



# Annual Report 2004

## Health Education and Health Communication

### Division Overview

Health Education and Health Communication (HEHC) was a division comprised of the following staff during 2004: Five Public Health Specialist IIs (Maternal Child Block Grant and Health Levy Funding), a Public Health Specialist I (Health Communities Nutrition Education Initiative Contract), a Risk Communication Officer/Public Information Officer (RCO/PIO) and Division Manager.

Our primary goals taken primarily from the Three Core Functions and Ten Essential Services of Public Health:

1. To inform, educate, and empower people about health issues
2. To assure a competent public health and personal health care workforce
3. To implement health communication “best practices” that provide for public health education, awareness, and disease prevention.

### Division Projects and Funding

As a chartered function with the City of Kansas City, our division mission encompasses supporting other divisions within the health department, while maintaining program autonomy for specific HEHC division programs. Fiscal support for the budget is comprised of various state and Kansas City health levy funded positions and programs. Some major initiatives for 2004 were:

- Healthy Community Nutrition Education Initiative (HCNEI)
- Flu vaccination outreach for underserved populations
- Flu and Cold Prevention Campaign
- Safety Street Injury Prevention for grade school children
- Community Initiative on Depression (CID) pilot
- Maternal Child Family Health (MCFH) Native American Symposium
- Take the Pulse Campaign: A health assessment of the LGBT population in Kansas City
- Hepatitis A and B vaccination marketing campaign
- Heat Task Force activities
- Media monitoring and tracking
- Media Support for State SNS exercise.
- Bioterrorism Training and information videos (smallpox)
- Maternal Child Family Health CDCynergy Training
- Evaluation component for voluntary public health accreditation for Missouri Local Public Health Initiatives

Because this report provides a summative overview of division disease prevention activities and health promotion interventions, only some of the projects listed above are included. The division can be categorized into four major focus areas:

- I. Health Education and Health Communications (HEHC)
- II. Risk Communication (RC)
- III. Maternal Child Health Block Grant (MCH)
- IV. Healthy Communities Nutrition Education Initiative (HCNEI).

The HEHC health education, health communication and risk communication projects are funded through the health levy. The Missouri Department of Health and Senior Services (MDHSS) bioterrorism grant finances RC efforts as well as MCH projects. HCNEI is supported through a pass through grant from the USDA.

Each program and project in the division contributes in one way or another to the achievement of the three overarching goals, although HEHC contracts and grant supported programs are not structured to report annual activities by HEHC goals, or by calendar year. Therefore, reporting on various projects is outlined according to contractual mandates and also occasionally by grant year, as is the case for the Maternal Child contract reporting which covers the time period from October, 2003 through September, 2004.

Many division projects overlap on all three goals and serve to contribute to division priorities as designated by the Director of Health. Following are some examples of HEHC projects and programs designed and produced in 2004 and how they relate to division goals.

This report provides only an overview of activities and is by no means a complete or exhaustive report of programs delivered.

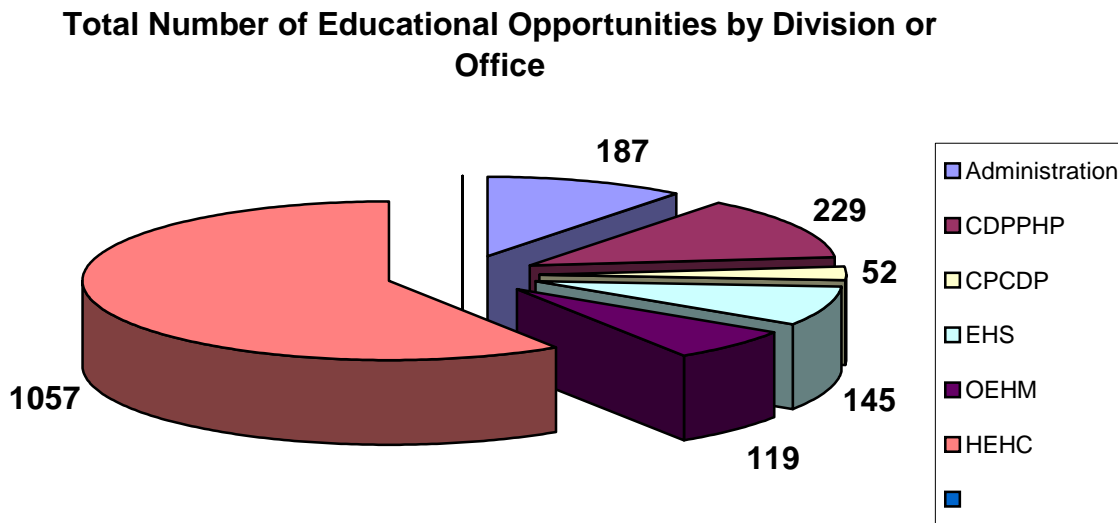
## I. Health Communication and Health Education (HEHC)

### **Goal 1: To Inform, Educate, and Empower People About Health Issues**

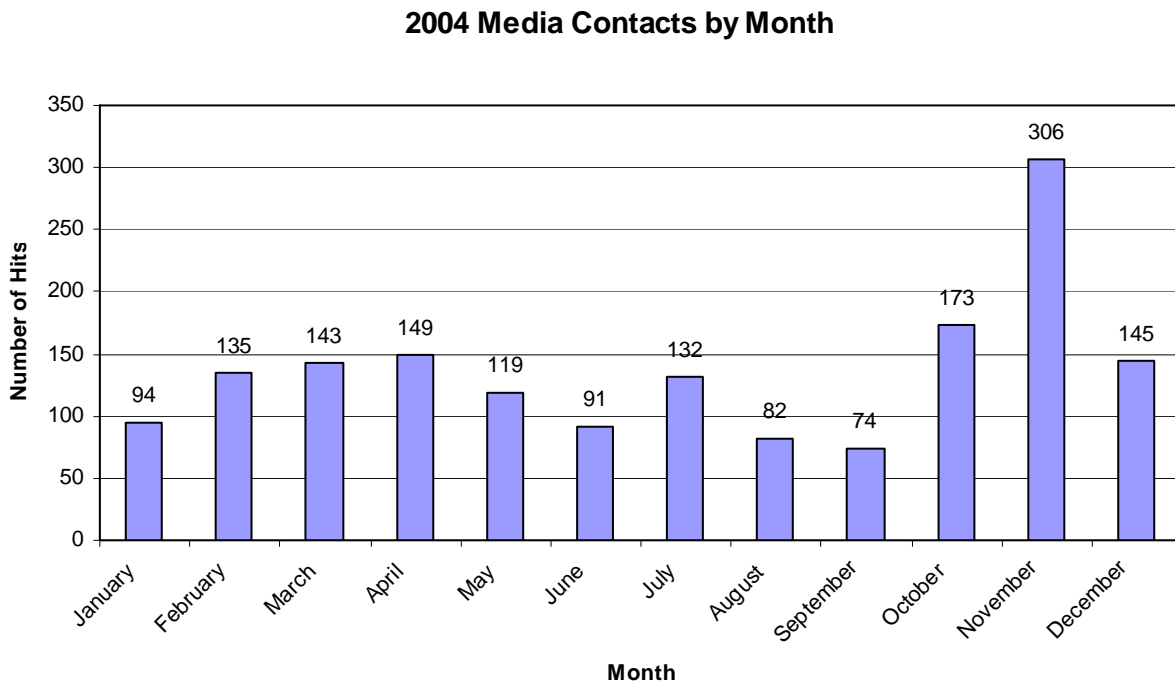
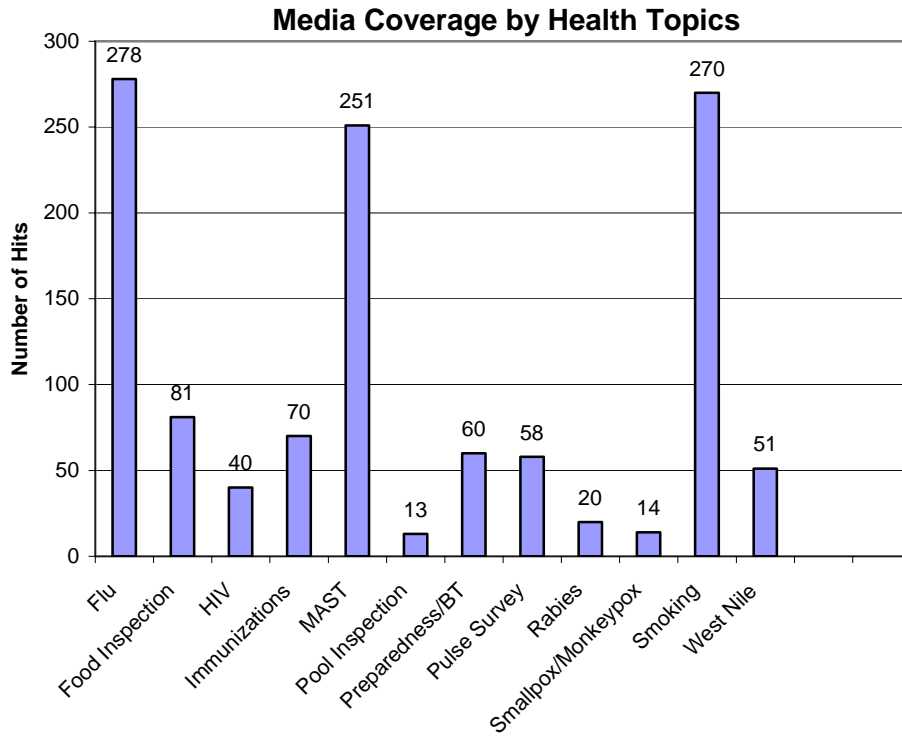
#### Education Through Media:

Working with the media is rapidly becoming one of the primary tools for public health education. The general public is bombarded with thousands of news messages each day from many different sources, and the division assists in ensuring that messages are provided in ways that communicate realistic risk and useful ways to improve the public's health.

HEHC serves as the liaison between the media and health department programs. HEHC monitors health messages generated by health issues, and health department programs. In 2004, HEHC participated in 1,057 educational opportunities from media contacts, up from 648 in 2003 (see graph below). The department as a whole had 1,643 educational opportunities from media contacts, up from 1,643 the previous year.



Three topics in particular accounted for a large number of educational opportunities with the media and the public: Influenza, MAST, and smoking accounted for the greatest number of individual media hits during 2004, with 278, 251, and 270 hits, respectively (see “Media Coverage by Health Topics” graph on the following page). Due to a shortage of flu vaccine worldwide as a result of potentially contaminated vaccine supplies, the department altered its distribution of vaccine. The controversies surrounding flu vaccine shortages generated an unusual amount of media interest in influenza clinics and vaccine distribution. Because the Metropolitan Ambulance Services Trust (MAST) was undergoing massive changes and was hard hit financially, all local media outlets reported on their activities on a regular basis. During 2004, the Kansas City Health Commission worked to update the city “Smoking in Public Places” ordinance, which caused heated and lively public discussions regarding the pros and cons of smoke free environments. The political and health ramifications of the new ordinance which was passed by city council aroused constant media interest.



### Year 1 of the Cold and Flu Prevention Campaign: “Keep, Cover and Wash”

HEHC had intended to purchase (and had ordered) 750 doses of influenza vaccine for use in outreach clinics to at-risk or non-English speaking individuals. HEHC had taken the responsibility of initiating 3 affiliation agreements with nursing school programs to assist in administering the vaccine.

In October, British officials would not release the vaccine from Chiron, one of 2 manufacturers of flu vaccine for the United States, due to potential contamination and processing concerns. The nation’s flu supply was effectively cut in half, prompting the Centers for Disease Control and Prevention to issue recommendation as who should get the vaccine.

HEHC’s response was agile and proactive. HEHC initiated a press release and media availability and supported the departmental efforts of 5 major outreach clinics. The large-scale clinics were treated as activation of the department’s mass prophylaxis event response. Members of the PIO team were at each clinic managing the media or filling in when asked, such as retrieving more vials of vaccine from the health department or managing crowds.

Due to the vaccine shortage, a public awareness campaign was developed, produced and initiated. “Keep, Cover and Wash” was designed to be a three year campaign with the first year of the campaign to be geared toward basic awareness with 3 different signs food handlers, preschools and grades K – 3. In cooperation with Environmental Health and Communicable Disease Prevention and Public Health Preparedness 5,000 (adult version) low-tack, durable signs were distributed to restaurants and schools and 4,000 (child version) were distributed to daycares and schools.

### **Goal 2: To assure a competent public health and personal health care work force**

HEHC provided many educational opportunities for the public health and personal health care workforce in 2003. This was achieved primarily through collaborations with other organizations whether they were in the public or private field.

### CDCynergy Health Communication Planning Program

CDCynergy 3.0 is an innovative CD-ROM that uses an interactive framework for creating and testing health communication campaigns. It also teaches users how to assess, develop, implement and evaluate effective health education intervention campaigns. Kansas City Missouri Health Department staff trained in house health professionals during 2004 and integrated this professional training program into the MCH program. Health Department staff has been trained by the CDC to teach and distribute this Health Education and Health Communication Planning Model to interested health professionals and community members.

This one-day course addresses the seven core competencies needed to function as a health educator in today’s public health environment, by grouping them into a six-step comprehensive planning model. The seven core skills needed for professional health educators are: Assess individual and community need for health education; plan effective health education programs; implement health education programs; evaluate health education programs; coordinate the provision of health education services; act as a resource person in health education; and communicate health and health education needs, concerns and resources.

### The Missouri Institute of Community Health, Health Communication Task Force

The mission of the Missouri Institute for Community Health (MICH) is to facilitate and promote excellence in community systems for health and quality of life.

HEHC staff has participated in this statewide institute in order to provide assurance that our community health systems have competence workforce, are linked to and provide care for citizens, and inform and educate people about health issues. HEHC staff continued to serve as chair of the Health Communications Task Force (HCTF) and provided leadership to members for the marketing of Missouri Local Public Health Agency Accreditation Program.

The primary focus of the HCTF in 2004 was to continue to market this voluntary program to local public health departments (LPHAs) and to assess the implementation of this project throughout the state. After developing a series of marketing tools targeting both political leaders and health agency administrators, the HCTF began to develop an evaluation tool that will assess two aspects of the public health accreditation process: (1) The usefulness and appropriateness of their marketing brochures; and (2) the perceived benefits and barriers experienced by Missouri LPHAs. The survey questions that make up the toll will be available on the Missouri Organization of Local Public Health Agencies (MOALPHA) website in 2005.

**Goal 1: To Inform, Educate, and Empower People About Health Issues**

**Goal 3: To Implement Health Communication “Best Practices” That Provide For Public Health Education, Awareness, And Disease Prevention.**

### Message Mapping and Website Design and Maintenance

HEHC also provided internal opportunities to expand the department’s risk communication and health communication knowledge and expertise by offering on-site training to division managers and program managers. The health department has adopted the use of message maps in dealing with sensitive or potentially controversial issues. Since being trained in constructing message maps, HEHC has used these skills to enhance the public’s understanding of how public health works in our communities and to assist department members in clearly defining and delivering their public health messages to the media, to decision makers, and to the public.

In 2004, the division was provided many different opportunities to implement best practices, including the use of message mapping and social marketing techniques to promote a landmark health survey such as “The Pulse.” HEHC also took over KCHD website design and management and continued to update and expand low literacy Fact Sheets, as well as develop new pages and links to other public health resources

## The Pulse Survey

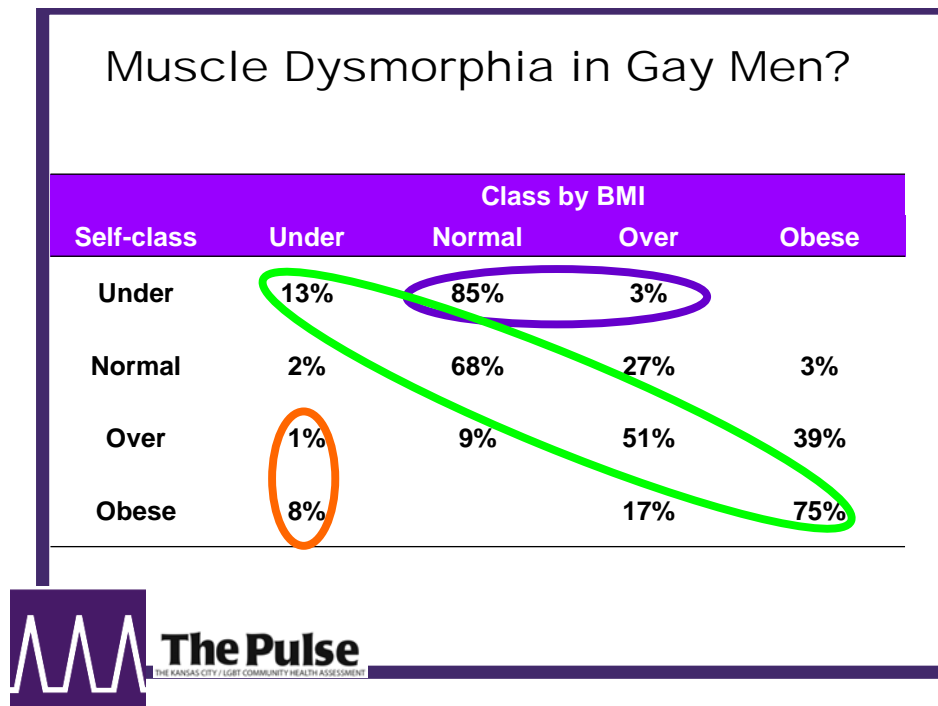
'The Pulse' was a collaborative partnership between the health department and the Lesbian and Gay Community Center of Greater Kansas City. The purpose of the Pulse Survey was to assess the health of the Lesbian, Gay, Bisexual and Transgendered (LGBT) individuals living in the Kansas City Metro Area. Current assessment tools used in the Kansas City Metro Area do not allow for LGBT individuals to disclose their orientation.

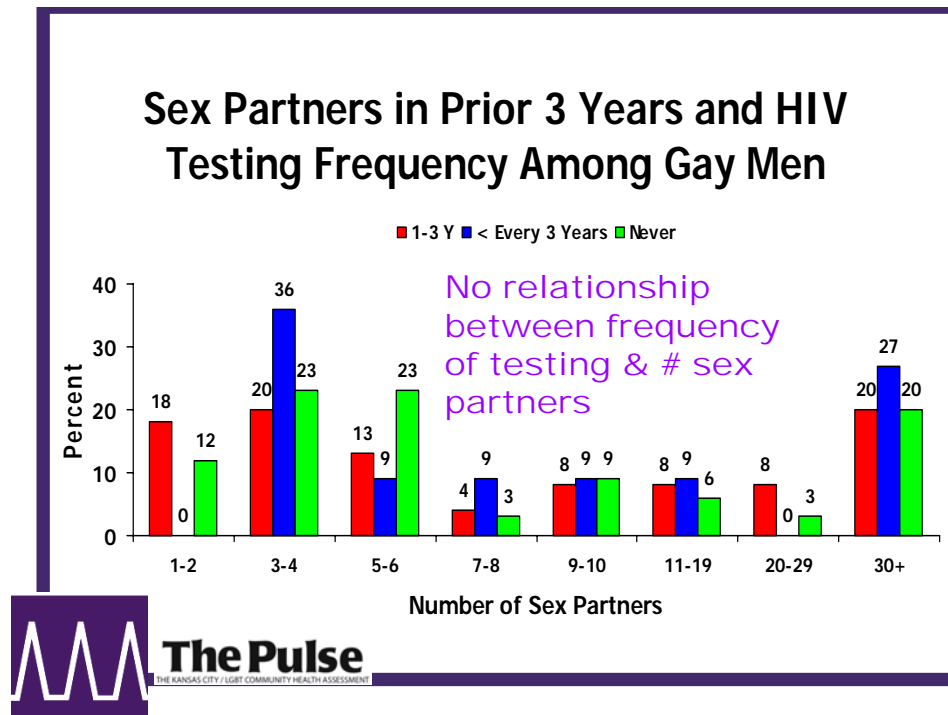
The report from the data collected in 2003 was released on April 3, 2004. The report was the second report of its kind nationally and the first to be funded through unrestricted tax dollars. The interest in the report generated 90 plus news articles nationally.

The Pulse provided the Kansas City Health Department with the opportunity to collaborate again with the Community Center by jointly hosting the Pulse conference at KU. It was the first time locally that public health, the medical establishment and the community provided a conference dealing with LGBTI health issues.

Health Department and HEHC staff made two presentations at the LGBTI Health Summit in Boston, MA. The overall results of the Pulse survey, as well as tips on tailoring and marketing messages to underserved populations were presented. By the feedback generated from our presentations, similar community health initiatives are being considered around the nation and world (Massachusetts, The Health Services of Australia, and San Francisco have all emailed the Health Department to find out how Kansas City conducted their survey).

Two health topics covered by the assessment and discussed at the LGBT Health Summit include "Muscle Dysmorphia in Gay Men," and "HIV Testing Frequency in Gay Men." Slides illustrating assessment findings on these topics are shown below and on the next page.





HEHC and the Office of Epidemiology are currently exploring writing articles for publication. Planned topics include Men Who Have Sex With Men (MSM ) and safe sex messages, Lesbian Health and Transgender Health. The health department is committed to researching additional critical health findings that affect these populations locally, with improved health as the eventual goal.

#### Hepatitis A and B “Be Careful What You Catch” Campaign

Health Education and Health Communication continued its partnership with the Division of Communicable Disease Prevention and Public Health Preparedness in the promotion of free hepatitis A and B vaccinations to high risk individuals. The “Be Careful of What You Catch” campaign continued with creative provided by GlaxoSmithKline, but was altered to reflect events in and around PRIDE in June as well as outreach clinics in Lesbian, Gay, Bisexual and Transgendered bars.

Staff created advertising for “Camp Magazine” as well as a large full color banner for the Health Department booth at the local PRIDE event.. Also, HEHC worked with the Masters of Ceremonies at PRIDE to highlight the clinic. It was very fortunate that one of the MCs completed her vaccination series right before she went onstage.

Due to the success of the promotion and marketing of the project, the Kansas City Health Department is frequently held up as a model outreach program with a higher than average vaccination completion rate. At the end of December 2004, over over 1,800 individuals were registered with the program.

### Community Initiative on Depression (CID) Pilot

The Community Initiative on Depression is the result of a partnership between the Mid-America Coalition on Health Care and local corporations interested in demystifying depression and providing greater education and awareness about the depression and mental health issues in the workplace. Fourteen large employers in the Kansas City Metro area became involved in this community health education intervention, and the City of Kansas City was one of these companies.

The KCMO Health Department was one of two departments in the city to pilot this awareness program before expected full-scale rollout of this initiative city-wide. The goal of this program is to provide greater understanding about this public health issue to the employers, employees, and their families so that more individuals suffering from depression will seek medical help and assistance with this brain disorder. The incidence of depression in the United States is reported to be at least 10% of the general population and in some special populations as high as 20%.

The CID analyzed results from a large scale Employee Attitudinal Survey and found that employees of the City of Kansas City lacked substantial information about the resources available to them to help cope with the devastating effects of depression. Managers and supervisors in the health department were provided with basic information on the causes and treatments for depression, and how families seek medical help within the current health insurance systems and the Employee Assistance Program (EAP). Health information about depression will continue to be highlighted at the health department for employees and their families, during 2005.

## II. Risk Communication (RC)

**Goal 1: To Inform, Educate, and Empower People About Health Issues**

**Goal 3: To Implement Health Communication “Best Practices” That Provide For Public Health Education, Awareness, And Disease Prevention**

### Risk Communication and Public Information Officer Activities

With the addition of the other Region A Public Information Officer (PIO) in Platte County, the KCHD Risk Communication Officer (RCO) and PIO became responsible for Kansas City and Independence, and the counties of Jackson, Lafayette, Saline, Henry, Bates, and Cass. The Missouri Department of Health and Human Services (MDHSS) mandated that the Region A PIOs work with specific regional planners.

The RCO/PIO provided support and direction concerning media issues to the Kansas City Veteran’s Administration Hospital in the absence of the Public Affairs Officer during their B. cepacia outbreak

The RCO/PIO and HEHC Division staff provided coordination and logistical support for MDHSS with two news conferences during 2004. The first was part of a coordinated, statewide effort launching the new MDHSS educational program, “Ready in 3.” The second news conference was in conjunction with the nations’ first bi-state SNS drill.

At the request of MDHSS Region A Senior Planner Michael Wood, the RCO/PIO participated in a collaborative effort to develop Annex C for Region A. This was a first of its kind effort for our region, and should serve as a resource for all LPHAs in Region A.

Worked in a collaborative effort with cross-disciplined PIOs from the Mid-America Regional Council (MARC) region to develop a MARC PIO Capabilities/Cooperation plan

The MARC Homeland Security Committee’s Public Health Emergency Preparedness Committee formed a Risk Communications Task Force at the suggestion of the KCHD RCO/PIO. This group is made up of PIOs or directors from all LPHAs in the MARC region. It is tasked with collaborating to develop mechanisms to insure conflicting information does not get distributed during a significant public health event.

The flu vaccine shortage caused a serious public health challenge during the later part of 2004. When the news about Chiron broke from the Centers for Disease Control and Prevention (CDC) the PIO/RCO updated the KCMO Health Department immediately, and served as the liaison between the CDC and the department. He continued to provide the department with Dr. Julie Gerberding’s (Director of the CDC) talking points before she briefed the nation. Through a great team effort, the Kansas City Health Department may have been the first local public health agency in the United States to brief local media on the situation, less than 5 hours after the CDC informed the nation’s Public Health Information Officers.

### **III. Maternal Child Health Block Grant (MCH)**

**Goal 1: To Inform, Educate, and Empower People About Health Issues**

**Goals 2: To Assure A Competent Public Health And Personal Health Care Workforce**

#### **Four Focus Areas**

The MCH Block Grant provided interventions in four “Problem Priority Areas:”

- **PRIORITY PROBLEM AREA # 1:** Increase the percent of children age 2, who have completed immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza Type B and Hepatitis B.
- **PRIORITY PROBLEM AREA #2:** Decrease the rate of births (per 1,000) to teenagers aged 15 – 17.
- **PRIORITY PROBLEM AREA #3:** Decrease the death rate per 100,000 due to unintentional injuries among children aged 1 – 14 years.
- **PRIORITY PROBLEM AREA #4:** Increase the percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

The selected outcome for each problem area as well as some of the milestones and activities undertaken towards achieving each outcome are described below.

**PRIORITY PROBLEM AREA # 1:** Increase the percent of children age 2, who have completed immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza Type B and Hepatitis B.

**Short-Term Outcome #1:** By September 30, 2004, seventy-two percent of children age two will have received age appropriate immunizations as documented by MOHSAIC. **This Short-Term Outcome was achieved:** Kansas City immunization rates are monitored on an ongoing basis. The immunization rate for 2004 is 83%, as determined by MDHSS.

**The following milestones/activities were completed in order to achieve this outcome:**

CASA audits and record reviews were completed for ten private physicians: Dr. Mark Lee, Dr. Larry Rues, Dr. Greg O Donnell, Dr. Mary Akinyemi, Dr. Andy Bukaty, Dr. Hillary Nash, Dr. Kevin Olson, Dr. Maribeth Orr, Dr. Purnima Mohan, and Dr. Chrisjohn Bradley .

The record reviews showed that “Best Practices” were followed regarding “Records:” the records were easy to read, are made available at the time of each child’s visit, are accurate and reflect all vaccines given, and immunization records are in the front of the patient’s file.

The record reviews showed that “Best Practices” were followed regarding “Recommendations and Reinforcement:” the need to return is reinforced by scheduling the next immunization appointment prior to the child’s leaving the office; the appointment scheduler is trained in true and false contraindications and encourages the patient to follow the recommendation of the provider.

The “Bee Wise Immunize” magnet, which includes the immunization schedule for children, was distributed through the Office of Vital Statistics in the Kansas City Missouri Health Department for every parent requesting a birth certificate, as well as to the general public via Medical Records, and Child Health Immunization Clinic.

Partnerships with the following agencies continued: Mid America Immunization Coalition, Maternal and Child Health Coalition, and the Wyandotte County, Kansas. Health Department.

The “Bee Early, Bee Wise, Immunize” flyers were available in English and Spanish, and were available at Health Fairs, community events, day care facilities, and at the Mid America Immunization Coalition, the Maternal and Child Health Coalition as well as at the KCMO Health Department. The flyers also were distributed at St. Vincent’s Day Care.

The physician immunization education curriculum was shared as a model with the Maternal Child Health Coalition. This curriculum describes "Best Practices" and includes six categories:

1. Record accuracy, understandability, and availability;
2. Recommendations to use the vaccine; reinforcement of the need to return;
3. Reminder and recall messages to patients;
4. Reminder and recall messages to providers;
5. Reduction of missed opportunities and
6. Reduction of barriers to immunization within the practice

The City-wide recall system was implemented using the MOHSAIC system. The recall system utilizes postcard developed by DHSS for immunizations which enables us to notify parents of missed shots that their child needs. The CDC CASA audit system prints off the address labels for use of the names and addresses of parents or guardians.

This year, four Saturday shot clinics were held to encourage parents to “BEE WISE, BEE EARLY, IMMUNIZE ON TIME. “ Ads were run in The CALL and DOS MUNDOS newspapers during the two weeks preceding the Saturday Clinic. In addition, the Paul Mesner Puppets gave a 30 minute performance four times during the day. The clinics helped to alleviate the normal back to school rush.

**PRIORITY PROBLEM AREA #2:** Decrease the rate of births (per 1,000) to teenagers aged 15 – 17.

**Short-term Outcome #2:** By September 30, 2004, a total of sixty percent of middle school students in zip codes 64124 and 64130 who would have received teen pregnancy prevention education will have increased their use of protective skills by 40% over their pretest scores, as evidenced by pretests and posttests. **This Short-Term Outcome was achieved:** Out of the number of students educated, 60% percent of the students showed an increase in behavior change as a reflection of the pre and posttests. The data reflected in the table below represents the total number of sixth, seventh, and eighth grade students that received the Sex Can wait educational program

School Name	Total Enrollment	Number of Students Educated
Genesis Middle School	185	175
M. L. King Middle School	260	200
<b>TOTAL</b>	<b>445</b>	<b>375</b>

Not reflected in the table above were additional “Sex Can Wait” presentations to approximately 150 youth at the YMCA, and 225 students at the girls and boys club and UMKC. This amounts to a total of 750 children educated throughout the year with the Sex Can Wait program.

The following milestones/activities were completed in order to achieve this outcome:

KCHD staff taught the “Sex Can Wait” teen pregnancy prevention curriculum to students enrolled at Genesis Alternative and King Middle Schools.

The “Sex Can Wait” abstinence-based curriculum consists of six sessions, which introduce self-esteem, communication, dating, puberty, STDs, and goal setting. The students were given a pre-test at the beginning of the first course, and given the same questions on a post-test at the end of the course. These tests were scored based on a 100% scale and there were a total of 10 questions with each question worth 10 points. The grading scale was designed to identify the total number of students who showed an increase in their use of protective skills. The tests were administered to the students in an effort to capture behavior changes among students whom completed the six-week course. Staff administered and collected Teen Pregnancy Prevention course evaluations from counselors and teachers, and collected evaluations from students to identify behavior and attitude changes. Determining changes in behavior of students is particularly challenging in terms of teen pregnancy prevention; thus particular attention was focused on indicators of behavior change indicative of abstinence and prevention.

The program provided information regarding Teen Pregnancy Prevention initiatives at health fairs, community education meetings, and a variety of school functions for Ladd elementary, and King and Genesis middle schools in Kansas City. The Kansas City, Missouri School District

assisted with distributing Teen Pregnancy Prevention educational materials to both parents and staff.

Staff stayed current with “best Practices” in the domain of abstinence-based curricula, attended training on updated and expanded Teen Pregnancy Prevention course content, and continued to meet with Kansas City, Missouri School District staff, counselors, and teachers to provide curriculum updates on expanded course content.

Participation in related community initiatives continued to be integral to strengthening this program; staff served on the Maternal & Child Health Coalition’s *Responsible Choices Committee*. They also participated in and attended meetings for Heart of America Family Services, and the Coalition for Community Collaboration, as well as other organizational meetings in an effort to maintain community partnerships, and to report on the progress of teen pregnancy prevention efforts.

Genesis school held a special event with a guest speaker brought from out of town to discuss goal setting, and making positive and healthy decisions. Staff provided a Heisman Trophy winner and sports celebrity to address these issues at the middle school and the student response was overwhelmingly positive, and the speaker’s focus helped to support the values and behaviors encouraged by the Sex Can Wait curriculum.

**PRIORITY PROBLEM AREA #3:** Decrease the death rate per 100,000 due to unintentional injuries among children aged 1 – 14 years.

**Short-term Outcome #3:** By September 30, 2004, fifty percent of the estimated 1,500 children who receive injury prevention education will be able to report using two injury prevention behaviors “consistently” or “most of the time”, as evidenced by pretests and posttests.

**This Short-Term Outcome was achieved:** The chart below shows the number of children educated and the percentage of children who achieved the outcome.

CURRICULUM	Number of Children Educated	Number of Children Achieving Outcome	Percentage of Children Achieving Outcome
Gun Safety	150	135	90%
Bicycle Safety	250	240	96%
Hand washing	150	150	100%
Seat Belt Safety	450	375	83%
Poison Safety	200	155	78%
Burn Safety	210	195	93%
Water safety	75	60	80%

The following milestones/activities were completed in order to achieve this outcome:

Three injury prevention topics were presented to children during the Summer Camp held by the following agency: Linwood YMCA (zip code 64128). The topics presented were: Vehicle Safety, Bicycle Safety, water Safety, fire safety, and gun safety.

KCHD staff collaborated with the Hickman Mills School District to implement the injury prevention program at Truman, Ladd, Whittier, St. Monica’s, and Burke Elementary schools. Staff presented injury prevention curriculum to 1,485 students during the school year. The most requested curriculums included hand washing, gun safety, seat belt safety, poison safety, burn safety, and bicycle safety. Out of a total of 1,310 students (88%) were able to report using two injury prevention behaviors “consistently” or “most of the time”. This information was captured by verbal and written pre and posttests. Evaluations from teachers and counselors concluded that the program followed a logical outline, and was proven to be worthwhile to the students and teachers.

Staff provided childhood injury prevention and safety educational materials to a variety of community groups throughout the year, including at several local health fairs. One of these events was the Annual Terry Riley’s Back to School Rally. Over 100 sets of safety materials and educational handouts were distributed to participants.

**PRIORITY PROBLEM AREA #4:** Increase the percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Short-term Outcome #4:** By September 30, 2004, sixty four percent of African American women in the zip code 64124 and sixty –nine percent in the zip code 64128 who gave birth between October 1, 2003 and July 31, 2004 will have entered prenatal care in the first trimester, as evidenced by review of the Missouri State Birth records via the State Department of Vital Records and Statistics. **This outcome was achieved:** The following table captures the total data for trimester entry of African American women located in the 64124 and 64128 zip codes. The majority ( 81%) of the women obtained prenatal care in their first trimester. Last year’s numbers were slightly higher, but statistically equal at 81.2% obtaining first trimester prenatal care.

Prenatal Care Entry Among African American Women Who Gave Birth, July 2003 thru June 2004 In the 64124, 64128 Zip Codes				
Zip Code	1st Trimester	2nd Trimester	3rd Trimester	Total Births
64124	54	13	4	71
64128	147	20	7	176
Combined Total	201	33	11	247
	81%	13%	4%	99%

The following milestones/activities were completed in order to achieve this outcome:

Under the advisement of the previous year’s community leaders, the Early and Continuous Prenatal Care media campaign changed direction this year. They suggested that more be done in the community and less focus be placed in local OB/GYN clinics. Their reasoning was that individuals who were there (in OB/GYN clinics) already knew the importance of prenatal care. They stated a need to reach out to those who don’t ordinarily receive this service. Community representatives suggested that high schools and other places where young women gather be the locations that education and awareness materials be available to educate new mothers of the importance of prenatal care and the community resources available.

During the year, 40 ads were placed on busses. Those ads contained a info line phone number that provided information on the need for early and continuous prenatal care and contained the ability to connect the caller directly to any Safety Net provider’s OB/GYN clinic to schedule an appointment. In addition to this line, approximately 100 posters containing the numbers of all “Safety Net” providers were distributed to locales where women would frequent in their neighborhoods. This included churches, community centers, local stores, convenience stores, gas stations, beauty salons, barber shops and high schools.

## IV. Healthy Communities Nutrition Education Initiative (HCNEI)

### Goal 1: To Inform, Educate, and Empower People About Health Issues

The purpose of the Healthy Communities Nutrition Education Initiative (HCNEI) contract is to provide healthy nutrition and physical activity education, training and goal-setting for Food Stamp Participants and Food Stamp eligible populations in the Kansas City Metro area.

Staff documented the number of direct and indirect education contacts made each month, and the locations at which the educational sessions were delivered, as shown in the chart below. Direct educational contacts were those that the Nutrition Education Coordinator (NEC) made with Food Stamp Participants or those eligible for the Food Stamp program. The NEC engaged individuals in educational discussions about the importance of healthy eating and regular, physical activity, and provided them with educational materials to support these healthy habits. Indirect educational contacts consisted of those family members of Food Stamp Participants who indirectly received educational materials on nutrition and physical fitness.

HCNEI 2004 Educational Contacts & Locations By MONTH				
Month/Year	Direct Educational Contacts	Indirect Educational Contacts	Locations	Location Name
Jan-04	33	98	1	1. Housing Authority
Feb-04	839	3,103	1,2,3,6	2. Downtown FSD
Mar-04	751	3,341	2,6,11,12	3. Midtown FSD
Apr-04	668	2,682	1,3,6,8,10,13	4. South KC FSD
May-04	538	2,325	5,6,7,9	5. Don Bosco
Jun-04	590	3,076	5,6	6. Richard Cabot
Jul-04	553	239	2,4,9	7. Ladd Elementary
Aug-04	25	70	2	8. Samuel Rodgers
Sep-04	*	*	0	9. St. Vincent's Day Care
Oct-04	*	*	0	10. Supermarket Walmart
Nov-04	47	140	2	11. Independence FSD
Dec-04	*	*	0	12. Genesis 13. Central High School

\* Pre-Campaign Sweeps and program planning and evaluation were conducted during these months.

During the months of September, October, and December, educational contacts were not pursued due to other contract activities, including the distribution and collection of pre-campaign surveys

related to nutritional and physical activity habits. In addition, final reports, program planning and evaluation components were analyzed and documented.

The chart below contains the quarterly and yearly totals for HCNEI Direct and Indirect Educational Contacts for 2004. The total number of educational contacts made was 19,118.

HCNEI 2004 TOTALS			
Educational Contacts by Quarter			
Month, Year	Direct Educational Contacts	Indirect Educational Contacts	Total Direct & Indirect
Jan-04	33	98	131
Feb-04	839	3,103	3,942
Mar-04	751	3,341	4,092
<b>First Quarter Totals: Jan - Mar, 2004</b>			<b>8,165</b>
Apr-04	668	2,682	3,350
May-04	538	2,325	2,863
Jun-04	590	3,076	3,666
<b>Second Quarter Totals: Apr - Jun, 2004</b>			<b>9,879</b>
Jul-04	553	239	792
Aug-04	25	70	95
Sep-04	0	0	
<b>Third Quarter Totals: July - Sept, 2004</b>			<b>887</b>
Oct-04	0	0	
Nov-04	47	140	187
Dec-04	0	0	
<b>Fourth Quarter Totals: Oct - Dec, 2004</b>			<b>187</b>
<b>TOTAL for 2004</b>	<b>4,044</b>	<b>15,074</b>	<b>19,118</b>

Materials provided to program participants were USDA-approved educational brochures and charts highlighting the importance of eating a variety of foods daily, especially fruits and vegetables. Participants also received information on the food guide pyramid and how to use it for family meal planning, and easy ways to incorporate healthy eating into busy family schedules. Each family member was encouraged to seek inventive ways to add regular physical activity into his or her daily activities, and provided with tips on how to increase physical activity in fun and creative ways.

Other project activities included “media” campaigns which were health communication components with nutrition and physical activity messages including water bill inserts, newsletters distributed at all local FSD offices in both English and Spanish. The total number of citizens reached through these messages was estimated to be 397,683.