIP also works toward an increase in high-quality, fully equitable health services for all and a decrease in the cost of such services over time.

BACKGROUND

Long Island, located in New York State, is comprised of two counties – Nassau and Suffolk. As directed by the New York State Department of Health, these and all counties routinely conduct community health needs assessments.¹ Beginning in 2013, the New York State Health Department required hospitals and county health departments to jointly conduct community health needs assessments. Data from the 2013 assessment revealed that obesity exists, and it is more pronounced in socioeconomically-challenged communities.^{2 3} Knowing obesity is an indicator for chronic diseases,⁴ the counties joined with the hospitals in the region, community-based organizations, academic institutions, health plans, and local/state government entities to collaboratively work to reduce the obesity rate and better manage chronic diseases. Mental health/substance abuse treatment and prevention issues were also overwhelmingly identified through the community health needs assessments. The coalition they voluntarily formed is the Long Island Health Collaborative or LIHC.

The New York State Prevention Agenda is the state health department's roadmap for helping county health departments and all healthcare providers work together to achieve healthier communities. The five-year plan offers five priority areas in which to engage population health

activities and asks each county and hospitals in those counties to choose two priorities from the list. The Long Island Health Collaborative and its members chose:

Priority 1: Prevent chronic diseases

Focus areas: 1. **Obesity**, with an emphasis on reducing obesity rates in children and adults

2. **Preventive Care and Management**, with an emphasis on chronic disease preventive screenings, chronic disease self-management and education, and evidenced-based chronic disease management and care.

LIHC members have made a commitment to work collaboratively to raise awareness about the importance of physical activity and nutrition in combating and **preventing chronic illnesses**, with an emphasis on the interplay of **mental health issues** as a cause and/or effect of chronic diseases. With the understanding that lifestyle impacts the incidence of chronic disease, the collaborative decided to concentrate its efforts in the areas of **nutrition, physical activity, and stress management**.

LIHC has had a bumpy start, mostly related to political considerations and budgeting. While there is no lack of enthusiasm among the coalition members, it was initially challenging for the group to mobilize their efforts. All members agree an emphasis on physical activity, specifically walking, and nutrition is the way to help residents improve their health. They are aware that behavior change is a heavy lift, but realize change must begin somewhere.

The collaborative's population health efforts were given a financial and philosophical boost when its coordinating entity – the Nassau-Suffolk Hospital Council (NSHC) – applied for and won the Population Health Improvement Program (PHIP) grant for the Long Island region. PHIP is a New York State Department of Health grant-funded program. The Long Island Health

Collaborative is the contingent of multi-sectoral stakeholders aligned with the Long Island PHIP. NSHC is the association that represents all not-for-profit hospitals on Long Island and is now the fiduciary agent for the LIPHIP. There are 11 PHIPs throughout New York State and each is charged with promoting population health-based care in their regions. This includes supporting an initiative like the Long Island Health Collaborative, as well as other state-level health reform efforts such as the Delivery System Reform Incentive Payment program, the State Health Innovation Plan, and the Prevention Agenda.

This communications plan for the LIPHIP, which includes proposed creative components (Appendix A), looks at research and data related to nutrition and the level of physical activity among the audience segments, as well as their beliefs and attitudes about physical activity and nutrition and the consequent role these play in preventing/managing chronic diseases. As one activity, the plan proposes expanding upon the Complete Streets⁵ policy/project work already occurring in locations on Long Island - Wyandanch in Suffolk and Eisenhower Park in Nassau. The Communications Plan is the LIPHIP's blueprint for activities and strategies that will raise awareness about a) the Long Island PHIP and its mission and b) the population health-based approach to care that will become the mechanism through which chronic diseases are managed to achieve a healthier population on Long Island.

A multi-faceted health communications campaign, limited at first to walking and its health benefits, is proposed. The success of this health intervention campaign will inform other health interventions and projects in which the LIPHIP and collaborative members have expressed an interest. For this and all health interventions, primary care physicians/related providers will be engaged, as their endorsement of walking and proper nutrition are critical to acceptance by targeted audiences.

Nutrition is especially linked to the health of mind and body and scientists have examined this connection in numerous studies and research projects. A recent article in *The Lancet Psychiatry* looked at the growing body of evidence that reveals a connection between nutrition and mental illness. The authors concluded that “the emerging and compelling evidence for nutrition as a crucial factor in the high prevalence and incidence of mental disorders suggests that diet is as important to psychiatry, as it is to cardiology, endocrinology, and gastroenterology. We advocate recognition of diet and nutrition as central determinants of both physical and mental health.”⁶

SWOT Analysis for the Long Island Population Health Improvement Program (LIPHIP)

Strengths	Weaknesses
<ul style="list-style-type: none"> • Long Island Health Collaborative (LIHC) a voluntary group of diverse partners representing many sectors and areas of expertise: <ul style="list-style-type: none"> Epidemiologists Nutritionists Academics (MPH programs) Writers/Marketers Business analysts • Has adequate funding • Consensus on walking project • Sub-workgroups in place • Two county health commissioners (different political parties) in alignment 	<ul style="list-style-type: none"> • Members not attending monthly meetings on consistent basis • Gaps in knowledge about population health • Lacks interactive website • Members’ attention to their individual institutions is first and foremost • Rudimentary website in place; no interactive capability
Opportunities	Threats
<ul style="list-style-type: none"> • Complete Streets policies in both communities (and both counties) with work underway and momentum building • Ample local and state parks, trails • Several enclosed malls for walking • High prevalence of commercial gyms (low cost to high-cost choices) • Community leaders/local politicians aware and on board • MPH students seeking practicums/internships • Network of health clinics (FQHCs) • Collaborative members’ boards represent influential members in the community • National trend seeing more people walking (About 6 in 10 adults report walking in the previous week for at least 10 minutes)⁷ • CDC has reasonable recommended physical activity guidelines • Many school districts have health/wellness policies in place • Major food relief organizations in existence, as well as extensive network of local food pantries 	<ul style="list-style-type: none"> • Primary audiences pressed for time • Apathy about walking/physical activity (primary audience) • Safety concerns/crime does exist • Physicians/providers (secondary audience) resistance to take time to counsel • Concurrent state health department reform initiatives competing for attention and human capital • Collaborative members’ boards represent influential members in the community (tend to be protective – leads to turf wars) • Cumbersome local ordinances and regulations exist • Fresh fruits, vegetables expensive for some income groups • Food deserts exist

Situational Analysis

The SWOT Analysis for the Long Island Population Health Improvement Program (LIPHIP), whose foundation is the LIHC volunteers who founded and organized initial population health efforts, is poised to move to the next level. It has, for the moment, solved the issue of financial resources, but not the issue of a clearly-defined action roadmap for its awareness efforts and its overarching goal of improving the health of residents of Long Island. The Complete Streets work underway presents an ideal and feasible opportunity for the LIPHIP to focus its initial efforts and launch a health intervention campaign related to walkability. Such a project has always had the support and interest of all members. The two initial communities targeted for Complete Streets projects are very similar in population size, socioeconomic status, crime statistics, and ethnicity.^{8 9}

The obesity rate for all adults in New York (2014) is 25.4 percent.¹⁰ The age-adjusted percent of adults in Suffolk County overweight or obese (2013-2014) is 63.8 percent and for children (Pre-K through 10th grade) overweight or obese it is 35.3 percent.¹¹ The age-adjusted percent of adults in Nassau County overweight or obese (2013-2014) is 56.8 percent and for children (Pre-K through 10th grade) overweight or obese it is 30.8 percent.¹²

Audience Profile

Primary audience segments: 1) Children: 3 – 17; 2) Gen Xers 34 – 45 years old and millennials 18 to 34 years old; 3) Adults: 45 – 64 years old; and 4) Adults: 65+. Secondary research and interviews with LIHC key stakeholders¹³ reveal a population of “low to moderate income adults [Wyandanch community] who are not inclined to walk and who view safety as a priority issue. More importantly, the adult target group reports not having spare time. People do not see [exercise] as a priority,”¹⁴ Despite this, residents are somewhat aware of built environment

improvements taking place in their communities, especially the Wyandanch Rising revitalization project spearheaded by the Town of Babylon,¹⁵ and are excited about the improvements.¹⁶ This communications plan will harness that budding interest and enthusiasm.

Secondary audience: Primary care physicians, nurse practitioners, physician assistants. These include private practice staff and health clinic personnel. A recent clinical research study published in the *American Journal of Medicine* concluded that “the addition of a simple assessment of physical activity status significantly improves re-classification of risk for all-cause mortality among patients who are referred for exercise testing. Participation in even minimal activity, such as meeting the minimal recommendations for activity, reduces mortality by more than half.”¹⁷ Engagement of primary care providers in the LIPHIP’s health communication efforts is imperative. Study by Lukoschek, Fazzari, and Marantz further confirms the importance of patient and provider interaction and physicians’ recommendations “on reducing morbidity and mortality of chronic diseases, through personalized information exchange.”¹⁸ In the randomized, controlled trial – Physically Active for Life (PAL) project, researchers wanted to see if physician counseling about physical activity had an effect on middle-aged patients’ adoption of activity. They found that at the six week follow-up, the participants who received counseling were more likely to be in “advanced stages of motivational readiness for physical activity.”¹⁹

Recommendations

Thus, analysis of the targeted primary audience segments reveals safety, motivation, and time constraints to be predominant factors preventing adoption of physical activity for preventive health reasons. Lack of access to healthier foods – like fruits and vegetables – in many socioeconomically-depressed communities and the higher cost of these foods are also barriers to healthy living. This proposed plan addresses these barriers, especially those that impede

physical activity, and recommends a multi-faceted communications approach with an emphasis on community engagement and simple messaging.

The issue of safety is confronted by an “eyes on the street”²⁰ approach that writer and economist Sanjeev Sanyal credits 1960s urban activist Jane Jacobs with coining. He writes, Jacobs “concluded that the key factor that kept cities safe was ‘eyes on the street’ – the fact that people were watching.”²¹ As the Complete Street projects near completion, opening up pathways and safe places to move about, the primary audience segments have a better chance of incorporating physical activity into their daily lives.

Motivation can be addressed by employing a community-wide and peer led approach to physical activity and nutrition. Much has been written about the power of social supports and the influence on behavior adoption. Some key determinants affecting a positive view of physical activity include support from family and friends and the level of enjoyment gained from the activity.²² Gordon writes, “The extent and quality of social contacts may not only affect health behaviors by the transmission of health values but also affect how individuals form opinions about the social desirability of recommended behaviors.”²³

In another study, researcher Addy and colleagues evaluated how perceptions of social and physical environmental supports contribute to predicting physical activity and walking behavior.²⁴ They discovered, not surprisingly, that factors such as a younger age, better street lighting, and trust of neighbors, physically active neighbors, access to parks and play areas, as well as faith-based facilities were all associated with increased physical activity.²⁵

Time constraints are a fact of 21st century life. This is perhaps even more so in the lives of many lower to middle-income adults of working age who, given their income status, may hold

multiple jobs. This is a main reason why this campaign will incorporate easily-adaptable suggestions to fit walking and proper nutrition into a typical day. These suggestions are applicable to other audience segments, as well.

To encourage physical activity as a first step toward improved health, the proposed overarching creative theme places less emphasis on the word “walking” and favors the word “feet.” The intent is to minimize walking being viewed as a chore. Finally, the campaign theme and messages are straightforward and uncomplicated. The National Institutes of Health outlines a process for achieving effective health communications, particularly for low health-literate populations, but the process and tenets of its clear and simple²⁶ communication approach benefit all and can be broadly applied to any audience.

BEHAVIORAL THEORIES AND MODELS

This health communication plan hopes to convey the benefits inherent in healthy behaviors, such as walking and, through the suggested health intervention noted in Appendix A, engage sedentary community members in a sustained walking program. That calls for behavior change. Therefore, this communication plan rests on the *biopsychosocial model* complemented by the *health belief model*, the *theory of reasoned action*, and *social learning/social cognitive theory*. The biopsychosocial model is patient-centered, encompassing, and “*truly interdependent*, and also aims to generate understanding of scientific and medical issues.”²⁷ This model and the other theories selected fit in nicely with the coordinated care approach that is the hallmark of population health. Population health is broadly defined by scholars as including not only the outcomes achieved in the health of populations, but by the role social determinants play in affecting health outcomes.²⁸

Education is an integral component of this health communications, and one of its objectives is to educate the target audiences about the immediate and long-term health benefits proper nutrition and physical activity offer, especially in reducing obesity and managing chronic diseases. It is important to emphasize that the tone of all public communication messages and the overall campaign is in no way authoritarian. Rather, emphasis of messages is placed on a colloquial, almost conversational approach to education and learning, while ensuring clinical integrity of the messages. This approach aligns with the community-based aspect of this campaign. Therefore, knowledge and basic information about the desired health behaviors will come from physician encounters and materials provided by the Long Island Population Health Improvement Program, with guidance from the members of the Long Island Health Collaborative. All materials will align with Culturally and Linguistically Appropriate Standards (CLAS).

The secondary audience, primary care physicians and related providers, will be relied upon to educate and motivate. The interplay of the biopsychosocial model and theory of reasoned action will facilitate learning. The normative beliefs component of the theory of reasoned action is especially relevant for behavior change initiated and sustained by the community. “These refer to whether a person may think significant others will approve or not of his or her behavior.”²⁹ The physician who cares for one’s health has some measure of influence when it comes to behavior change, as indicated in the audience profile section. Further, and perhaps more importantly, the social aspect (walking is fun, easy, and a way to socialize with friends, family and neighbors) that the physical activity aspect of LIPHIP’s work seeks to instill in the primary audience is intended, over time and through repeated engagement, to inculcate the new belief that incorporating some amount of walking into one’s day is the norm, rather than the exception.

The health belief model rests on four pillars that serve to understand and influence one's behavior. These are *perceived severity*, *perceived susceptibility*, *perceived benefits*, and *perceived barriers* and, more recently, cues to action, motivating factors, and self-efficacy have been added.³⁰ Numerous studies conclude that this theory has wide appeal among a range of healthcare and social service providers and public health departments. As the LIHC is a multi-dimensional group, this theory is relatable to all members, and its self-efficacy component especially adds value and integrity to each member's efforts to achieve collective success.

The health belief model provides us with a framework to understand the psychological and sociological beliefs and attitudes about physical activity and nutrition that are held by the primary audiences. Preliminary investigation through the Complete Streets work and other programs held in the community of Wyandanch reveal positive change.³¹ Specifically, nutrition-based programs offered by Cornell Cooperative Extension, such as the U.S. Department of Agriculture funded People's Garden Project, as well as school-based nutrition programs, resulted in very positive outcomes. According to project leader Zahrine Bajwa, "The changes students made were documented pre and post evaluation ... They wrote of changes they made, not just of what they learned."³² The youth programs required the cooperation of parents/guardians, who are members of our targeted audience segments. Awareness has been planted.

In a study examining type 2 diabetics (predominately middle-aged African Americans) and their attitudes and beliefs about exercise and its ability to better control their diabetes, participants revealed a marked understanding of the positive role physical activity plays. Findings revealed that 75 percent viewed exercising as extremely important for controlling diabetes and 60 percent claimed it was very likely that exercise would help prevent future complications.³³ One of our adult target audiences is comprised of middle-aged adults who,

given their age alone, are at risk of developing chronic diseases, such as diabetes. The Centers for Disease Control and Prevention (CDC) has made it widely known that about 117 million Americans suffer from one or more chronic health conditions.³⁴ While LIPHIP's health communications will not use scare tactics to elicit change, dissemination of the fact that chronic disease is prevalent, especially among sedentary middle-aged adults, should be incorporated into messages in a non-threatening, but informative way.

The social learning/social cognitive theory holds that the concept of self-efficacy - one's ability to believe they can carry out an activity and that positive outcomes from the behavior outweigh the negative³⁵ - is central to LIPHIP's communications. There is indication that the adult target audience segments harbor some measure of self-efficacy to take up walking, but the extent of that belief will be determined further through the pre-evaluation process. Messages will be scaled up or back in intensity, depending on these initial results.

Finally, as our communications plan is multi-sectoral and community-based, it must consider the influence of an ecological approach, which includes the broader community and environment's influence on behavior. This approach accepts that behavior change occurs on multiple levels and with the support of multiple partners.³⁶

Environmental stressors, such as growing up in poverty, are reflected in the lower cognitive scores that many students from lower socio-economic backgrounds demonstrate across standardized testing models. Researcher Elizabeth Sowell, a neuroscientist at the Children's Hospital in Los Angeles, and her colleagues studied whether these lower cognitive skills and other learning difficulties are directly linked to a parents' income. The researchers found an actual difference in brain size, as revealed through scans. Children of those parents who earned \$25,000 or less had a brain surface that was about six percent smaller compared to their peers

whose parents' earned \$150,000 or more, implying that poverty strongly influences brain size and development.³⁷

A correlation between psychological distress experienced in childhood and a higher risk for heart disease and diabetes in later life was revealed through a 45-year British study that looked at a cohort of 7,000 people born in a single week in 1958. Even when stress lessened in adulthood, the researchers found that those who had experienced significant stress in childhood remained at higher risk for chronic disease.³⁸ The study offers evidence that attention to emotional health and well-being beginning in childhood has the potential to thwart chronic disease and save money.

Convincing the sedentary to take up a sustained program of walking and to embrace healthier food choices is a tough challenge. Many organizations have tackled the issue. The Community Preventive Services Taskforce's Guide to Community Preventive Services has found that good evidence exists, through literature searches and reviews of previous campaigns, that behavioral and social approaches, especially in community settings, work to increase physical activity levels.³⁹ Even so, the CDC reports that only about a third of adults meet current health recommendations for moderate physical activity and about a quarter report no leisure-time physical activity at all.⁴⁰ For adolescents and young adults, nearly half of American youths aged 12-21 years are not vigorously active on a regular basis and about 14 percent of young people report no recent physical activity. Inactivity is more common among females (14%) than males (7%) and among black females (21%) than white females (12%). Participation in all types of physical activity declines strikingly as age or grade in school increases.⁴¹

OBJECTIVES, STRATEGIES, TACTICS

Objectives:

At the conclusion of the two-year grant:

- 20% of adult Long Islanders (each target segment) and 20% of school-aged students will:
Demonstrate understanding of key health messages:

- ✓ walking is a viable and easy form of exercise/physical activity and
- ✓ proper nutrition plays a vital role in daily life
- ✓ physical activity and proper nutrition can combat chronic diseases

As this is a cumulative education process, focus groups and pre and post evaluation information from the Wellness Tool and other survey instruments will measure knowledge gained/attitude change.

- 75% of Long Island-based health and social service providers will recall the Long Island PHIP and the Long Island Health Collaborative and its population health mission
- Four business partners, representing such industries as fitness, food, wellness services will commit to Long Island PHIP through some sort of cooperative promotional strategy and actively participate in Long Island PHIP meetings/subgroups.

Communication Strategies:

- Promote the use of built environment improvements (walks, trails, parks) completed or in progress via the Complete Streets initiatives underway in the target communities.
Coordinate with department of public works personnel and town officials, as necessary.
- Raise awareness that walking is a good and valid form of exercise and that it is cheap, fun, and easy. This gets at the community buy-in aspect. Walking as exercise and its

relevant health benefits will be infused subliminally in all messages and activities throughout the campaign. We will promote low-tech, easily-incorporated ways to walk and novel ideas to incorporate walking during a typical day. The intent is to empower the intended audiences, not overwhelm them, and get them to believe they can adopt this healthy behavior. Emphasis is on simply walking. Progress can be measured by minutes walked in addition to steps/miles; the tally choice is the preference of the individual so one can chart their progress in whatever format is easiest for them. The interactive website will accommodate all methods of measurement, once a walker profile is established. Incentives for participation will be offered.

- Raise awareness that eating healthy is achievable, for all income levels, by providing information on healthy food choices, menu options, and access to healthy foods.
- Incorporate tenets of public relations, media relations, and community relations into all activities.
- Leverage each LIPHIP participant to engage their constituents and community partners in spreading the message about physical activity/nutrition/emotional wellness.
- Actively promote the results of LIPHIP original research and reports to media, lawmakers, public health planners, and other sectors as appropriate.

Communication Tactics:

LIPHIP Welcome Kit

Brochure, premium item(s), Industry Partner Pledge with participant seal (when applicable), rack card

LIPHIP Informational Video

Information materials

Various printed and digital materials that note quick facts about benefits of adopting a healthier lifestyle (walking/physical activity, easy menu and food choices, mind/body awareness). Laminate sheets for refrigerators, posters for health centers, physician offices, local shops, railroad and bus stations – for use by any and all partners.

News and Feature Releases (event and issue specific)

Powerpoint Presentations

PSAs (local radio/TV/print)

Social media campaign

Interactive website with blog

Recommendation for Walking Program

Recommendation slips/pads; provider letter

Special events (LIPHIP hosted and LIHC member events)

Personal meetings

EVALUATION

Process Evaluation

Recommendation for Walking – Number of pads distributed to providers in first four weeks and then each month thereafter. Goal is to reach 50 percent of primary care providers. Number of recommendations written each month and by what providers; recommendation slip serves as a proxy for the number of times a provider discusses increasing physical activity with a patient during a visit. Uses self-report tally to Program Manager who will issue email/text/phone reminders each week to ensure reporting. Recommendation is really just a visual cue or reminder for the patient to walk. Ideally, the patient will bring their printed walking portal results to their next primary care provider visit. This becomes another reportable data point.

Number of minutes walked collectively each month. Uses website tracking and tabulation. Provides trending insights over time.

Number of completed walker profiles on website, each month, and number of times those walkers enter minutes walked via website portal. Each entry constitutes an entry for a quarterly drawing for an iPad. Monitors interest and motivation.

Informational Materials – Number of posters, flyers and other printed/digital materials distributed in first month to community partners (local shops, libraries, faith-based organizations, civic and community centers, local fire departments, health clinics, etc). How many partners post in windows and/or display materials on websites each month? Uses physical observation by program staff. Gauges partners' involvement; provides insight about their commitment and ongoing support. Replenish supplies and repeat observation each month. No recommended measure for this specific activity of knowledge gained among primary audience, as informational materials are one of the cumulative education tactics in place.

PSAs (radio/TV) – Number of times PSAs aired each month. Uses tracking service. Monitors penetration of healthy lifestyle messages.

Earned Media – Number of placements about LIPHIP and/or its activities that appear in print and online news and broadcast news outlets each month. Uses google alerts and professional clipping service. Monitors penetration of healthy lifestyle messages and reach of LIPHIP and its mission/activities among audiences.

Social Media – Number of conversational Facebook posts, each month. Number of tweet mentions and re-tweets, each month. Uses email notification and inherent analytics in Facebook

and Twitter. Reviewing posts' and tweets' content and frequency of posts offers insight about interest in LIPHIP and health messaging.

Blog – Number of guest-editorial blog requests from secondary audience members; number of blog posts/comments. Uses email notification. Qualitative analysis of blog comments offers insight about secondary audience's views and attitudes about LIPHIP and health messaging.

Website - Number of website hits. Uses google analytics to tally hits/unique page views.

Personal Meetings – number of personal meetings completed each month. Number of conversions to membership each month.

Outcome Evaluation

Question: Does primary target audience(s) believe walking is a valid form of exercise and can easily be incorporated into a typical day? Does it believe healthier food choices can be achieved and incorporated into a typical day?

Method: *Wellness Tool (Pre and Post Campaign survey)*. Instrument designed to assess self-efficacy perceptions; attitudes about exercise, eating, healthy behaviors and their role in prevention/management of chronic diseases.

Question: Did the primary target audience(s) adopt healthier behaviors?

Method: *Focus groups* – three at official launch and three at 12 month mark. Intimate focus groups (8 to 10 people) provide qualitative insight about primary audience's views on physical activity, walking in particular, safety issues, barriers to physical activity, degree of understanding about physical activity's role in chronic disease maintenance/prevention, as well as views on healthy eating. What is the likelihood the activities will be sustained? Focus group exercise is

opportunity for academic partners to enable master of public health students to fulfill practicum/internship.

Question: Is the Long Island PHIP and its Long Island Health Collaborative seen as a trusted resource for health information, especially benefits of walking, by both primary and secondary audiences?

Method: *Pre and Post Campaign surveys* – separate survey for each target audience. Surveys distributed at start of health communication effort and at month 12. Staff will follow up with community-based organizations, as reasonable, to capture as many responses as possible.

Survey questions focused on whether awareness raised among primary and secondary audiences about LIHC as a resource and about the effectiveness of the proposed health campaign theme/messages. Provides measure of change in awareness over time and helps inform modifications to materials, if necessary.

SUMMATION

Capitalizing on Long Island PHIP Long Island Health Collaborative members' united front to combat obesity is perhaps LIHC's greatest strength and therein rests the opportunity to organize and mobilize a robust and island wide walking program that incorporates messaging about healthy eating and healthy lifestyle choices. The CDC's *Morbidity and Mortality Weekly Report*, August 10, 2012, stated that "Because walking or moving with assistance is possible for most persons, does not require specific skills or facilities, and can serve multiple purposes, it represents a way many U.S. residents can achieve a more physically active lifestyle, regardless of sex, race, ethnicity, age, or education level."⁴² The tactics and strategies used to communicate about healthy lifestyle choices, particularly walking, works towards the Long Island PHIP's grand goal of improving the health of all Long Islanders.

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APPENDIX A

Campaign logo

Are You Ready Feet



Proposed PSAs

Television: 30 second spot. Scene is a multitude of feet walking, just the feet, with noise of feet as background. Shots collage, switch and fade.

Voice over says: Walking is one of the best and easiest ways to get active. Walk with friends, walk for fun, walk for your health. Your feet were made for walking. Are you ready feet? This health message brought to you by the Long Island Health Collaborative, a project of the Long Island Population Health Improvement Program, which is funded by the NYS Dept of Health. Visit our website to find out about places to walk near you. (website flashes on screen)

Radio: 30 second spot. Uses same format as above, but no visual, just sound.

Voice over says: That's the sound of many feet –walking. It's the best and easiest way to get active. Walk with friends, walk for fun, walk for health. Your feet were made for walking. Are you ready feet? This health message brought to you by the Long Island Health Collaborative, a project of the Long Island Population Health Improvement Program, which is funded by the NYS Dept of Health. Go to www.lihealthcolab.org to find out about places to walk near you.

Print: PSA incorporates same elements as above. Includes use of campaign logo.

Copy says: Your feet were made for walking. It's the best and easiest way to get active. Walk with friends, walk for fun, walk for health. Are you ready feet? This health message brought to you by the Long Island Health Collaborative, a project of the Long Island Population Health Improvement Program, which is funded by the NYS Dept of Health. Visit www.lihealthcollab.org to find out about places to walk near you.

Expanded Television PSA

ARE YOU READY FEET?
30-SECOND TELEVISION SPOT

TIME	VIDEO	AUDIO
0:00	<p>1. ES Multiple feet up to knees all walking. Feet/legs fill screen. Shot must show variety of legs, sneakers, socks of all shapes, sizes, striped etc., to convey multiplicity, multi-ethnicity,</p> <p>DOLLY OUT</p>	<p>(MUSIC UP: Instrumental Version)</p> <p>These Boots Are Made for Walking By Nancy Sinatra</p> <p>(CROSSFADE: To Base Chord Section - instrumental)</p>
0:13	<p>2. WS of feet, legs Full bodies all walking.</p> <p>DISSOLVE TO</p>	<p>IN THE CLEAR: The research is conclusive. walking improves your overall health. Lowers blood pressure and cholesterol, improves mood, helps you lose weight.</p> <p>(CROSSFADE: To any chorus section - Instrumental)</p>
0:19	<p>3. Montage of people walking on beach, on suburban sidewalk, up a hill, down a hill, in groups and alone.</p> <p>CUT TO</p>	<p>IN THE CLEAR: Easy, inexpensive you can walk anywhere, with anyone, any time.</p> <p>(CROSSFADE: To music that accompanies the lyrics “Are You Ready Boots.” However, these specific lyrics do not play. Instrumental... OUT)</p>
0:23	<p>4. ES original showing multiple feet up to knees all walking. Feet/legs fill the screen. Shot must</p>	

show variety of legs, sneakers,
socks of all shapes and sizes
striped, etc., to convey
multiplicity and
multi-ethnicity.

0:24

FREEZE FRAME

ANN. VO: Are you ready feet?
Start Walking.

CUT TO

0:26

5. TS a dozen pair of sneakered
feet. These feet are now
walking.

FADE TO BLACK

0:27

5. Closing:
This health message brought to
you by the Long Island Health
Collaborative, a project of the
Long Island Population Health
Improvement Program, which is
Funded by the NYS Dept of Health
(Logo and website above text on screen)

ANN. VO: Closing voice over