Health Council of South Florida

Miami-Dade County Communities Putting Prevention to Work Final Evaluation Report

Submitted to the Miami-Dade County Health Department

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Executive Summary

Introduction

The Miami-Dade County Health Department (MDCHD) received a Communities Putting Prevention to Work (CPPW) grant from the US Department of Health and Human Services Centers for Disease Control and Prevention (CDC), as part of the American Recovery and Investment Act (2009) funding. The grant sought to address improving nutrition and physical activity in Miami-Dade County through policy, systems and environmental change. MDCHD was the lead and fiscal agent for the initiative, which was implemented through a broad-based group of community providers under the auspices of the Miami-Dade Consortium for a Healthier Miami-Dade (Consortium).

The Miami-Dade CPPW was implemented from March 2010 to June 2012, bringing together thirty contracted service providers as partners, in order to achieve the goals of the program. The Health Council of South Florida served as evaluator and this report presents the key findings based on qualitative and quantitative analysis of data collected.

Program Description

The CPPW initiative in Miami-Dade implemented a variety of activities to address the goals and objectives of creating policy, systems and environmental change in support to improved nutrition and physical activity. There were eleven program goals focusing on capacity building; media outreach; physical activity nutrition and screen time child care center standards; physical activity and nutrition in public schools, access to nutritious foods via convenience stores, farmer's markets and community gardens; breastfeeding practices; active transportation and recreation; safe routes to schools; and worksite wellness.

Results

A number of successful activities were implemented through CPPW with the majority of project milestones being met.

Consortium for a Healthier Miami-Dade

The Miami-Dade CPPW was able to significantly grow and strengthen the Consortium for a Healthier Miami-Dade (Consortium), increasing the capacity in the community to collaboratively address chronic disease prevention. The Consortium saw an 88% increase in membership over the program period.

Mass Media Campaign

Media outreach was effective, meeting the outcome objectives for the mass media campaign. Over 3.5 million impressions on persons over 18 years of age were made through the television marketing campaign, over 2.8 million through radio and more than 150,000 people were reached through educational, promotional materials, street teams and social media. Pre and post awareness surveys conducted revealed an 11% increase in awareness of the CPPW program and its branding Make Healthy Happen Miami. Post survey results around CPPW intervention areas also showed high levels for awareness of the need for key activities such as worksite wellness (88%) and moderate levels of awareness farmer's markets (48%) and bicycling facilities (49%) indicating the need for continuation of media and outreach in the community. It should be noted that other media campaigns and similar health initiatives could have attributed to the increase of awareness.

Child Care Centers

Childcare centers received technical assistance to support voluntary adoption of physical activity, nutrition and screen time standards for children ages five and under. These standards were 0-hours screen time for children under 2 years old and 60 minute time limit (30 minutes for TV-video and/or 30 minutes computer) for children 3 years and older, 60 minutes of exercise a day and low or fat-free milk for children 2 years of age and older; provision of whole fruits and vegetables (fresh, frozen, or canned) five days week at breakfast and snack time. Of the 1461 childcare facilities in Miami-Dade County in 2012, 1285 participated in the program (61% requiring additional technical assistance), of this 272 withdrew or closed with the remainder voluntarily adopting the standards. An experience survey revealed that 47.2% of center directors thought increased parent support was key to maintaining the standards and cited need for financial resources and equipment as their greatest barriers.

Although not being passed at the state legislature, a key accomplishment of the childcare center component of CPPW was the work of the CPPW Child Care Task force in provided guidance to the drafting and submitting a bill to the state legislature in 2012, to enact physical activity and nutrition standards in the licensing requirements of childcare centers. The bill was filed in the Florida Senate and referred to the Children, Families and Elder Affairs and Budget Committees, where it was not approved.

Nutrition and Physical Activity in Public Schools

CPPW worked with the Food and Nutrition Department of the Miami-Dade County Public Schools (MDCPS) to improve the School Wellness Policy. The policy underwent two rounds of amendments in November 2010 and in January 2012 and was approved by the School Board. The revision addresses both physical activity and nutrition for students and staff. It reinforces the District's Healthy Beverages and Food Guidelines developed through CPPW, which restricts fat, saturated fat, sugar and sodium intake and prohibits trans-fat in public school meals and snacks. School menus were revised in keeping with these guidelines.

In addition to the menu changes, the nutrition program in the schools also involved the installation of 57 reimbursable healthy meal vending machines in high schools across the county. These machines serve complete meals developed by chefs and tested with the students, creating an additional lunch line and increasing access to healthy food options for students. The MDCPS also expanded their Farm-to-School Program as part of CPPW, piloting a program in 40 schools in South Miami-Dade and leveraging the US Department of Agriculture funding to reach 335 schools in the county.

The physical activity program in the schools saw the successful expansion of the SPARK Research-based Physical Education curriculum (SPARK) from 40 to 240 elementary schools in the District. The curriculum is an evidence-based program for quality delivery of physical education. Analysis of fitness data collected pre- and post- implementation of SPARK revealed improvements in physical fitness of the students as a result of SPARK.

Convenience Stores

To support the objective of convenience stores adopting fresh fruit and vegetable placement policies and to serve as a guide for implementation of such policies, CPPW implemented the Nutrition Environment Measures Survey for Stores (NEMS-S) in 44 convenience and corner stores in four zones, within targeted areas of Miami-Dade County. NEMS assessed the availability of healthy foods in these corner stores and the results were used to assign a health food availability index (HFAI). Healthy food items were more frequently available in the stores located in Zones 1 (Cities of Hialeah and Opa-Locka) and 4 (Liberty City and Overtown neighborhoods within the City of Miami; unincorporated Miami-Dade

County and the municipalities of Florida City and Homestead) than in the other two Zones. This was confirmed in the median HFAI scores for the two (20.5 and 18, respectively), when compared to Zones 2 (encompassing several City of Miami neighborhoods including Liberty City, Miami Shores/El Portal and Westview) and Zone 3 Allapattah/Brownsville, Little Haiti, and Model City neighborhoods within the City of Miami at 11 and 13, respectively.

Farmer's Markets

The Miami-Dade CPPW established seven Farmer's Markets in "hot spots" for poor health outcomes. These areas are known to have high rates of preventable hospitalizations, high death rates from chronic disease and high poverty levels. As such, customers were able to utilize their (SNAP) benefits due to the availability of (EBT) machines at the markets, however data on EBT use was not provided by the market managers to MDCHD or HCSF. To assess the economic value of these Farmer's Markets, the HCSF utilized a tool called the Sticky Economic Evaluation Device (SEED), developed by Market Umbrella. Analysis of the collected data revealed a potential for collective annual earnings of $391,905.18 from these markets. In addition, there is a potential for over $200,000 per year in multiplier effects, assuming four months of operation, one day a week.

Breastfeeding Practices

CPPW partners provided technical assistance and support to implement the 4-D Pathway to Baby-Friendly Hospitals, a global World Health Organization and UNICEF program) in Miami-Dade County hospitals. There are currently only three hospitals in Florida with the Baby-Friendly designation, none in Miami-Dade county. By initiating the process in Miami-Dade hospitals, CPPW has set eleven hospitals in the county on the path to designation with all eleven completing the first pathway and moving on to the second phase. HCSF implemented provider surveys and focus groups to assess the results of these initiatives.

Active Transportation, Recreation and Safe Routes to Schools

The program was successful in establishing from the Open Space Master Plan for the Miami-Dade County Parks and Recreation Department, level of service standards for parks and recreational open spaces that will create equitable access to parks and recreational facilities for all Miami-Dade residents. The level of service standards were established through an access and equity analysis which specifies the ideal location of parks and recreational facilities to be between ¼ to ½ mile from where people live. The CPPW Program was also revised the County's two Urban Design Manuals to include concepts of "complete streets", "safe routes" and "great streets" planning principles. Key to the success of this process was the proactive planning between County departments, use of expertise from different domains and the opportunity for community feedback.

The Miami-Dade CPPW also increased the availability of bicycling facilities for active transportation and recreation by 667%, installing 507 bicycle racks and 579 way-finding signs, share the road signs and shared lane markings in the City of Miami and the City of North Miami. A random telephone survey was conducted in these communities to determine utilization and perceptions around these changes. The survey revealed that the majority of cyclists in the cities were recreational (both adults and children). Awareness of bicycle parking facilities was moderate at 52% in the City of Miami and 46% in the City of North Miami. The majority of respondents also indicated there should be more signage for bicycles on the road. Utilization of the parking facilities was also moderate with 49% of City of Miami and 42% of City of North Miami bicycle owners utilizing the facilities. Of those never using the facilities, potential for theft was cited as the main deterrent.

CPPW also sought to support the establishment of a countywide Safe Routes to Schools Policy through demonstrating its effectiveness in schools in the City of Miami. According to the School Traffic Survey

implemented by the University of Miami Miller School of Medicine, there was a 4.9% increase in the number of students walking to school and a slight (0.2%) increase in the number of students bicycling to school.

Worksite Wellness

The CPPW program implemented a comprehensive worksite wellness development program to provide technical support to Consortium for a Healthier Miami-Dade Member Organizations (CMOs) to increase the number of organizations with worksite wellness policies and programs. There was an increase in the number of organizations with written worksite wellness policies over the course of the program. In addition, the Miami-Dade County Health Department developed and implemented an agency wide worksite wellness policy, applicable to all their venues.

Conclusion

The Miami-Dade CPPW had a very high rate of success in terms of meeting its policy, systems and environment change (PSE) outcome objectives. Overall, of 29 objectives, 24 (83%) were fully met or exceeded and five (17%) were partially met; there were no objectives that were not met at all. Key successes were the growth of the Consortium for a Healthier Miami-Dade; and effective media campaign; PSE for improved physical activity and nutrition in the public schools; introduction of Senate Bill 1222 to make nutrition and physical activity standards part of the licensing requirements for child care facilities; support of seven Farmer's Markets in Miami-Dade; the Baby-Friendly hospital initiative; and the extensive installation of bicycling infrastructure in the City of Miami and City of North Miami. In instances where objectives were not fully met, these were as a result of unforeseen program implementation obstacles and political barriers.

In addition, a number of useful tools and analyses were developed which will guide ongoing work in support of PSE for improved physical activity and nutrition in Miami. These include the Food Trust's Miami-Dade Food Access Report, the South Florida Regional Planning Council/Florida International University's Nutrition Environment Assessment of Convenience and Corner Stores and Wholesome Wave's capacity building for data collection efforts with the Farmer's Markets within the program. Proposed Safe Routes to Schools countywide policies and Florida State Senate Bill 1222 (introduced) are also significant policy documents with potential impact in school and early childhood settings.

Recommendations

- The relationships established through the CPPW have are ongoing, thereby supporting the continuity and sustainability of the efforts of the CPPW Program. The Consortium leadership must find ways to keep members engaged and active beyond the grant period so that the momentum established through CPPW is not lost.
- The investments made in the media tools should be leveraged by allowing the Make Healthy Happen messaging to be used by other entities working on similar initiatives; e.g. the School District Wellness Committee and Comcast local channels.
- In the area of childcare policy, it is essential that the momentum of this work, spearheaded by the Child Care Task Force, be maintained by the Miami-Dade County Health Department. Further efforts should be made to connect with other groups in the state to build on the work of the existing bill proposed to the 2012 Florida Senate and to create the political will to support its adoption at the Senate and House levels of the Florida Legislature. e.g. through the Consortium for a Healthier Miami-Dade's Children's Issues Committee.

- Continued work is needed in the schools to ensure implementation of the nutrition standards in schools particularly in the area of rewards and healthy fundraising. The MDCPS District Wellness Committee should be further engaged to drive the process of educating and enforcing the policy in public schools.
- The health benefits of increasing access to fresh fruits and vegetables is well known, however the economic value provided by Farmer's Markets as indicated by the SEED evaluation show that the continuation and expansion of these resources in the community is warranted.
- In order to ensure continued focus on physical activity in schools, and improve physical education at the high school level in particular, greater policy advocacy and action is necessary to create the political will to ensure that adequate fiscal resources are allocated to improving daily physical activity at the high school level.
- The Breastfeeding Taskforce established through CPPW should be continued and resources should be sought to continue the technical assistance to the hospitals to allow them to complete the 4-D Pathway. e.g. through the Consortium for a Healthier Miami-Dade's Children's Issues Committee.
- There is a need for greater awareness and promotion of the safety infrastructure put in place to support physical activity through bicycling.
- Utilize the collaborative planning process implemented by CPPW and Miami Dade-County departments to convene the relevant organizations to expand the focus on community health in the County Comprehensive Development Master Plan and the Open Spaces Master plan, as well as to improve partnerships with municipality planning bodies.

Introduction

In 2009, the US Department of Health and Human Services through the Centers for Disease Control and Prevention (CDC) provided funding as part of the American Recovery and Invest Act (2009) to fifty select communities across the nation, to increase and support chronic disease prevention efforts in the public health sector. The program entitled Communities Putting Prevention to Work (CPPW), sought to address improving health outcomes through policy, systems and environmental change in the areas of improved nutrition and physical activity and reduction in tobacco use.

The Miami-Dade County Health Department (MDCHD) was the recipient of a grant to address improved nutrition and physical activity in Miami-Dade County. MDCHD was the lead and fiscal agent for the initiative with responsibility for- contracting, reporting, monitoring & evaluation, as well as offered technical assistance (nationally & locally). The Program was implemented through a broad-based group of community providers under the auspices of the Miami-Dade Consortium for a Healthier Miami-Dade (Consortium). The Consortium was established in 2003 by the MDCHD out of recognition of the need for collaborative efforts in chronic disease prevention efforts in the community. The Consortium is comprised of over 160 cross-sector organizations working towards a common mission and vision for Miami-Dade County[1]. The activities of the Miami-Dade CPPW were implemented under the guidance of one of the 12 sub-committees of the Consortium. General oversight provided by the Consortium Executive Committee and policy action championed by the members of the CPPW Leadership Committee. The Leadership team was made up of nine members representing the state legislature, county government, public schools, hospitals, MDCHD and the donor community. This team was charged with setting policy direction and assisting with moving state and local policies forward in support of the Miami-Dade CPPW.

The community partners responsible for implementation on the ground were selected through a competitive process during the grant development stage of the Miami-Dade CPPW. Organizations were requested to submit proposals in keeping with the Media, Access, Point of Purchase, Pricing and Social Support (MAPPS) strategies identified by the CDC in the CPPW funding announcement. These proposals were reviewed and graded by a sub-group of the CPPW Executive Committee for inclusion in the grant application. Additional partners were selected in subsequent RFPs post-award to fulfill

Leadership Team Membership

Florida International University
Florida State Senate
Health Care Management Consulting
Health Foundation of South Florida
Jess Trice community Health Center
Miami-Dade County Government
Miami-Dade County Health Department
Miami-Dade County Public Schools
South Florida Hospital and Health Care Association

Community Partners/Service Providers

Alliance for a Healthier Generation
Bochika
CBS4 Television
Circle of One Marketing
City of Miami
City of Miami Police Department
City of North Miami
Consulting Registered Dietitians
Florida Department of Children and Families
Foundation for a Breastfeeding Culture
Garden of Ian
Health Council of South Florida
Healthy Start Coalition
MDCHD – Women, Infant and Children's Program
MDCHD – Worksite Wellness Team
Miami-Dade County Parks and Recreation/Public Works
Miami-Dade County Public Schools
South Florida Hospitals and Healthcare Associations
South Florida Regional Planning Council The Health Council of South Florida University of Miami Mailman Center University of Miami School of Medicine VS Brooks
Youth Lead
Urban Oasis Project
War on Poverty

[1] Consortium for a Healthier Miami-Dade. 2010. www.healthymiamidade.org

the requirements of the Miami-Dade Community Action Plan (CAP). Through this process, a group of thirty providers contracted with the MDCHD to implement the CPPW. In addition, the Health Council of South Florida was contracted to serve as evaluator of the program. The Miami-Dade CPPW Initiative was implemented from March 2010 – June 2012.

Program Description

To reduce the incidence and burden of obesity in Miami-Dade County, the Consortium identified a set of goals, objectives and strategies to guide the community in a joint effort to address the issue of obesity and its main lifestyle risk factors of physical inactivity and poor nutrition. The goals and strategies identified in the Community Action Plan (CAP) feature process and policy-related objectives which are Specific, Measureable, Achievable, Realistic, and Time-phased (SMART) as required by the Communities Putting Prevention to Work Initiative. There are eleven goals within the CAP, detailed as follows in Table 1:

Table 1

Goal	Strategy	Outcome objective
Goal 1: Leadership **Enhance and strengthen the Consortium for a Healthier Miami-Dade leadership.**	Strategy 1: Increase the number of high-level community leaders that enact and support evidence-based policies related to increasing healthy eating and physical activity in Miami-Dade County through the establishment of a Leadership Team.	By September 2010, a Leadership Team consisting of 10 to 12 high-level community leaders will pledge through a formal agreement to oversee the strategic direction and enact policies related to healthy eating and increasing physical activity in Miami-Dade County.
	Strategy 2: Engage and expand representation in the Consortium that addresses obesity prevention/nutrition/ physical activity to diversify its membership base and make the Communities Putting Prevention to Work a standing agenda item.	By February 2011, the collective membership base of the four Consortium Committees responsible for accomplishing proposed Community Action Plan will have increased by 25%.
Goal 2: Media **Raise awareness of the importance of healthy eating and promote consumption of healthy foods/drink choices and increased physical activity**	Strategy 1: Develop a mass media campaign based on social marketing principles that promote healthy foods/drink choices and increased physical activity among Miami-Dade County residents.	By January 2011, implement a mass media/social marketing campaign that will reduce obesity and change subjective norms, beliefs, self-efficacy, and perceived behavioral control of unhealthy choices: a. By January 2011, 40% of those exposed to messages will believe that choosing healthier food is reasonably priced and more available. b. By January 2011, 40% of those exposed to messages will believe that they can adopt a healthier lifestyle by engaging in physical activity opportunities through the built environment, parks and recreation, and school.
Goal 3: Child Care Centers **Increase access to and promote consumption of healthy foods and beverages and reduce availability of nutrient poor, calorie dense foods; and require daily physical activity, and reduce screen time among children 2-5 years of age through the adoption of policy, environment, and system changes in**	Strategy 1: The Department of Children and Families (DCF), state of Florida licensing agency for child care centers and child care family programs, will adopt nutrition-related policies.	By January 2012, legislation will have been introduced at the public policy level that proposes to enact nutrition standards for child care centers in Florida including mandating low or fat-free milk for children 2 years of age and older; provision of whole fruits and vegetables (fresh, frozen, or canned) five days week at breakfast

Table 1		
Goal	**Strategy**	**Outcome objective**
childcare centers across Miami-Dade County.		and snack time.
	Strategy 2: The Department of Children and Families (DCF) state of Florida licensing agency for child care centers and child care family programs will adopt physical activity and screen time policies.	By January 2012, legislation will have been introduced at the public policy level that proposes to enact physical activity standards for child care centers in Florida including mandating 0-hour screen time for children under 2 years old and 60 minute time limit (30 minutes for TV-video and/or 30 minutes computer) for children 3 years and older.
Goal 4: Nutrition in public schools and parks and Farm-to-Schools nutrition **Improve the access and knowledge of nutritious/healthy food and beverage choices.**	Strategy 1: Invest needed resources into increasing the availability and access to nutritious meals in public schools (school wellness policy).	By July 2012, the School Wellness Advisory Committee (SWAC) will revise the school wellness policy to include nutrition standards for foods in schools, in accordance to Institute of Medicine (IOM) standards.
	Strategy 2: Invest needed resources into increasing the availability and access to nutritious meals in public high schools (vending machines).	By December 2011, 45 reimbursable Healthy Food Vending Machines will be installed throughout 45 senior high schools, based on National School Lunch Program Nutrition standards.
	Strategy 3: Developing a Farm to School Program in Miami-Dade County Public Schools to procure locally/regionally grown fresh fruits and vegetables for inclusion in the school lunch and breakfast program.	By March 2012, the Miami-Dade Public School Board will have adopted a policy that assures Farm-to-Schools programs connecting at least 30% of MDCPS sites to local farms. Schools will be selected based on highest burden of obesity, high risk groups, and/or greatest impact or reach.
	Strategy 4: Implement a Healthy Vending Machines Policy for the Miami-Dade County Parks and Recreation Facilities.	By March 2012, Miami-Dade Parks and Recreation will adopt policies requiring 100% of vending machines managed by Miami Dade Parks and located at park sites, to be in accordance to Parks Healthier Vending guidelines. Healthy vending machines placed at parks and recreation facilities will be selected, based on highest burden of obesity, high risk groups, and/or greatest impact or reach.
Goal 5: Physical Activity in Miami-Dade County Public Schools **Encourage and increase the opportunities to engage in physical activity, through the adoption of policy, environment, and system changes in public schools across Miami-Dade County.**	Strategy 1: To increase the number of High School students who engage in physical activity, utilizing evidence-based policies that will work towards increase physical education for all students.	By January 2012, the Miami-Dade School Board will approve an elective physical education course (1.5 credits).
	Strategy 2: To increase the number of schools who implement the SPARK curriculum from 40 to 240 schools district	By January 2012, there will be a 20% increase in the number of students (i.e. high risk populations) engaging

Table 1		
Goal	**Strategy**	**Outcome objective**
	wide.	in physical activity, through implementation of the SPARK curriculum.
	Strategy 3: To sustain, promote, and build the Miami-Dade County Public Schools capacity to improve healthy eating and physical activity.	By March 2012, 50% of Miami Dade County Public schools, in high-risk populations, will have adopted MAPPS strategies specifically in the area of physical activity and healthy eating. Schools will be selected based on the highest burden of obesity, high risk groups, and/or greatest impact/reach. Implement policy that supports physical activity and nutrition and build a sustainability mode/capacity.
Goal 6: Access and Consumption of Healthy Foods via Convenience Stores **Increase community access and consumption of healthy and affordable foods by providing financial/nonfinancial incentives to WIC- and/or SNAP-approved convenience stores to be able to store, market and successfully sell fruit and vegetables to low-income individuals in underserved communities.**	Strategy 1: Convenience stores participate in Healthy Food Hub Initiative, improving access, point of purchase/ promotion and sale of healthier foods (fruits, vegetables, whole grains, low fat milk, etc.) at a competitive price.	By January 2012, 50% of the 40 participating WIC and/or SNAP approved convenience stores will adopt a policy to place fresh fruits and vegetables where they are highly visible to customers, in a manner that is "attractive and appealing."
Goal 7: Farmers' Markets and Farm-to-Institutions **Increase community access to healthy foods, particularly in underserved communities and high-risk populations, by promoting efforts to provide fruits and vegetables through farmers' markets, including farm-to-institution.**	Strategy 1: Improve and enhance accessibility and availability of healthy foods through direct marketing opportunities, farmers' markets and community gardens combination program, and participation in the Miami-Dade Healthy Food Hub Initiative.	By March 2012, at least two identified sites will be selected based on greatest impact and high risk population, for a farmers' market location and will be coupled with a community garden combination program, which would allow for provision of products to the market.
Goal 8: Breastfeeding Practices and Facilities **Increase breastfeeding practices & breastfeeding facilities in Miami-Dade County**	Strategy 1: To establish a worksite policy that supports a lactation program based on U.S. Department of Health and Human Services [Business Cases for Breastfeeding].	a. By March 2012, Healthy Start Coalition and 24 core contracted providers that are members of the Healthy Start Coalition would have adopted the Breastfeeding Friendly Worksite Policy, in accordance to the U.S. Department of Health and Human Services, Business Cases for Breastfeeding. b. By March 2012, the MDCHD would have adopted the Breastfeeding Friendly Worksite Policy, in accordance to the U.S. Department of Health and Human Services, Business Cases for Breastfeeding. c. By March 2012, 2 out of 9 core members of the South Florida Hospital & Healthcare Association would have

Table 1		
Goal	**Strategy**	**Outcome objective**
		adopted the Breastfeeding Worksite Policy, in accordance to the U.S. Department of Health and Human Services, Business Cases for Breastfeeding.
	Strategy 2: To increase breastfeeding rates and encourage and increase opportunities for birthing centers and hospitals to become baby-friendly, throughout Miami-Dade County.	By March 2012, 13% of the local birthing centers and hospitals will have initiated the discovery phase and commit to implementing the developmental phase of the UNICEF 4-D Pathway to Baby-Friendly Designation.
Goal 9: Active Transportation and Recreation **Increase active transportation and recreation through improvements in the built environment such as enhancing facilities, planning, zoning and transportation policies as well as developing a county wide-signage system.**	Strategy 1: Parks and Open Space and Recreation Activities will be Accessible and Equitable according to the level of service standards.	By March 2012, the County will have established from the Open Space Master Plan for the Miami-Dade County Parks and Recreation Department, a level of service standards for parks and recreational open spaces that are intended to encourage equitable access to local (neighborhood) parks and open space as well as area-wide recreational activities for all County residents.
	Strategy 2: Improve Urban Design Manual Volume I (Private Development), Pattern Book, Safe Routes to Parks (SRTP) and Way-finding Signage.	By March 2012, Miami-Dade County will update the Miami-Dade Urban Design Manual I, and associated county plans and regulations to incorporate where appropriate, the "Great Streets Planning Principles" contained in the Miami-Dade Parks and Open Space System Master Plan and incorporation of "Complete Streets" components.
	Strategy 3: Improve Meaningful Open Space in the Public Realm to Encourage Incidental Physical Activities by enhancing the Urban Design Manual Volume 2 (Public Development).	By March 2012, Miami-Dade County will incorporate public spaces for festivals, arts and crafts shows, green markets and other civic activities in the planning and development of libraries, museums, schools, government buildings, transit stations within Transit-Oriented Development (TOD) and stand-alone transit stations, and other civic/institutional places.
	Strategy 4: Enhance bicycle facilities and signage in order to create a safe and user-friendly network of walking and bicycling routes (City of Miami and City of North Miami).	By March 2012, the targeted communities of the City of Miami and City of North Miami will enhance bicycling opportunities through increasing bicycling facilities by 30%, way-finding signage by 30%, and road-signage by 30%.
Goal 10: Safe Routes to Schools **Increase sustainable Safe Routes to**	Strategy 1: Develop and implement a county-wide Safe Routes to School (SRTS) policy that requires all elementary and	By March 2012, the Miami-Dade County School Board will enact a Safe Routes to School policy in

Table 1		
Goal	**Strategy**	**Outcome objective**
Schools initiative in Miami-Dade County	middle schools to document students' modes of transportation.	Miami-Dade County.
	Strategy 2: Develop and implement a policy that requires reallocation of the City of Miami's budget to supply an adequate number of crossing guards in the highest-risk communities of Miami-Dade County.	By May 2011, a resolution will have been approved in support of the policy by the Community Traffic Safety Team and endorsed by the Miami-Dade County Public School Board.
Goal 11:Worksite Wellness **Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity.**	Strategy: Increase the number of Worksite Wellness programs within the Consortium that support evidence-based practices.	By January 2012, there will be a 10% increase in the number of Consortium member organizations that have implemented a Worksite Wellness program.
	Strategy 2: Develop a Worksite Wellness Team within each Consortium Member Organization (CMO) that will evaluate existing policies, procedures and recommend changes to promote procurement of healthy food and beverages options.	By March 2012, two large-scale public service venues (i.e. local government facilities) will have healthier food & beverages options available through vending machines. The selected public service venues serve as a hub for government employees, residents utilizing government services, multiple public transportation sources, and shopping venues.
	Strategy 3: Develop a Worksite Wellness Team within each Consortium Member Organization (CMO) that will evaluate existing policies, procedures and recommend changes to promote procurement of healthy food and beverages options.	By May 2011, 40% of the Consortium Member Organizations will adopt a policy that meets recommended strategies adopted from the CDC guidelines for Worksite Wellness in reference to nutrition and physical activity.
	Strategy 4: Increase the number of Miami-Dade County Public Schools (MDCPS) staff/faculty/administrators engaging in regular physical activity, by establishing a Worksite Wellness Center for the MDCPS Administrative Complex.	By March 2010, improve the MDCPS Worksite Wellness Program by increasing the available opportunities to engage in physical activity.

Evaluation Methodology

The Miami-Dade Communities Putting Prevention to Work through its evaluator, the Health Council of South Florida(HCSF) and lead agency, the Miami-Dade County Health Department (MDCHD), put in a place a comprehensive monitoring and evaluation system that allowed for tracking of process and outcome measures in keeping with the reporting requirements of the CDC. The system was designed to ensure consistency between activities, outputs and outcomes of the overall initiative as designed in the Community Action Plan (CAP). The procedures put in place were based on the goals and objectives outlined in the CAP and are in keeping with the CDC's Framework for Program Evaluation in Public Health. The evaluation framework allowed for collecting and aggregating data on the required performance measures, milestones, and benchmarks identified in order to provide an overview of the policy, systems, and environmental change (PSE) strategies put in place throughout the community. The system also served to help to identify any need to modify the Community Action Plan during the implementation process. This evaluation system accounted for the relevance, effectiveness, efficiency, degree of change and sustainability of the policy, environmental and systems change promoted by the initiative. Detailed goal area logic models, timelines, data collection tools and implementation strategies were developed as part of the CPPW Evaluation Plan.

The system wastwo-tiered:

Tier One: Monitoring system (ongoing monitoring and data collection by MDCHD and HCSF)
This aspect of the system served to: I. Track changes from baseline conditions towards the intended outcome as well as identify obstacles on a frequent basis between reporting periods II. Focus on the outputs of the interventions and supports (including implementation cost information) and their role in achieving desired outcomes III. Track and assess performance and progress through comparison of indicators over time and discussions with stakeholders/implementers IV. Alert MDCHD and stakeholders of problems to facilitate corrective action

The monitoring system was designed to support the evaluation by capturing the indicator data collected in response to the key questions along the various stages of the program logic model.

Tier 2: Evaluation
This aspect of the system served to: I. Validate results and how and why they were or were not achieved II. Analyze the process by which policy, system and environment change takes place III. Focus on how and why outputs and strategies contributed to the achievement of outcomes IV. Evaluate the role of the interventions and partnerships by comparing indicators before and after the intervention V. Provide the community with additional strategy and policy options and serve as a basis for learning and accountability.

As part of the outcome evaluation, a program evaluation for each funded element was developed to ensure compatible data collection to facilitate standardization of the data collection process for overall reporting.

Report purpose

The Miami-Dade CPPW Final Evaluation Report is an analysis of the process and outcome data collected throughout the life of the grant and is intended to contribute to the evidence base and ongoing public health planning for prevention by:

- identifying successes and barriers within a contextual framework
- supporting broader service and health policy planning
- demonstrating the effectiveness of the PSE as a community health model and contributing to the rigorous evidence base for the MAPPS strategies used

Methods and Key Questions

A series of key questions and evaluation methodologies were developed to examine the process and outcome results of the CPPW program based on the goals and objectives of the CAP.

Goal 1: Enhance/Strengthen the Consortium
Methods: ▪ Analysis of Consortium for a Healthier Miami-Dade recruitment data ▪ Leadership Team Focus Group
Evaluation questions: 1. How successful has the Consortium been in recruiting and involving members? 2. From the leadership perspective, what were the successes and lessons learned about areas of improvement?

Goal 2: Mass Media Campaign
Methods: ▪ Use of data sets and methods standard in the commercial advertising sector to do formative research, media (print, television, internet monitoring, radio) tracking and post-surveys
Evaluation questions: 1. What was the reach of the media campaign? 2. How were perceptions changed through the media campaign?

Goal 3: Child Care Centers
Methods: ▪ Electronic survey designed, face validated and sent to centers at 6 months and at 1 year implementation ▪ End of project process review with providers
Evaluation questions: 1. How effective was the voluntary implementation of the physical activity, screen time and nutrition standards in the childcare settings? 2. What barriers were there to implementation and lessons learned?

Goal 4: Nutrition in Schools & Parks and Farm-to-Schools
Methods: ▪ Analysis of purchase levels of improved offerings through the vending machines ▪ Documentation of policy changes
Evaluation questions: 1. How have the menu changes and vending machines increased access to healthy food options?

Goal 5: Physical Activity in Miami-Dade County Public Schools
Methods: ▪ Fitnessgram data collected by the public schools and analyzed to determine trends
Evaluation questions: 1. How has the implementation of SPARK improved fitness levels among Miami-Dade County elementary students?

Goal 6: Access and Consumption of Healthy Foods via Convenience Stores
Methods: ▪ Perception surveys of consumers with the convenience store owners ▪ Tracking of fresh fruits and vegetables available at convenience stores (Nutrition Environment Measurement Survey – NEMS)
Evaluation questions: 1. What are the perceptions of the role of convenience stores in providing healthy food options? 2. What are the barriers to convenience stores providing healthy food options?

Goal 7: Farmers' Markets and Farm-to-Institutions
Methods: ▪ Sticky Economic Evaluation Device (SEED) from Market Umbrella
Evaluation questions: 1. How well utilized were the Farmer's markets in the communities? 2. What was the economic impact of the Farmer's Markets?

Goal 8: Breastfeeding Practices and Facilities/Lactation Support Policy
Methods: ▪ Assessment based on the progress being made by the hospitals on the pathway to Baby-Friendly hospitals ▪ Interviews with hospitals administering the program
Evaluation questions: 1. How has implementation of the Baby-Friendly Hospitals process improved breast-feeding? 2. What were the barriers lessons and learned during implementation?

Goal 9: Active Transportation and Recreation
Methods: ▪ Focus groups with Miami-Dade County staff to assess the process of policy change as it relates to changes in the County's Urban Design Manuals and Level of Service standards to create equitable access to parks and recreation. ▪ Analysis of data on the physical improvements made to improve bicycling ▪ Built environment telephone survey to assess perceptions and utilization of bicycle rack and signage installations
Evaluation questions:

1. What were the barriers and lessons learned during implementation?
2. How aware were communities of the bicycling facilities provided?
3. How heavily utilized were the bicycling facilities provided?

Goal 10: Safe Routes to Schools (SRTS)

Methods:

- Secondary analysis of SRTS and crossing guard data collected as part of the evidence-based model built in evaluation methodology.

Evaluation questions:

1. Was a county-wide policy adopted?
2. What changes were seen in the numbers of students walking/bicycling to school over the duration of the program?

Goal 11: Worksite wellness

Methods:

- Analysis of worksite wellness policy surveys and levels of technical assistance required

Evaluation questions:

1. What were the barriers lessons learned during implementation?

Results

All agencies tasked with activity implementation under CPPW conducted their activities in accordance to the CAP and the milestones identified. This section presents the results based on a goal by goal analysis of the data received and key performance indicators therein, obtained from reports submitted by the providers to the program manager or process observations of the evaluator throughout the course of program implementation.

Goal 1: Enhance/Strengthen the Consortium

- **Enhance and strengthen the Consortium for a Healthier Miami-Dade leadership.**

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy 1: Increase the number of high-level community leaders that enact and support evidence-based policies related to increasing healthy eating and physical activity in Miami-Dade County through the establishment of a Leadership Team.	By September 2010, a Leadership Team consisting of 10 to 12 high-level community leaders will pledge through a formal agreement to oversee the strategic direction and enact policies related to healthy eating and increasing physical activity in Miami-Dade County.	Outcome objective achieved
Strategy 2: Engage and expand representation in the Consortium that addresses obesity prevention/nutrition/ physical activity to diversify its membership base and make the Communities Putting Prevention to Work a standing agenda item.	By February 2011, the collective membership base of the four Consortium Committees responsible for accomplishing proposed Community Action Plan will have increased by 25%.	Outcome objective achieved

Leadership Team

A leadership team comprising key community leaders was established to oversee the policy direction of the CPPW and act on policy needs that arose. Key achievements were the tabling of state level policies to incorporate nutrition and physical activities in child care centers as part of the licensing requirements of the centers and the approval and adoption of Miami-Dade County Public Schools District Wellness Policy.

A focus group was conducted with the Leadership Team in January 2012 to gain their final feedback on the successes and barriers of CPPW implementation.

CPPW Leadership Perceptions

Strengths

- Agreement across agencies on a common goal
- Increased community awareness of obesity and prevention
- More individuals in the community are aware and are accountable for their own health(increased personal responsibility)
- The inclusion of public health in policies being implemented by local organizations
- The alignment of local policies with national policies
- Collaborative efforts of multiple partners as well as the collaboration with national partners
- Sectoral diversity of the group, and partners that work together that would normally not have come together (i.e. health, planning and education)
- Agencies worked within their limitation and can used their strengths to the best of their abilities
- A strong campaign that has the possibility of continuing past the program period

Key Program Successes

- Improvements in school policies with regards to nutrition and physical activity including implementation of the evidence based physical activity program , SPARK now being part of the physical education curriculum at all elementary schools and the revision of nutrition guidelines through the wellnesspolicy
- The breastfeeding initiative helped to change the organizational culture and approach to breastfeeding within the hospitals
- Improvements in parks and recreation planning and collaborative approaches
- Change in institutional polices in targeted organizations, promoting healthier lifestyles.

CPPW Leadership Perceptions

Barriers/Lessons Learned

The key barriers highlighted were process related and revealed the difficulty of channeling community funding through the current bureaucratic procedures of the Florida Department of Health. Issues highlighted were:

- The length of time program participants had to wait for payment.
- As the fiscal agent of the program, the Miami-Dade County Health Department dealt with many issues related to ability to implement from the State Health Department
- Improvements could have been made in the manner in which the leadership dealt with fiscal and contractual issues
- From the provider level there was dissatisfaction with the strict controls of the process with no detailed explanation or background information provided. The required monthly reporting was excessive and time consuming for many participants
- Members also agreed that parents be engaged in the nutritional education of their children so that healthy eating is reinforced outside the child care centers and schools
- More CDC guidance would have given the program participants a clearer direction of what they envisioned at the national level

In looking ahead, the Leadership Team highlighted the following as key steps for dissemination and sustainability:

- Revisit the geographic areas of highest risk and record the long-term impact of the campaign in these locations
- Further, incorporate CPPW activities into the Consortium committees and assign them activities related to the program.
- Continue all policy efforts related to the project
- Identify possible funding sources to help support the continued activities of CPPW including reaching out to the business community
- Engage providers, encouraging them to continue to collaborate with the Consortium.
- Creation of a final report that includes all the successes of the project. The leadership team can then meet with local media and highlight these items
- Identify partners to continue the media campaign e.g. Comcast and the School District Wellness Committee
- Harness political support to continue the momentum of the program

Consortium for a Healthier Miami-Dade Membership

Miami-Dade County Health Department staff worked with the Chairs and Co-chairs of the Consortium Committees to increase the number and diversity of members of the Consortium. Activities included increased communications through the Consortium website, ability to register as a member online, regular updates, newsletters and reports (monthly and quarterly) to the community and surveying of members to determine perceptions of the Consortium. Membership targets for the Consortium were exceeded during 2011-2012 with an 88% increase in total registered members during the measurement period. The highest growth was seen in the number of new members to the group, increasing from 103 to 319 (see Table 1). [2]

Table 1: Consortium Membership Analysis for September 2011-October 2012

	9/8/11	11/1/11	12/1/11	1/3/12	2/1/12	3/1/12	4/2/12	5/1/12	6/1/12	7/2/12	8/1/12	9/1/12	10/2/12	% increase 2011-2012
General Membership														
New Members	103	157	177	188	202	237	252	263	273	288	297	305	319	196.1%
Renewing Members	160	171	173	175	180	185	189	189	188	188	188	188	188	17.5%
Active Members	207	251	269	275	287	313	327	337	347	358	366	367	375	77.3%
Total Registered Members	263	328	350	363	382	422	441	452	461	476	485	493	502	87.5%
Membership by Committee	9/8/11	11/1/11	12/1/11	1/3/12	2/1/12	3/1/12	4/2/12	5/1/12	6/1/12	7/2/12	8/1/12	9/1/12	10/2/12	% increase 2011-2012
Children Issues	74	85	93	98	103	111	118	120	119	126	128	131	135	77.0%
Elder Issues	72	76	85	88	90	95	99	103	100	103	105	106	108	47.2%
Health and the Built Environment	42	57	60	62	66	72	76	79	81	85	87	89	90	111.9%
Health Promotion and Disease Prevention	115	140	149	153	159	178	186	191	194	201	203	204	207	77.4%
Marketing and Membership	26	34	36	36	37	39	41	41	39	42	42	44	46	69.2%
Oral Health	10	28	36	37	38	40	42	43	41	43	44	44	43	340.0%
Tobacco-Free Workgroup	26	30	34	35	37	44	45	45	43	48	49	50	53	92.3%

[2] Consortium for a Healthier Miami-Dade Monthly Membership update, Miami-Dade County Health Department, 10/2/12

Worksite Wellness	62	72	79	84	90	103	108	112	111	114	118	119	121	91.9%

The Health Promotion and Disease Prevention committee has the most enrolled members (207) and oral health has the least (43). The majority of members come from the non-profit sector, followed by government and then healthcare entities.

Goal 2: Mass Media Campaign

- **Raise awareness of the importance of healthy eating and promote consumption of healthy foods/drink choices and increased physical activity.**

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy 1: Develop a mass media campaign based on social marketing principles that promote healthy foods/drink choices and increased physical activity among Miami-Dade County residents.	By January 2011, implement a mass media/social marketing campaign that will reduce obesity and change subjective norms, beliefs, self-efficacy, and perceived behavioral control of unhealthy choices: a. By January 2011, 40% of those exposed to messages will believe that choosing healthier food is reasonably priced and more available. b. By January 2011, 40% of those exposed to messages will believe that they can adopt a healthier lifestyle by engaging in physical activity opportunities through the built environment, parks and recreation, and school."	Outcome objectives achieved 29% believe that food is reasonably priced and 49% believe that healthier food is more available 58% believe they can be more active in parks/communities while 63% believe their children are more active in school.

Three community partners were involved in the implementation of the media strategy for the Miami-Dade CPPW: CBS4 (general media), Circle of One (Haitian media) and VSBrooks (Hispanic media). In addition, the MDCHD supported the implementation of outdoor advertising on buses and billboards in the county. The total number and type of media intervention implemented during the program is detailed in Table 2 below.

Table 2 - Total number of People Reached Through CPPW Marketing Campaign March 2011 – February 2012 (All providers)[3]

Media Type	Number of People
Educational Marketing Materials	58,126
Promotional Marketing Materials	49,559
Street Teams – number of interactions	57,954
Social media – Facebook friends	280
Radio Impressions	2,888,000
TV Marketing Campaign reach (number of impressions on persons 18+ Nielsen)	3,585,328,320

[3] All referenced data obtained from individual providers, tracked through their monitoring systems and reported in quarterly programmatic reports to the Miami-Dade County Health Department

After delays due to a lengthy procurement process, the main barrier to implementation, formative research was conducted in February 2011, through implementation of an awareness and usage survey by Loretta Marketing Group, to benchmark perceptions and assist in culturally appropriate media channels/communication strategies, prior to implementation of the media strategy. Based on the results of the survey the media campaign was targeted at the general population through print and television, to the Hispanic market via television and radio and to the Haitian population through outreach and radio. Post-testing was conducted in February 2012 at the culmination of the media intervention to assess the effectiveness of the messaging as well as awareness of some of the interventions put in place by CPPW.[4]

Pre-test survey results revealed that the majority of all respondents considered obesity to be a problem in our communities. However, it appears that the various messages in the Communities Putting Prevention to Work (CPPW)/ Make Healthy Happen Miami (MHHM) campaign helped in changing the perception toward obesity in the community especially when the respondents were asked questions dealing with childhood obesity.

When asked if childhood obesity is a problem in their community the scores were lower in 2012 (79%) than in 2011 (84%). Every race/ethnic grouping had lower scores this year in comparison to last year. However, adult obesity perception scores actually increased from 2011 (72%) to 2012 (78%) significantly, which indicates that the community is still very cognizant of the problem among adults.

There were similar results for children and adult obesity regarding the importance of community to be involved in solving the obesity problem. With children, the scores were lower from 94% in 2011 to 87% in 2012. The adult obesity scores for the same question increased slightly from 80% to 81% for the same periods.

On a total basis, unaided (top of mind) awareness for advertising or promotions for programs or initiatives that target obesity, increased from 26% to 33%. The segments with the largest increases were with the African American (from 26% to 32%) and the Haitian (from 7% to 31%). The Hispanic segment increased slightly from a 2011 score of 35% to 37% in 2012. The Caucasians remained unchanged at 27% for both periods.

Unaided (top of mind) awareness on a total basis for the Communities Putting Prevention to Work (CPPW)/ Make Healthy Happen Miami (MHHM) campaign, increased from 9% to 21%. It is an increase of 133% (Figure 1).

Figure 1

Source: Loretta Marketing

[4] Jim Loretta, 2012, Loretta Marketing Group, *Pre and Post Advertising Study Regarding Nutrition and Physical Activity among Miami Residents for the Miami-Dade County Health Department*

It is noteworthy to point out that the Hispanic market recorded the biggest increase on a percent basis from 2011 of 1% to 11% in 2012. Comparing Total Awareness between CPPW and MHHM from 2011 to 2012 on a total market basis, the score increased significantly from 13% to 24%. This represents an 85% increase from 2011 to 2012.

The CPPW media post- survey also sought to determine awareness of some of the interventions within the program. Survey results revealed that the majority of respondents (88%) believe that policies that promote health and wellness should exist at worksites with highest levels of support from Hispanic (93%) and Haitian respondents (89%). Awareness of Farmer's Markets in communities was at 48% with a significantly higher percentage of non-Hispanic white respondents (89%) aware of the markets and a significantly lower proportion of Haitian respondents citing awareness (31%). When asked about bicycle facilities in their community 49% indicated they were aware of public bicycle racks and 59% of bicycle lanes. Awareness of these facilities was highest among the Haitian population at 82% and lowest among the Hispanic population with only 33% aware of bicycle racks and 50% aware of bicycle lanes.

Goal 3: Child Care Centers

- **Increase access to and promote consumption of healthy foods and beverages and reduce availability of nutrient poor, calorie dense foods; and require daily physical activity, and reduce screen time among children 2-5 years of age through the adoption of policy, environment, and system changes in child care centers across Miami-Dade County.**

Strategy	Outcome objective	Achieved/Not achieved/partially achieved
Strategy 1: The Department of Children and Families (DCF), state of Florida licensing agency for child care centers and child care family programs, will adopt nutrition-related policies.	By January 2012, legislation will have been introduced at the public policy level that proposes to enact nutrition standards for child care centers in Florida including mandating low or fat-free milk for children 2 years of age and older; provision of whole fruits and vegetables (fresh, frozen, or canned) five days week at breakfast and snack time.	Outcome objective achieved. A legislative bill was prepared and introduced to the legislature with a Senate sponsor.
Strategy 2: The Department of Children and Families (DCF) state of Florida licensing agency for child care centers and child care family programs will adopt physical activity and screen time policies.	By January 2012, legislation will have been introduced at the public policy level that proposes to enact physical activity standards for child care centers in Florida including mandating 0-hour screen time for children under 2 years old and 60 minute time limit (30 minutes for TV-video and/or 30 minutes computer) for children 3 years and older.	Outcome objective achieved A legislative bill was prepared and introduced to the legislature with a Senate sponsor.

Program Implementation

The University of Miami Mailman Center for Child Development (UM Mailman), the Department of Children and Families (DCF) and Consulting Registered Dieticians, implemented a program to pilot implementation of the above-mentioned policies in Miami-Dade County. This program sought to assess existing physical activity, screen time and nutrition policies and implementation in childcare facilities as well as train and provide technical assistance to the centers in order to support organizational change for voluntary adoption of the standards. In addition, the centers were supported in designing and implementing menu changes in support of providing healthier meals.

Technical Assistance

UM Mailman and DCF worked with 1285 of the 1461 child care facilities in Miami-Dade County in 2012. Of these, 61% required in-depth technical assistance i.e. UM Tier 2 facilities while 39% required minimal support (UM Tier 1 facilities). Two-hundred and seventy-two of the facilities worked with did not complete the process due to closure or withdrawal from the program resulting in 1013 completing the program. Of those completing, the centers worked to voluntarily adopt the recommended standards. Within this group, 755 centers fully revised their menus to better implement the nutrition standards while the other centers modified their offerings.

HCSF conducted a focus group with the Childcare Taskforce to review the strengths and weakness of the initiative. The main strengths and successes of the program were identified as:

1. Reaching over 1000 centers, cited as remarkable by Taskforce members
2. The participation of the government entities involved was highlighted as a strength. The willingness of DCF to participate and open doors added credibility to the process with the childcare centers, eliminating resistance and creating buy-in with center directors
3. The CPPW intervention was the furthest early childhood nutrition and physical activity standards have been taken
4. The proposed standards raises the bar for licensing requirements and is a promising practice at the national level and in keeping with national standards and trends.
5. The partners involved in implementation complemented each other, brining different strengths and areas of expertise to the process.
6. Partners were very accessible and communicated well allowing for ease of implementation
7. The Technical Assistance provided to the centers was an important part of enabling these facilities to adopt the standards voluntarily.

Areas of weakness identified by the group were the inability to have the standards passed as part of the licensing requirements for child care centers, despite the significant progress made in this area of policy change. The group indicated that lack of ability to lobby as a deterrent as it delayed the process and recommended that a policy analyst should have been brought on to enforce a better timeline. Parental involvement was seen as the main area of weakness and deterrent to the centers adopting and continuing to implement the standards. The group also indicated that there were discrepancies in the USDA menus and the standards of the National Food Program. The menus being promoted to the centers, which pose problems as the centers, need to adhere to the USDA menus to be reimbursed. It was noted however that the USDA is working to bring its menus up to the standards proposed and this will be less of an issue in the future. Another area of weakness highlighted was that the policies proposed speak mainly to the 2-5 year old age group and that similar standards need to be established for 0-2 years of age.

Looking to the future the group indicated that funding to continue technical assistance to the centers is a barrier to sustainability as well as the inability to have the policies adopted by the state legislature. The group recommended keeping the Taskforce together past CPPW in order to continue working on some of these issues in order to sustain the momentum of the initiative. They recommended exploring options such as further expansion of the standards in the Quality Counts process, including a grading for

parental involvement as well as working with Voluntary Pre-Kindergarten programs and parents. The group also suggested engaging the Florida Association of Childcare Centers to be the policy voice tor the process. The group also suggested the incorporation of training on the standards as part of university degree programs in early childhood education and in childcare certifications.

Experience Survey

The Health Council of South Florida developed and implemented a survey to evaluate child care center experiences with the program for centers at six months implementation and for those at one year of implementation (See Appendix 1 for Survey tool) based on literature review and surveys previously implemented by the University of Miami. The tool went through a face validation process with CPPW child care center service providers. Data on the frequency of physical activity, structure of the physical activity, types of physical activity, nutritional offerings, resources and challenges.

A total of 69 childcare centers responded to the telephone survey out of the 110 targeted centers at the 6-months (30 centers) and 1-year (39 centers) post training and technical assistance from the UM Mailman and DCF at the time of the survey, for a response rate of 62.7%. The majority of the respondents were from centers with 10 or fewer children (28.6%) for the 6-month group and 30.8% for the 1-year group); followed by large centers of 50-100 children (17.9%) for the 6-month group and 23.1% for the 1-year group). The largest age category in the centers surveyed was 3-4 year olds representing 34% of the population of the centers surveyed.

Physical Activity

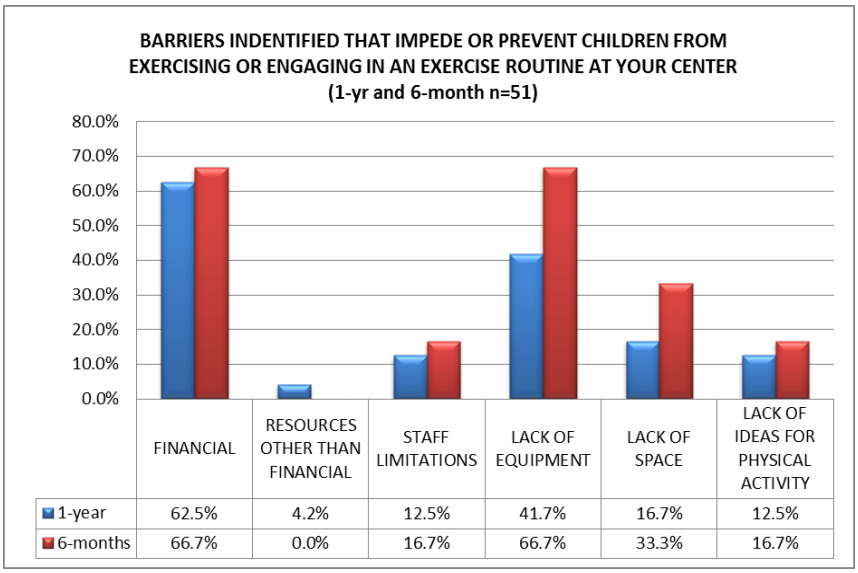
When questioned on the amount of indoor physical activity offered, 33.3% of centers at six months of implementation indicated that they offered 60 minutes of physical activity 5 times per week, while a slightly higher percentage 34.4% indicated the same for the 1-year group. The majority of respondents indicated they offered physical activity for 30 minutes 5 times per week with the percentage higher with the 1-year group at 50.0% and 42.9% with the 6-month group. None of the centers at one year of implementation indicated that no physical activity was being conducted while 9.5% of the 6-month group indicated that there was no indoor physical activity taking place.

In terms of outdoor physical activity, the majority of respondents indicated physical activity offerings for 60 minutes 5 times per week (87.5% for the 1-year group and 77.3% for the 6-month group). The next highest category indicated was 30 minutes of exercise 5 times per week at 18.2% for the 6-month group and 6.3% for the 1-year group.

Both groups offered both structured (with instruction) and unstructured (free play) physical activity in indoor and outdoor settings. Jumping/running/exercise games were the most popular forms of structured play offered in both groups. Walking, running/playing tag and throwing/catching were the most popular forms of unstructured play.

Of the centers surveyed, 98.4% indicated that their facilities had outdoor recreational areas or a playground conducive to children exercising. Only one of the surveyed centers indicated they do not, due to lack of space. Cross tabulation of responses indicated that this center offers physical activity indoors through activity stations. The types of recreational areas/equipment available ranged from small grassy areas to playgrounds, bicycles and jungle gyms.

Of the centers polled 84.4% indicated that they had indoor space suitable for children to exercise. The activities/equipment identified ranged from hula hoop, musical chairs, exercise mats and crawling tunnels to large rooms and gymnastics equipment. The centers without indoor facilities indicated that lack of space was the key issue.



	FINANCIAL	RESOURCES OTHER THAN FINANCIAL	STAFF LIMITATIONS	LACK OF EQUIPMENT	LACK OF SPACE	LACK OF IDEAS FOR PHYSICAL ACTIVITY
1-year	62.5%	4.2%	12.5%	41.7%	16.7%	12.5%
6-months	66.7%	0.0%	16.7%	66.7%	33.3%	16.7%

Figure 2

Within the 1-year group, 94.8% indicated that they had put in place quality measures to enhance physical activity in their centers. The proportion of centers that put in place these quality measures in the 6-month group was smaller at 73.3%. These measures ranged from developing lesson plans geared towards physical activity, increasing time and implementing Quality Counts (a voluntary rating system that reviews early learning programs according to clearly defined, high quality standards using a five star method of evaluation and offers supports and incentives to help providers reach their goals) to purchasing new equipment and adding playgrounds and other outdoor facilities.

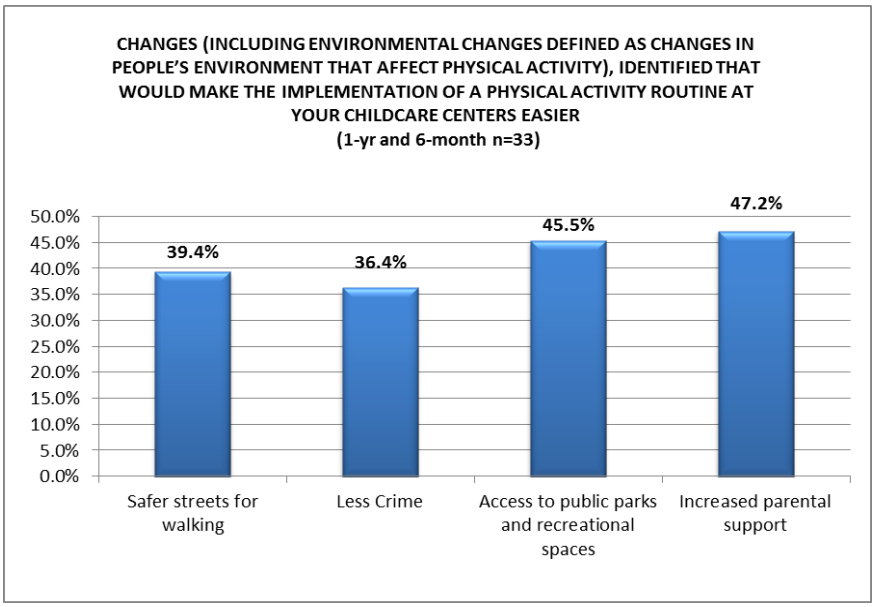


Figure 3

The majority of respondents identified financial resources (62.5% in the 1-year group and 66.7% in the 6 month group) followed by lack of equipment and lack of space as barriers that impede or prevent children from exercising (Figure 2).

When asked about changes that would make implementation of physical activity easier, 47.2% of respondents cited increased parental support as being a key necessary change (Figure 3).

Nutrition

Childcare facility directors were asked how often they serve the following food items:

- Whole milk
- 2% milk
- 1% milk

- Skim milk

- Juice
- Water
- Cheese
- Yogurt
- Fresh
- Fruit cup
- Vegetables
- Chips
- Dry beans and peas
- Cake
- Pudding
- Ice cream
- Doughnuts/other pastries
- Whole grain bread
- Crackers

As seen in Figure 4, in centers voluntarily implementing the standards after one year, whole milk is still regularly served. However these centers have a significant number of children under the age of two and more centers serve 1% milk, 2% milk and water. Notable is the lack of availability of poor nutritional foods such as chips, cake, pudding, and doughnuts in the center. While many centers are serving fresh fruit between 1-3 times per day to 2-3 times a week, very few centers serve fresh fruit three times a day.

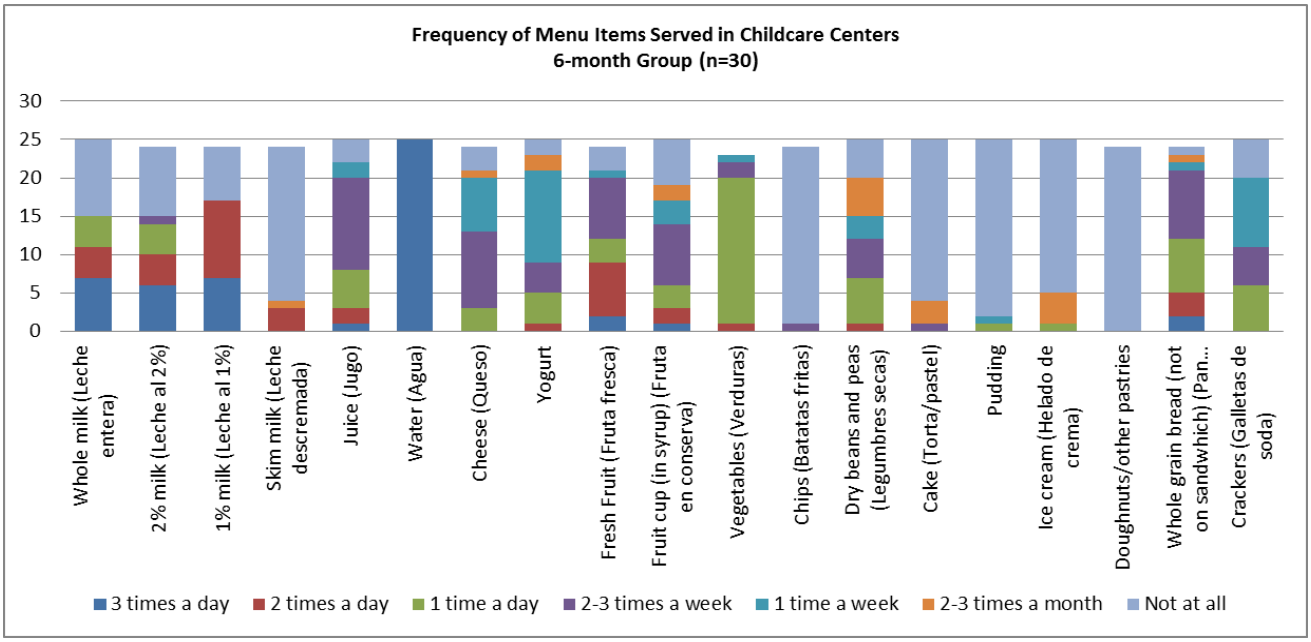


Figure 4

Vegetables are served only once a day in most centers. Similar trends were observed in the 6-month group (Figure 5).

Seventy-five percent of respondents indicated that they were aware of the new Dietary Guidelines for Americans (MyPlate) for 2010 with 77% believing that their school meal plan met the Guidelines for 2-5 year olds and 21% unsure. Awareness of the Dietary Guidelines and confidence that they were meeting them was higher in the 6-month group than the 1-year group. 76% of the 1-year group indicated that they had implemented a policy to train staff regarding the value of serving children nutritious foods as opposed to 96% of the 6-month group.

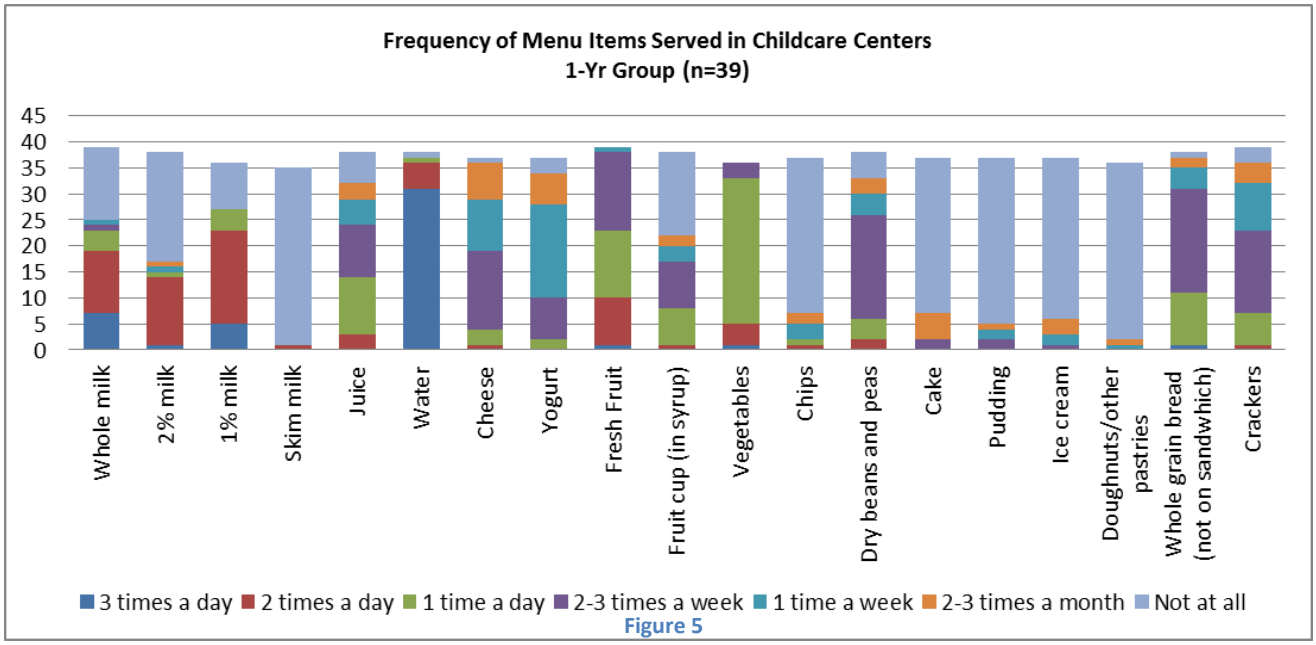


Figure 5

Legislative Action

With the support of the organization Public Health Law and Policy and through the work of the CPPW Childcare Taskforce, policy briefs were drafted in support of these outcomes. The CPPW Childcare Taskforce was established as a collaborative advisory group made up of leaders in early childhood education and health. The group also allowed a forum for sharing and feedback on implementation among the organizations implementing the initiative. The policy briefs created were based on the data from pilot implementation of the policies in childcare centers across the county (see Appendix 2 for policy brief) and were the foundation for a legislative bid to standardize the procedures. Although not being passed at the state legislature, a key accomplishment of the child care center component of CPPW was the work of the Child Care Task force in drafting and submitting of a bill to the state legislature in 2012, to enact physical activity and nutrition standards in the licensing requirements of childcare centers. The legislative bill (SB 1222) was filed in the Florida Senate and referred to the Children, Families an Elder Affairs and Budget Committees where it was not passed. Locally however, through the work of Quality Counts in integrating the standards (Quality Counts 2.0) in centers working with the program (through the Children's Trust and the Early Learning Coalition, provides a level of sustainability to the standards established through CPPW.

Goal 4: Nutrition in Public Schools and Parks and Farm-to-Schools Nutrition

- **Improve the access and knowledge of nutritious/healthy food and beverage choices.**

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy 1: Invest needed resources into increasing the availability and access to nutritious meals in public schools (school wellness policy)	By July 2012, the School Wellness Advisory Committee (SWAC) will revise the school wellness policy to include nutrition standards for foods in schools, in accordance to IOM standards.	Outcome objective achieved Revisions were submitted and approved by the Miami-Dade County School Board in November 2010 and in January 2012.
Strategy 2: Invest needed resources into increasing the availability and access to nutritious meals in public high schools (vending machines)	By December 2011, 45 reimbursable Healthy Food Vending Machines will be installed throughout 45 senior high schools, based on National School Lunch Program Nutrition standards.	Outcome objective achieved 57 vending machines were installed in 53 schools, disbursing 370,298 meals between the Fall 2010 and June 2012.
Strategy 3: Developing a Farm to School Program in Miami-Dade County Public Schools to procure locally/regionally grown fresh fruits and vegetables for inclusion in the school lunch and breakfast program.	By March 2012, the Miami-Dade Public School Board will have adopted a policy that assures Farm-to-Schools programs connecting at least 30% of MDCPS sites to local farms. Schools will be selected based on highest burden of obesity, high risk groups, and/or greatest impact or reach.	Outcome objective achieved Targets were exceeded with 40 schools in the pilot program in South Miami-Dade and 335 schools involved in the Farm to School Program overall (leveraged CPPW and USDA Program results)
Strategy 4: Implement a Healthy Vending Machines Policy for the Miami-Dade County Parks and Recreation Facilities	By March 2012, Miami-Dade Parks and Recreation will adopt policies requiring 100% of vending machines managed by Miami Dade Parks and located at park sites, to be in accordance to Parks Healthier Vending guidelines. Healthy vending machines placed at parks and recreation facilities will be selected, based on highest burden of obesity, high risk groups, and/or greatest impact or reach.	Outcome objective achieved Miami-Dade County Parks and Recreation put in place a policy to adopt healthier vending guidelines.

Changes to the Wellness Policy (as of January 2012)

Original (prior to November 2010)	Revised
No specifications made regarding the reimbursable meal program	Meals served within the federally reimbursable meal program will be designed to feature fresh fruits from local sources to the greatest extent possible.
No specifications regarding healthy fundraisers or healthy celebrations.	The District will encourage parents and staff to have healthy fundraisers/ healthy celebrations by providing recommendations and resources.
Department of Food and Nutrition will serve food that is high in fiber, free of added trans-fat, low in added fats, sugar, and sodium, respectful of cultural diversity	The Department of Food and Nutrition will assist in the implementation of the District's Healthy Beverages and Food Guidelines. This document specifies the following:

Original (prior to November 2010)	Revised
and served in appropriate portion sizes consistent with U.S. Department of Agriculture standards with adequate time allotted for meal consumption and in an environment conducive to making nutritional choices. This excerpt is also in the updated version but has specific numbers in the Healthy Beverages and Food Guidelines that are not mentioned in the original.	• No more than 35% of total calories from fat • No more than 10% of total calories from saturated fat • No more than 35% added sugar by weight • No added transfat • No more than 480mg of sodium The revised wellness policy also updates the rule on food and beverages sold on campus and in vending machines district-wide.
No additional physical education elective courses offered.	Senior High Schools will have an opportunity to offer two (2) physical education elective courses immediately following the end of the regular school day. These courses are in addition to the one (1) credit required for high school graduation.
Policy geared toward students.	Addition of Staff Wellness Goal to the policy. Encourages staff to eat healthy and be physically active

The full Miami-Dade County School Wellness Policy, provided by MDCPS Food and Nutrition Department, can be found in Appendix 3.

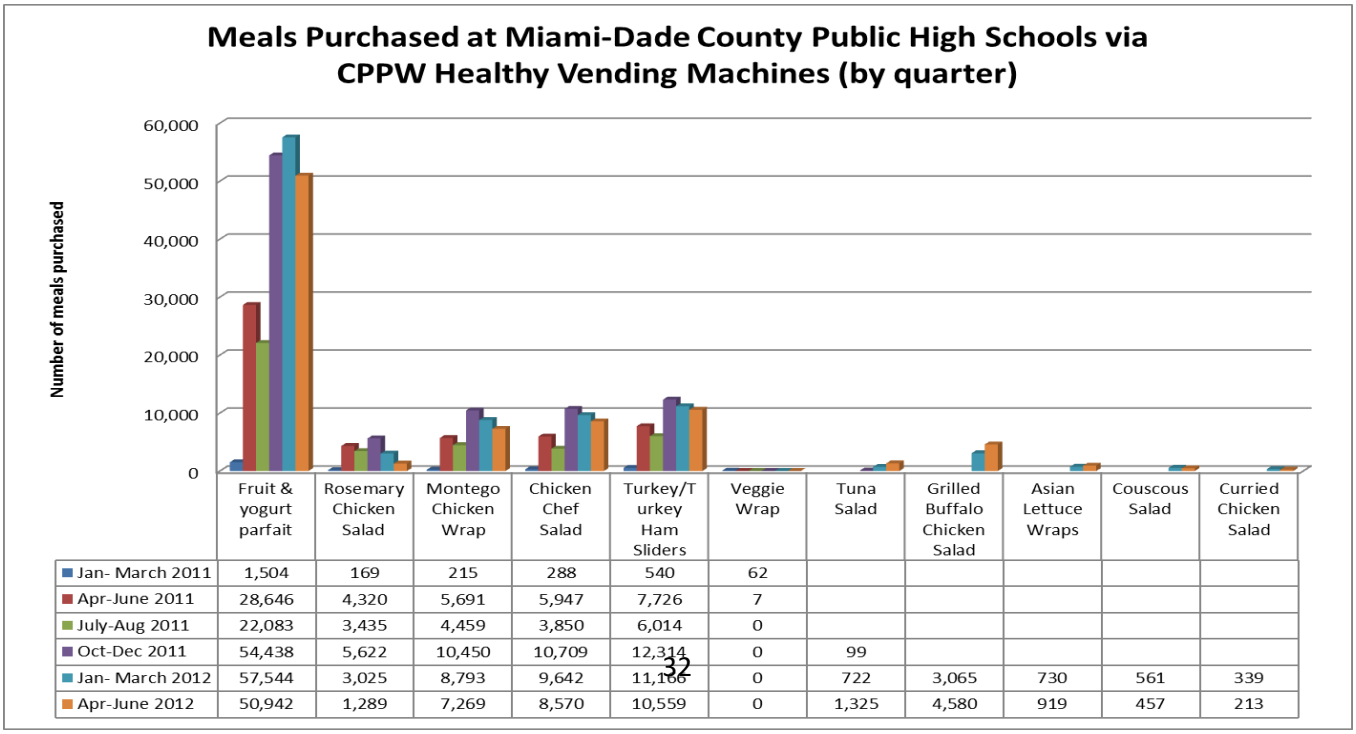
Healthy Eating Reimbursable Vending Machines

A total of 57 of these machines were installed in 53 High Schools in Miami-Dade County between March 2010 and June 2012. The vending machines disbursed 370,318 over the project period meals as per Table 6 below.

Table 6
Total number of meals disbursed from CPPW funded Healthy Eating Vending Machines

Jan- March 2011	Apr-June 2011	July-Aug 2011	Oct-Dec 2011	Jan- March 2012	Apr-June 2012	TOTAL
2,843	52,337	39,841	93,632	95,587	86,123	**370,298**

These machines served complete meals developed by chefs and tested with the students, creating an



*note lower figures for January-March 2011 are due to incomplete installation with only 5 of 45 machines were installed at this time

Figure 6

additional lunch line in which students could utilize their student and lunch number to purchase meals and increasing access to healthy food options for students. The most popular meals disbursed were yogurt parfaits, followed by turkey and ham sliders as per Figure 6 below:

Farm to Schools

The Farm-to-Schools program was established by the US Department of Agriculture (USDA) to "connect schools with local or regional producers in order to serve local or regionally produced foods in school cafeterias."[5] Miami-Dade County Public Schools obtains produce through the Farm-to-Schools program from ten local and regional producers with Produce Connection being their largest supplier. CPPW leveraged the work in the existing Farm-to-Schools Program to ensure greater coverage across the school system through a pilot program in 40 schools in Southern Miami-Dade with the goal of connecting farmers in these areas with the schools in their areas. As such, 335 Miami-Dade County Public Schools now benefit from the Farm-to-Schools Program (Table 7).

Table 7
Number of Schools by Type Offering Farm to School Produce in Lunches Served

School Type	Number
K-8	26
Elementary	197
Middle School	59
High School	53
Total	**335**

Healthy Options in Miami-Dade County Parks Vending Machines

The Miami-Dade County Parks and Recreation Department as part of its work on CPPW drafted and adopted a healthy eating policy for vending machines concession stands for all county parks with food offerings. There was no policy prior to the CPPW Program. The policy was officially issued and put into implementation in February 2011 and the Department will be tracking the sales in the machines and of the healthy options provided at the concession stands. The policy addresses beverage standards with calorie counts including adequate water, low and non-fat milk, 100% juice, non-caloric beverages (including diet sodas) and sports drinks of less than 100 calories. Snacks and foods options must be available that are no more than 250 calories with no more than 35% fat (with the exception of nuts and seeds), no more than 10% of calories from saturated fat, contain no trans fats, no more than 35% of total weight from sugar and caloric sweeteners and less than 360 mg of sodium. The policy also mandates that offerings that met these standards shall not be priced higher than items that do not meet the standards. See Appendix 4 for the full policy.

[5] *US Department of Agriculture, Food and Nutrition Service, Farm to School,* Retrieved September 29th, 2011, http://www.fns.usda.gov/cnd/f2s/

Goal 5: Physical Activity in Miami-Dade County Public Schools

- **Encourage and increase the opportunities to engage in physical activity, through the adoption of policy, environment, and system changes in public schools across Miami-Dade County.**

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy 1: To increase the number of High School students who engage in physical activity, utilizing evidence-based policies that will work towards increasing physical education for all students.	By January 2012, the Miami-Dade School Board will approve an elective physical education course(1.5 credits)	Outcome objective partially achieved, as an elective credit hour of physical education was obtained
Strategy 2: To increase the number of schools who implement the SPARK curriculum from 40 to 240 schools district wide	By January 2012, there will be a 20% increase in the number of students (i.e. high risk populations) engaging in physical activity, through the implementation of the SPARK curriculum.	Outcome objective achieved. Implementation increased from 40 elementary schools implementing SPARK to 240 schools with a reach of an estimated 159,000 students in Pre-K through Fifth Grade.[6]
Strategy 3: To sustain, promote, and build the Miami-Dade County Public Schools capacity to improve healthy eating and physical activity	By March 2012, 50% of Miami Dade County Public schools, in high-risk populations, will have adopted MAPPS strategies specifically in the area of physical activity and healthy eating. (Schools will be selected based on the highest burden of obesity, high risk groups, and/or the greatest impact/reach. Implement policy that supports physical activity and nutrition and build a sustainability mode/capacity.)	Final data due in December 2012.

High School Physical Education (P.E)

Due to financial constraints and the current political climate, an additional 1.5 credit hours of physical education (PE) for high schools in the Miami-Dade County Public schools could not be established. With current funding conditions, physical education, music and drama programs are at risk of continued cutbacks. The fiscal resources required to hire the additional staff required to implement a mandatory 1.5 credit hours of physical education do not exist. As such, CPPW focused on implementing an elective credit hour of PE in high schools across the county. In the month of February 2011, there were 840 students in 20 schools (9 High Schools, 10 Adult Education Centers and 1 Vocational School) participating in the 7th Period Physical Education Class during the 2010-2011 school year representing only .006% of the 138,991 students enrolled in these categories of schools in the district.

[6] *Student enrollment, Miami-Dade County Public Schools*, Retrieved October 16th 2012, www.dadeschools.net/StudentEnroll/Calendars/ enroll_stats_aor.asp

Sports Play, and Active Recreation for Kids (SPARK) Implementation

Sports Play, and Active Recreation for Kids (SPARK) is a research-based, public health organization dedicated to creating, implementing, and evaluating programs that promote lifelong wellness. SPARK strives to improve the health of children and adolescents by disseminating evidence-based physical activity and nutrition programs that provide curriculum, staff development, follow-up support, and equipment to teachers of Pre-K through 12th grade students.[7] SPARK was implemented in order to provide quality physical education (PE) in Miami-Dade County Public schools. To evaluate the effectiveness of SPARK as a program geared towards quality improvement and high levels of moderate to vigorous activity during class time, levels of physical fitness of Miami-Dade County elementary schools students were assessed using the validated tool Fitnessgram. Pre-testing was done at the beginning of the school year (September-November 2010 and post-testing was done prior to the summer from March-May 2011).

The evaluation sought to examine students' fitness performance (grades 3-5) after the implementation of the SPARK curriculum in Miami-Dade County Public Schools. In other words, did statistically significant changes in body composition, aerobic capacity, muscular strength, and flexibility measures occur among students who participated in the pre- and post- assessment of the SPARK curriculum? If so, could we conclude that an improvement in physical fitness was observed among the students who participated in the assessment? To evaluate the effectiveness of SPARK as a program geared towards quality improvement and high levels of moderate to vigorous activity during class time, levels of physical fitness of Miami-Dade County elementary schools students were assessed using the validated tool Fitnessgram. Pre- and post-data was collected from 135 schools (one class per school) that had implemented the SPARK curriculum led by SPARK trained teacher(s); and in which equipment support was provided through the CPPW initiative. .

Aside from the inclusion of anthropometry measures (height and weight), and student demographics (date of birth and gender), Fitnessgram also includes six tests that measure muscular strength, endurance, flexibility, and body composition. These tests include: PACER (Progressive Aerobic Cardiovascular Endurance Run), skinfold, trunk-lift, sit-and-reach, curl-ups, and push-up measurements. In order to measure aerobic cardiovascular endurance (VO2 max), the student could choose to do the one-mile run, the endurance run or the walk test, and it is recorded in minutes and seconds. The skinfold test, which measures body composition, includes triceps and calf measurements and it is recorded in millimeters. The curl-up component of the assessment measures abdominal strength and endurance, in which students are asked to do as many curl-ups as possible. The trunk lift measures trunk extensor strength and it requires participants to lie face down and slowly raise their upper body long enough for the tester to measure the distance between the floor and their chin. It is measured in inches, and the maximum score is 12 inches (distances above 12 inches should be recorded as 12 inches). The objective of the sit and reach test is to be able to reach a specified distance on the left and right side of the body by placing a measuring scale on top of the 12-inch box; and in which, the subject needs to reach the measuring scale set 9 inches from the box.

[7] School Specialty Physical Education & Wellness, The SPARK Programs (2012), http://www.sparkpe.org/about-us/our-mission

As mentioned, Fitnessgram data was obtained from one class in each school that implemented SPARK, and there were 135 schools with usable pre and post data accounting for approximately 2,400 students. Some inaccuracies in measurement were recorded, including data points falling outside of possible range, incorrect measurement and missing values.

This report is a statistical analysis of baseline pre- and post-fitness data from one class in 135 schools with a SPARK trained teacher for a data set of 2,400 students in Grades 3-5 in Miami-Dade County Public Schools. It seeks to determine via statistical analysis whether significant changes were observed in student fitness measures between the pre and post-assessment of the SPARK curriculum in Miami-Dade County public schools. A series of statistical analyses were performed to examine the fitness measures changes between pre-and post-assessments. In order to determine if there were significant improvements in fitness, it is important to understand what each Fitnessgram variable aims to measure. In other words, aside from assessing whether significant changes resulted after the implementation of the initiative it would be important to observe the direction of the change. For instance, post-assessment scores of variables that measure muscular strength and flexibility would need to be greater than those observed in the pre-assessment; while, post-assessment scores of variables that measure cardiovascular endurance and body composition would need to lower than pre-assessment scores.
A paired T-test analysis was conducted to observe whether statistically significant changes occurred between the pre and post-assessment, after the SPARK curriculum was implemented. In addition, an independent T-test was conducted to observe if the average scores observed in male and female students for all of the Fitnessgram indicators in the post-assessment were statistically different from one another.
In order to determine if categorical variables (grade level, gender, and/or ethnicity) predicted or influenced the change observed between pre- and post-assessment scores and the amount of change between the pre- and post-assessment, a linear regression analysis of the change observed between the pre and post-assessment of all Fitnessgram indicators was performed. The change observed between the pre and post-assessment of all indicators was treated as the outcome variable, while gender, grade level, and ethnicity as independent or predictor variables during the linear regression analysis.

Before the analysis of the pre- and post-test results of the SPARK curriculum, a literature review was conducted to ascertain best practices in data analysis of Fitnessgram data. After careful review of all of the information obtained during the beginning stages of the data analysis, the removal of cases that had missed at least one variable in the pre- and post-test was carried out. As a result, the sample was reduced substantially. Upon further examination, it was determined that the exclusion of students who had missed at least one variable could potentially introduce bias to the analysis. Thus, the analytical perspective was modified by now focusing on whether both groups (those that had missed at least one variable, and those with completed variables of the Fitnessgram assessment) were statistically different from one another. Independent T-tests were performed on both groups in the pre- and post-test of the SPARK curriculum. In the pre-test, it was observed that in half of the SPARK indicators (56%) both groups (those with completed variables of the Fitnessgram test, and those missing at least 1 variable) were statistically different; compared to 44% of the indicators in the post-test. As such, missing cases were not excluded at any of the stages of the analytical process in order to avoid the introduction of bias into the study

In order to support the rationale that removing cases with missing variables might introduce bias during the evaluation process, a Chi-Square analysis was conducted to determine the relationship between

ethnic identity, grade level, gender, and whether students missed at least one variable or completed all variables of the Fitnessgram assessment. In a Chi-Square analysis, a joint frequency distribution is generated where the distribution of cases, by their values, is displayed on two or more variables (e.g. ethnic identity). The joint distribution is analyzed with the Chi-Square statistic to determine whether variables are independent or if they are or statistically associated. In other words, did ethnic identity, grade level, or gender influence students missing at least one variable or none? The Chi-Square analysis of the pre-assessment revealed that ethnicity and grade are significantly associated ($p < .0001$) with students who missed at least one variable, and those who completed all of the variables of the Fitnessgram assessment. In addition, being a male or female was found not to be statistically significant (i.e. being a male or female student did not influence whether students missed at least variable or if they completed all of the variables of the pre-test). In the Chi-Square analysis of the post-assessment it was discovered that while grade level is statistically associated with students missing at least one variable and those who did not miss any of the variables, ethnicity and gender variables are not ($p > .05$).

As mentioned, the paired T-test analysis was conducted to determine whether statistically significant changes occurred between the pre and post-assessment. The analysis revealed that in all of the indicators, except for the calf skinfold, significant positive changes were observed in the post-test (i.e. direction of the change demonstrated healthier fit levels according to the Healthy Fit Zone Standards). In addition, the independent T-test conducted to observe if the average scores observed in male and female were statistically different from one another, revealed that in all the Fitnessgram indicators, except for trunk lift and Body Mass Index (BMI), there were statistically significant differences between males and females in the post-assessment of the SPARK curriculum; in which, boys performed better in 57% of the Fitnessgram variables; while girls obtained better fitness performance in 28% of the variables observed in the post-assessment.

When the pre- and post- scores of the Fitnessgram evaluation tool among the female students who participated in the assessment was analyzed, it was observed that all of the variables revealed statistically significant changes between the pre- and post-scores except for calf skinfold (i.e. the average difference between the pre- and post-assessment scores were too small to determine statistical significance). It is important to note that although BMI (Body Mass Index) scores were found to be statistically different between both assessments (pre and post); post-scores scores were slightly higher than pre-scores. The statistical significance found in the remaining variables (triceps skinfold, pushups, curlups, trunk lift, sit and reach, and the one-mile run) indicates that female students improved their fitness levels.

The statistical analysis performed revealed that among male students, calf skinfold and BMI measurements were not statistically different between the pre and the post-assessment of the SPARK curriculum; and the average BMI scores were slightly higher in the post-assessment after the implementation of the SPARK curriculum. Furthermore, analysis of students' grade level revealed that among fourth-grade students calf skinfold and BMI measurements, based on averages, did not result in statically significant changes between the pre- and post-scores; while among fifth-grade students only calf skinfold measurements were not significantly different between both scores. It is important to note, however, that although BMI scores of fifth-grade participants were found to be statistically different between both scores (pre and post), post-scores revealed slightly higher scores than the pre-scores after implementation of the SPARK curriculum.

Observations of how ethnic groups had performed in the pre- and post-assessment, non-Hispanic Black students and non-Hispanic White students exhibited similar results; in which calf skinfold, triceps skinfold, and BMI scores in the post-assessment were not statistically different from scores in the pre-assessment. Among Hispanic students, the analysis revealed similar results as those observed among female and 5th grade students: statistically significant changes were not observed in the post-scores of calf skinfold; and although BMI scores were found to be statistical different in the post-assessment, post-scores were higher than pre-scores.

During the linear regression analysis, the categorical group with the greatest sample was selected as the reference group for comparison and interpretation purposes; thus, female, fifth grade, and Hispanic students were selected. When triceps skinfold was analyzed, the change depicted between the pre- and post-scores was not influenced or predicted by gender, grade, or ethnicity; and not statistically significant. In other words, when these three variables were scrutinized (gender, grade, and ethnicity) it was found that their respective slopes were fairly close to zero; which means that the change observed (between pre- and post-scores) when ethnicity, grade, and gender were taken into consideration, was minimal, thus, not significant. For instance, when compared to female students, the change observed between the pre- and post-assessment among male students was not statistically significant. Similar results were observed when trunk lift and BMI indicators were analyzed.

Further analysis revealed that non-Hispanic white students, on average, had a change in calf skinfold measurement between the pre- and post-assessment that was .229 millimeters greater than the change observed among Hispanic students. In order to understand whether the change observed resulted in healthy levels, we looked at the average pre- and post-calf skinfold scores of both groups. As a result, it was observed that in the post-assessment both groups had increased calf skinfold scores; in which, non-Hispanic white students had a greater increase than Hispanic students.

In addition, the linear regression analysis indicates that non-Hispanic black students have a change in curl-up score that is close to one unit (.847) less than that found among Hispanic students. The average curl-up scores between the pre and post-assessment confirms this finding: although scores increased among both groups, Hispanic students had a greater increase than their counterparts. The same finding was observed when the change in pushup performance was analyzed among non-Hispanic black and Hispanic students.

Examination of the change found between the pre- and post-test of the one-mile run revealed that fourth grade students had a greater change in the total time to complete the one-mile run than did fifth graders. An average analysis was performed to determine whether this greater change resulted in healthy fit levels (i.e. direction of change). The average analysis confirmed the regression analysis: although both groups completed the one-mile run in less time in the post-test, when compared to the pre-test, fourth graders had a greater change.

The average score analysis performed for the left sit and reach indicator showed that third and fourth graders performed better (i.e. showed greater flexibility in the posttest) than did fifth graders, and the linear regression analysis, once again, confirmed this finding: third and fourth graders depicted greater change than fifth graders. Furthermore, non-Hispanic black students depicted lesser change than Hispanics; in other words, Hispanic students attained a greater score in the post-test, which signifies greater flexibility than their counterparts. The linear regression analysis performed for the right sit and

reach showed that fourth graders had a change that was close to one unit greater than fifth graders, signifying greater flexibility in the post-test.

The adoption of a comprehensive School Wellness Policy by the Miami-Dade County Public Schools Board, which included comprehensive menu changes that meet IOM standards and operational policies to adopt SPARK as a quality physical activity program in all elementary schools are key successes of the CPPW Program. Although a few differences in fitness level were attained according to gender, grade level, and ethnic background, overall, students improved their fitness level based on the majority of the variables included in the Fitnessgram evaluation tool (triceps skinfold, pushups, curlups, trunk lift, sit and reach, and the one-mile run) after the implementation of the CPPW initiative. Calf skinfold and BMI differences between the pre- and post-assessment revealed to be too small to detect statistical significance after the implementation of the SPARK curriculum when gender, grade level, and ethnic background were taken into consideration; and this outcome was mirrored in every statistical analysis performed (e.g. Paired T-Test, Linear Regression). It is important to note that previous studies have indicated that BMI may not be a good measure of body fatness, and that an increase in BMI scores after the implementation of a physical activity program could be attributed to lean body mass increase as a result of participation in the initiative (Viscaine et al., 2008, p. 16).

Analysis of males and female students separately, revealed that male students improved their fitness levels in more than half of the Fitnessgram indicators; while female students attained improved physical fitness in approximately 30% of the indicators. In addition, when we looked at the statistical significance of the change observed between the pre- and post-assessment, Hispanics performed slightly better than non-Hispanic black students with respect to curl-up, push-up, and the sit and reach measurements; while a greater change was noted among fourth graders in comparison to fifth graders when the one-mile run test was conducted.

Despite some of the data inaccuracies encountered during this study, the assessment of the SPARK curriculum, overall, proved to be effective in improving students' fitness levels in most of the Fitnessgram variables. However, it is crucial to continue to educate teachers and students on how to implement the curriculum effectively in order for students to benefit from this program and participate in physical activity not just in schools, but beyond school grounds (A Public Health Success Story, n.d.).

Goal 6: Access and Consumption of Healthy Foods via Convenience Stores

- **Increase community access and consumption of healthy and affordable foods by providing financial/nonfinancial incentives to WIC- and/or SNAP-approved convenience stores to be able to store, market and successfully sell fruit and vegetables to low-income individuals in underserved communities.**

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy 1: Convenience stores participate in Healthy Food Hub Initiative, improving access, point of purchase/ promotion and sale of healthier foods (fruits, vegetables, whole grains, low	By January 2012, 50% of the 40 participating WIC and/or SNAP approved convenience stores will adopt a policy to place fresh fruits and vegetables where they are highly visible to customers, in a manner that is	Partially achieved – there were issues with programmatic implementation as the MDCHD unable to contract the required services due to procurement restrictions that prohibited incentivizing the corner stores to establish the policy. However, the vendor survey revealed

fat milk, etc.) at a competitive price.	"attractive and appealing".	that many of the stores targeted were willing to put in place a healthy foods placement policy.

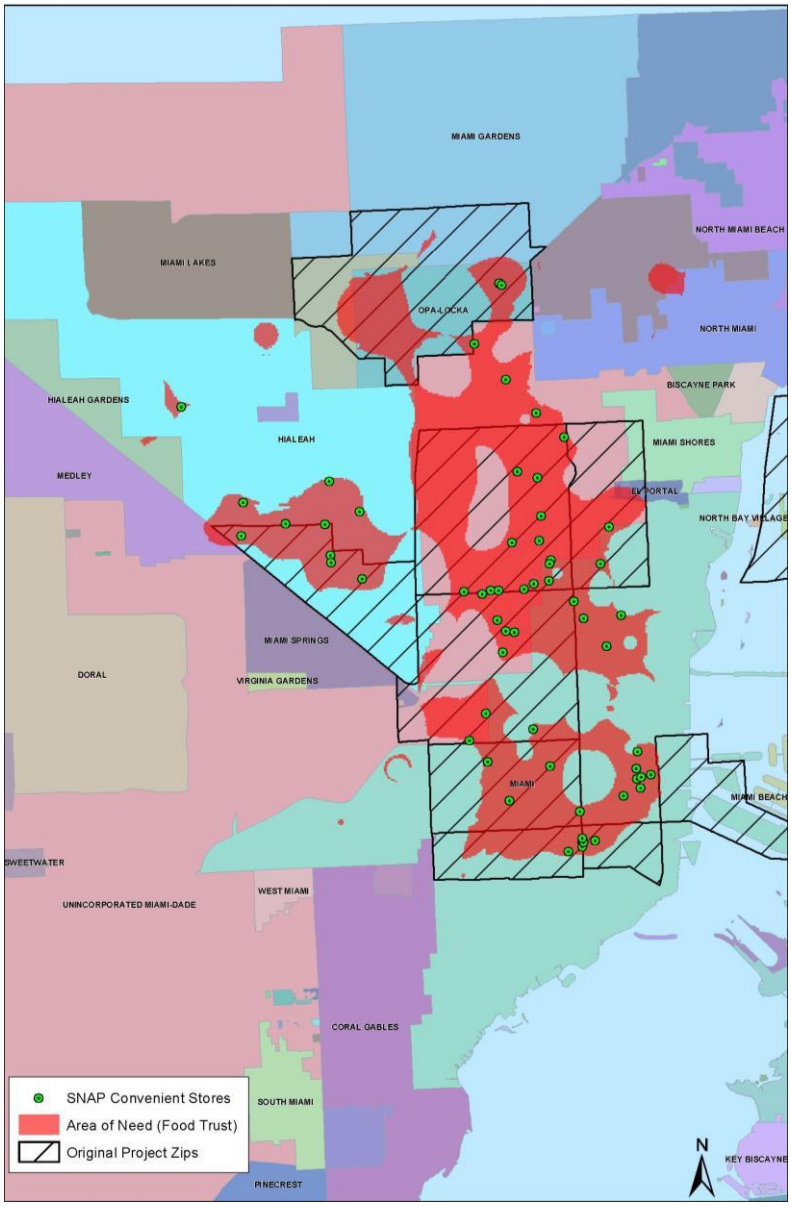
Nutrition Environment Measures Survey for Stores (NEMS-S) and Vendor Survey[8]

To support the objective of convenience stores adopting fresh fruit and vegetable placement policies and to serve as a guide for implementation of such policies, a nutrition environment assessment of 44 convenience and corner stores within targeted areas of Miami-Dade County, Florida was conducted over a five-week period concluding February 2012. A modified, electronic-version of the Nutrition Environment Measures Survey for Stores (NEMS-S) instrument was developed to determine the availability, price, and quality of fresh produce and other food items.

Vendor interviews were conducted to determine storeowner and manager attitudes towards offering healthy food options or adopting strategies that would promote the purchase of healthy food options for their stores. An observational assessment of elements of the physical environment was also performed to identify barriers to accessing the stores.

Prior to the assessment of healthy food availability at corner/corner convenience stores, The Food Trust conducted a Geographic Information System (GIS) study of the overall food environment in Miami-Dade County. The Food Trust identified areas with an increased likelihood of reliance on corner/convenience stores, high diet-related deaths and high percentages of low-income households. The resulting map showed a cluster in the northeastern section of Miami-Dade County that was identified as the "Areas with Greatest Need." (See Figure 7)

[8] A. Weller, K.D. Hamilton, L. Brewster, W. Dennison, R. Ogburn, B. Smith, M. Ramos; S. Glasgow-Wilson, 2012,*Nutrition Environment Assessment of Convenience and Corner Stores within Targeted Areas of Miami-Dade County*



To ensure equal representation of stores throughout the county with a small sample size (n=44), the target areas were organized into four geographical zones or clusters. Zone 1 includes the Cities of Hialeah and Opa-Locka. Zone encompasses several City of Miami neighborhoods including Liberty City, Miami Shores/El Portal and Westview. Allapattah/Brownsville, Little Haiti, and Model City neighborhoods of the City of Miami are part of Zone 3. Zone 4 includes Liberty City and Overtown neighborhoods within the City of Miami; unincorporated Miami-Dade County and the municipalities of Florida City and Homestead. The total number of corner/convenience stores accepting WIC and SNAP vouchers within the target areas was low. Sixty-two stores were insufficient to ensure that an average ten stores would be successfully recruited in each of the four zones.

As such, the population of eligible stores was expanded to include stores that satisfy all of the criteria of low income areas, high diet-related death rates and low sales in large retail stores but were outside of the study defined priority areas. Stores that fell outside of the areas of greatest need were designated as "NFT" or non-Food Trust stores. These zones were coded NFT1, NFT2, NFT3 and NFT4. There were a total of 53 NFT stores and therefore the study population consisted of 115 stores with a sample size of 44 stores for scientific accuracy. The NEMS assessed the availability of the following items: milk, fresh fruit and vegetables, cheese, ground beef, hot dogs, canned tuna, canned beans, eggs and peanut butter, frozen dinners, bagels, muffins, Danish, bread, tortillas, potato chips, rice, and cereal. Fruits and Vegetables Bananas, apples, oranges, grapes and pears were the most commonly sold fruit. Bananas were sold at 50% of the stores that data collection was conducted.

At an average price of 55 cents each; bananas were approximately twice the price per unit compared to Target or Wal-Mart. The quality ranged from good to fair. Fifteen of the stores sold apples at 80 cents each, thirteen sold oranges at an average price of 46 cents each and 7 stores sold grapes and pears. Less than half of the store surveyed sold fresh vegetables. Tomatoes were the most popular vegetable; they were available at 43% of the stores. Twenty-nine percent of the stores sold sweet peppers, 27% carried lettuce, 15% had cabbage, and 14% sold carrots.

Very few stores carried low-fat (skim or 1%) milk. Skim and one-percent milk were only available at 9% of the stores. Forty-one percent of the stores sold 2% milk at an average price of $3.57; three cents more than the average price for whole milk. Eggs were the most popular protein that could be purchased. Ninety-three percent of the stores sold eggs; 86% sold canned beans; 70% peanut butter, 57% franks and 25% tuna.

Diet soda and 100% juice were readily available at 93% and 75% percent of the stores, respectively. Low-Sugar Cereals (<7g of sugar/per serving) were available at 80% of the stores. Plain "Cheerios" was the most popular brand. Less than half of the stores sold 100% whole wheat bread. Nature's Own 100% Whole Wheat bread was the brand that was generally available.

The Healthy Food Availability Index

The Healthy Food Availability Index (HFAI) measures the healthfulness of the food environment by assigning a points system to the availability of various healthy food items within the stores assessed. The resulting HAFI scores represent the level of healthy food selections in corner/convenience establishments. There is a direct relationship between the score and the availability of healthy foods; the higher the score, greater the availability. The HFAI score range for the entire study area was between 4 and 28. The mean score for the study area was 10, demonstrating limited availability of healthy food items such as fruits and vegetables. The HAFI scores were also calculated by geographic zones to illustrate the distribution of healthy foods by neighborhood.

Healthy food items were more frequently available in the stores located in Zones 1 (Cities of Hialeah and Opa-Locka) and 4 (Liberty City and Overtown neighborhoods within the City of Miami; unincorporated Miami-Dade County and the municipalities of Florida City and Homestead) than in the other two Zones. This was confirmed in the median HFAI scores for the two (20.5 and 18, respectively), when compared to Zones 2 and 3 (11 and 13, respectively).

Vendor Survey

Forty-four of sixty-six vendors approached (67%) consented to participate in the Interview of Vendor Attitudes IVA and NEMS surveys. The total represents stores across the 4 zones created to ensure that the minimum 40 convenience stores recruited for the study were evenly dispersed across the target areas. Participation across zones was as follows: Zone1: 12 stores, Zone2: 10 stores, Zone 3: 11 stores and Zone 4: 11 stores. Eighty-two percent of respondents reported that customer requests best describes which items will be sold at their convenience store. Profit margin and distributor recommendations were the second most frequent responses (34% and 32% respectively), followed by sales history (20%). Marketing strategy was the least selected response (7%).

Less than half of the vendors interviewed agreed that a large percentage of their customers use WIC or SNAP (37.8%) benefits to pay for their purchases. Additionally, despite being listed as a WIC authorized location, few vendors confirmed their current acceptance of WIC vouchers. Although "current WIC voucher acceptance" was not an interview item, a "Not applicable" response to this interview item is indicative of discontinued or uncertain WIC authorization status.

Goal 7: Farmers' Markets and Farm-to-Institutions

- **Increase community access to healthy foods, particularly in underserved communities and high-risk populations, by promoting efforts to provide fruits and vegetables through farmers' markets, including farm-to-institution.**

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy 1: Improve and enhance accessibility and availability of healthy foods through direct marketing opportunities, farmers' markets and community gardens combination program, and participation in the Miami-Dade Healthy Food Hub Initiative.	By March 2012, at least two identified sites will be selected based on greatest impact and high risk population, for a farmers' market location and will be coupled with a community garden combination program, which would allow for provision of products to the market	Outcome objective achieved. This objective was achieved with the establishment of 7 farmer's markets and two community gardens as part of the CPPW Initiative.

The Miami-Dade CPPW established seven Farmer's Markets in "hot spots" for poor health outcomes. These areas are known to have high rates of preventable hospitalizations, high death rates from chronic diseases and high poverty levels. The Markets established were:

1. Homestead Harvest Farmer's Market
2. Upper Eastside Farmer's Market
3. Brownsville Farmer's Market
4. Opa-Locka Farmer's Market
5. Downtown Harvest Farmer's Market, City of Miami
6. City of North Miami Farmer's Market
7. Little Haiti Farmer's Market

To assess the impact of these Farmer's Markets, the HCSF utilized a tool called the Sticky Economic Evaluation Device (SEED), developed by Market Umbrella[9]. The SEED methodology uses customer-intercept surveys, head-count tabulation, and the Bureau of Economic Analysis' Regional Input-Output Modeling System II multiplier (RIMS II) to determine a public market's annual economic impact on its service area. RIMS II captures the impact of an initial round of spending plus successive rounds of re-spending of the initial dollars within a region It examines the economic benefit to the vendor and nearby businesses to determine the impact on the local economy.[10] Implementation of the tool involved a team of data collectors visiting each market, documenting the number of persons visiting the market, and interviewing customers to capture information on:

- gender
- home zip code
- frequency of visits to the market
- if the market was their reason for visiting the neighborhood
- the amount spent that day
- intent to spend elsewhere in the area and
- the amount that will be spent in the area

[9] The Market Umbrella, www.marketumbrella.org

[10] Sticky Economic Evaluation Device, Measuring the financial impact of a public markets, CPPW Farmer's Market Evaluation Report, Market Umbrella, 2012

The CPPW Program worked with Wholesome Wave, a farmer's markets technical assistance organizations to train and increase capacity among the farmer's markets for data collections, incentive analysis (SNAP/EBT, Double Bucks, etc.) and sustainability. This support was not successful as only three markets filled out the pre-surveys and only one market took full advantage of the tools, training and mechanisms for data collection, resulting in inadequate data for analysis.

Five of the seven markets had sample sizes large enough to be utilized in the SEED analysis database. As such, the following analysis is based on the findings of the markets in Brownsville, Upper Eastside, Opa-Locka, Little Haiti and North Miami. The tool allowed for projecting the annual economic impact of the markets collectively for the markets themselves, the local area as well as the potential for tax revenue as indicated in Table 8. It should be noted that the main barrier that faced the Farmer' Market was delayed implementation due to protracted procurement issues resulting in the markets starting in late 2011 and not allowing for firm establishment. In addition, relative to the other markets the North Miami farmers' market was significantly larger and operated by the City of Miami with larger commercial suppliers as opposed to local community suppliers. In addition, the Farmer's Market located Downtown at the Stephen P. Clark Center was less established having started near the end of the program.

Table 8

Market	Market impact with multiplier	Local area impact with multiplier	Projected tax revenue
Brownsville Farmer's Market	$33,848.11	$5,190.98	$182.60
Upper Eastside Farmer's Market	$41,203.59	$32,257.31	$1,134.68
Opa-Locka Farmer's Market	$11,025.03	$3134.25	$111.60
Little Haiti Farmer's Market	$18,747.39	$15,744.88	$553.84
North Miami Farmer's Market	$287,081.06	$162,263.54	$5,707.76
Grand Total	**$391,905.18**	**$218,590.96**	**$7,690.48**

Table 8 shows that, based on the data collected for each market, it's frequency of operation, sales volume recorded, the number of persons visiting specifically for the market and individuals intending to spend elsewhere, there is a potential for collective annual earnings of $391,905.18 from these markets. In addition, there is a potential for over $200,000 per year in multiplier effects, assuming four months of operation, one day a week.

Individual Market Results

Brownsville Farmer's Market

Based on the SEED methodology, the Brownsville Farmer's Market has an annual combined economic impact of $39,039.10 on its vendors, host neighborhood, and surrounding region. The SEED evaluation team also learned that the Brownsville Farmer's Market attracts approximately 67 shoppers per market day. This results in an estimated annual attendance of 1,072 shoppers spending an average of $15.87 per shopper in the market and $2.43 in nearby businesses. The top 10 zip codes where the Brownsville Farmer's Market shoppers reside(from highest to lowest) are 33142, 33150, 33196, 33247, 33137, 33169, 33015, 33065, 33025 and 33177; 77% of the shoppers were female. Approximately 36.7% of the shoppers visiting on the day of data collected were visiting for the first time, while 33.3% indicated that they were weekly visitors and 26.7% indicating they visited the market several times during the year.

Upper Eastside Farmer's Market

Based on the SEED methodology, the Upper Eastside Farmer's Market has an annual combined economic impact of $73,460.90. on its vendors, host neighborhood, and surrounding region. The SEED evaluation team also learned that the Upper Eastside Farmer's Market attracts approximately 62

shoppers per market day. This results in an estimated annual attendance of 992 shoppers spending an average of $20.87 per shopper in the market and $216.34 in nearby businesses. The top 10 zip codes where the Upper Eastside Farmer's Market shoppers reside(from highest to lowest) are 33138, 33161, 33137, 33127, 33141, 33167, 33319, 33142, 33010; 33181 and 70% of the shoppers were female. Approximately 21.3% of the shoppers visiting on the day of data collected were visiting for the first time, while 38.3% indicated that they were weekly visitors and 14.8% indicated they visited the market several times during the year.

Opa-Locka Farmer's Market

Based on the SEED methodology, the Opa-Locka Farmer's Market has an annual combined economic impact of $11,025.03 on its vendors, host neighborhood, and surrounding region. The SEED evaluation team also learned that the Opa-Locka Farmer's Market attracts approximately 21 shoppers per market day. This results in an estimated annual attendance of 336 shoppers spending an average of $8.29 per shopper in the market and $2.38 in nearby businesses. The top 10 zip codes where the Opa-Locka Farmer's Market shoppers reside (from highest to lowest) are 33169, 33054, 33055, 33168, 33157, 33154, 33128, 33124, 33155 and 33015; 81% of the shoppers were female. Approximately 14.3% of the shoppers visiting on the day of data collected were visiting for the first time, while 57.1% indicated that they were weekly visitors and 23.8% indicating they visited the market several times during the year.

Little Haiti Farmer's Market

Based on the SEED methodology, the Little Haiti Farmer' Market has an annual combined economic impact of $34,492.27 on its vendors, host neighborhood, and surrounding region. The SEED evaluation team also learned that the Little Haiti Farmer's Market attracts approximately 46 shoppers per market day. This results in an estimated annual attendance of 736 shoppers spending an average of $12.80 per shopper in the market and $10.75 in nearby businesses. The top 10 zip codes where the Little Haiti Farmer's Market shoppers reside (from highest to lowest) are 33179,33137, 33009, 33023, 33161, 33127, 33138, 33150, 33160 and 33169; 80% of the shoppers were female. Approximately 55% of the shoppers visiting on the day of data collected were visiting for the first time, while 20% indicated that they were weekly visitors and 20% indicating they visited the market several times during the year.

North Miami Farmer's Market

Based on the SEED methodology, the North Miami Farmer' Market has an annual combined economic impact of $449,344.60 on its vendors, host neighborhood, and surrounding region. The SEED evaluation team also learned that the North Miami Farmer's Market attracts approximately 547 shoppers per market day. This results in an estimated annual attendance of 8,752 shoppers spending an average of $16.48 per shopper in the market and $9.32 in nearby businesses. The top 10 zip codes where the North Miami Farmer's Market shoppers reside (from highest to lowest) are 33161, 33181, 33162, 33138, 33180, 33015, 33140, 33168, 33027 and 33154; 66% of the shoppers were female. Approximately 35.8% of the shoppers visiting on the day of data collected were visiting for the first time, while 43.3% indicated that they were weekly visitors and 11.7% indicating they visited the market several times during the year.

Goal 8: Breastfeeding Practices and Facilities

Strategy	Outcome objective	Achieved/ not achieved/ partially achieved
Strategy 1: To establish a worksite policy that supports a lactation program based on U.S. Department of Health and Human Services [Business Cases for Breastfeeding].	By March 2012, Healthy Start Coalition and 24 core contracted providers that are members of the Healthy Start Coalition would have adopted the Breastfeeding Friendly Worksite Policy, in accordance to the U.S. Department of Health and Human Services, Business Cases for Breastfeeding. By March 2012, the MDCHD would have adopted the Breastfeeding Friendly Worksite Policy, in accordance to the U.S. Department of Health and Human Services, Business Cases for Breastfeeding. By March 2012, 2 out of 9 core members of the South Florida Hospital & Healthcare Association would have adopted the Breastfeeding Worksite Policy, in accordance to the U.S. Department of Health and Human Services, Business Cases for Breastfeeding.	Outcome objective partially achieved. 11 of 15 targeted Healthy Start Coalition members adopted policies within the grant period due to budgetary constraints Outcome objective achieved Outcome objective achieved 12 organizations drafted policies and 4 organizations are implementing policies
Strategy 2: To increase breastfeeding rates and encourage and increase opportunities for birthing centers and hospitals to become baby-friendly, throughout Miami-Dade County.	By March 2012, 13% of the local birthing centers and hospitals will have initiated the discovery phase and commit to implementing the developmental phase of the UNICEF 4-D Pathway to Baby-Friendly Designation.	Outcome objective achieved. 11 of 14 (78%) targeted hospitals initiated and completed the discovery phase of the 4D Pathway to Baby-Friendly Designation and initiated the developmental phase with 45% going beyond the objective to complete this phase.

- **Increase breastfeeding practices & breastfeeding facilities in Miami-Dade County**

Baby-Friendly Hospitals

The Baby-Friendly Hospital Initiative (BFHI) is a global initiative of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to improve breastfeeding around the world. Studies have shown that there is correlation between breastfeeding and healthy weight over the human life-span[11]. The Baby-Friendly Designation process seeks to promote breastfeeding and requires verification of policies, curriculum, action plans, quality improvement projects, staff training, and competency verification, as well as a readiness interview and an on-site survey. Only after the facility has passed the

[11] *A longitudinal study of infant feeding and obesity throughout life course*. Michels KB, Willett WC, Graubard BI, Vaidya RL, Cantwell MM, Sansbury LB, Forman MR. Int J Obes (Lond). 2007 Jul; 31(7):1078-85. Epub 2007 Apr 24
Breastfeeding as obesity prevention in the United States: a sibling difference model, Am J Hum Biol. 2010 May-un;22(3):291-6.
Breastfeeding as obesity prevention in the United States: a sibling difference model

on-site assessment can it receive the designation of being a Baby-Friendly Hospital. The 4-D Pathway is designed to provide facilities with the structure, guidance and tools to aid them in their journey to become Baby-Friendly designated. The four phases are[12]:

1. Discovery - discovering what it means to be a Baby-Friendly facility

2. Development - facilities develop a comprehensive plan for achieving, and sustaining, Baby-Friendly benchmarks consistent with the Ten Steps to Successful Breastfeeding

3. Dissemination - the hospital or birthing center disseminates information about Baby-Friendly to facility staff and patients and will roll out the plans written during the Development Phase

4. Designation - hospital or birthing center requests approval to move to the final phase of the 4-D pathway from the accrediting body Breastfeeding USA, Inc.

The CPPW Program worked with the Foundation for a Breastfeeding Culture and the South Florida Hospital and Healthcare Association to provide technical assistance and support to implement the 4-D Pathway in hospitals in Miami-Dade County. There are currently only three hospitals in Florida with the Baby-Friendly designation, none in Miami-Dade county. By initiating the process in Miami-Dade hospitals, CPPW has set 11 hospitals in the county on the path to designation.

Table 9
Hospitals in the Miami-Dade CPPW Baby-Friendly Hospital Initiative

Number of Hospitals Targeted	14
Number of Hospitals participating (CEO letters of commitment)	11
Number of hospitals that completed the Discovery Phase	11
Number of hospitals completing the Development Phase	5

These figures exceed the CPPW targets set in the outcome objectives.

Interviews were conducted with the hospitals participating in the Baby-friendly Initiative to determine perceptions on successes, barriers and opportunities for the future. The Baby=Friendly USA "Implementing the WHO/UNICEF Baby-Friendly Hospital Initiative in the Unites States Self-Appraisal tool" was used as a guide in conducting the interviews. In addition, interviewees were questioned on support for lactation policies within the hospitals (from non-lactation support staff) and the value of technical assistance during the process.

All of the facilities indicated that they had written breastfeeding policies with 80% indicating that the document is available as a paper document and electronically. All respondents indicated training on "skin to skin" breastfeeding practices to nursing staff outside of the lactation team, with continuing education credits available. Sixty-five percent of respondents indicated there were weaknesses identified in promoting breastfeeding at the staff level prior to implementation of the breastfeeding initiative and all respondents indicated processes were in place for follow-up and evaluation of the impact of training. All of the facilities indicated that there were both policies and practices in place for ensuring breastfeeding in mothers within one hour of normal delivery where there are no medical issues

[12] Baby Friendly USA, 2012, www.babyfriendly.usa.org *Retrieved September 12, 2012*

preventing breastfeeding and 65% indicated that they were actively working on ensuring breastfeeding after cesarean sections where no medical issues preventing breastfeeding.

When asked about doctor and management support for the breastfeeding initiative in their facilities, all respondents indicated that they had received leadership sign-off on implementing the process. Twenty percent indicated significant increase, support from doctors in their facilities, 60% indicated moderate increase in support, and 20% indicated that significant work needed to be done to get doctor's on board with the process. Follow-up in terms of communicating successes and needs with both management and medical staff were identified as key to ensuring continuation and sustainability of the processes started with CPPW and guarantee that breast-feeding becomes part of the organizational culture and budget. Staff meetings and training workshops were the main mechanism for disseminating breast-feeding practices information to hospital staff. All respondents indicated that the support of their Chief Nursing Officer was critical to the success of the policies being promoted and ensuring financial allocations for the process.

All respondents indicated that they were pleased with the level of technical assistance they received from CPPW providers (Foundation for a Breastfeeding Culture and South Florida Hospital and Healthcare Association); with 60%, indicating that continued technical support to was essential to their completion of the Baby-friendly designation process.

When asked about barriers in the process, 80% indicated initial lack of awareness on the part of hospital staff and getting staffing from different backgrounds on the same page were the main barriers during implementation, however this was overcome with education and training. Barriers to sustaining the process indicated were the slow process of organizational change and lack of funding to continue the process.

As part of the CPPW Breastfeeding Initiative, the CPPW Breastfeeding Taskforce was key in supporting policy development and implementation among the hospitals and providers targeted. The purpose of the taskforce was to bring together previously fragmented breastfeeding efforts and initiatives to create a cohesive collaborative group and voice for breast-feeding in Miami-Dade County. A focus group was conducted with the Taskforce to ascertain strengths and weaknesses of the group's processes and issues related to sustainability. The group identified the following as the key strengths and successes of the breastfeeding initiative:

1. The momentum of national awareness of the issues has helped to drive the process locally
2. All of the hospitals involved have worked as a community, helping and supporting each other
3. Overcoming initial resistance at the hospitals through awareness and motivation of hospital staff was a significant success
4. As revealed in the hospital interviews, the role of the Chief Nursing Officers in answering questions and getting people involved was cited again as essential
5. Strengthening of the Healthy Start Breast Feeding Taskforce was a key success as the group was previously fragmented. Through CPPW the group was able to create collaborative goals and bring different providers together
6. The level of technical assistance was again cited as key to the success of the initiative, particularly the work of the Foundation for a Breastfeeding Culture.
7. The CPPW process has served to strengthen previous taskforce efforts in the community and has allowed for building of credibility and trust among providers

In terms of weaknesses and barriers, the group indicated that more implementation time would have been useful. More community support for mothers leaving the hospitals was also highlighted as a

weakness and area to be addressed in the future. They also indicated that lack of programs for fathers to enable them to support breast-feeding woman was a weakness and should be a focus of future programs.

Looking forward the group highlighted that commitment to continue the funding for the Baby-Friendly designation would be needed form the hospitals or other grant funds sought to sustain the initiative so as not to lose the momentum. Working with other community organizations to make them more aware of breast-feeding policies and the Baby-Friendly process and garner support for breastfeeding mothers was raised as a future area of work for the taskforce. Another policy change the group indicated they wanted to work on was the changing of the Women, Infants and Children (WIC) policies as it relates to formula in order to bridge the gap between policy and implementation for new mothers. The group articulated that their vision for the future was to see all hospitals designated as Baby-Friendly and community centers in neighborhoods being enables to provide breastfeeding support.

Worksite Lactation Policies

Twelve South Florida Hospital and Healthcare Association members have adopted worksite lactation policies with four organizations in active implementation. The Healthy Start Coalition of Miami-Dade adopted a Worksite Lactation Policy in February 2011 and eleven of its partners have adopted worksite lactation policies.

The Miami-Dade County Health Department adopted a Worksite Lactation policy in July 2011. An estimated 12,000 mothers will be impacted by both of these new initiatives (July 2012).

Goal 9: Active Transportation and Recreation

- **Increase active transportation and recreation through improvements in the built environment such as enhancing facilities, planning, zoning and transportation policies as well as developing a county wide-signage system.**

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy 1: Parks and Open Space and Recreation Activities will be Accessible and Equitable according to the level of service standards	By March 2012, the County will have established from the Open Space Master Plan for the Miami-Dade County Parks and Recreation Department, a level of service standards for parks and recreational open spaces that are intended to encourage equitable access to local (neighborhood) parks and open space as well as area-wide recreational activities for all County residents.	Outcome objective achieved. Level of service standards established
Strategy 2: Improve Urban Design Manual Volume I (Private Development), Pattern Book, Safe Routes to Parks (SRTP) and Way-finding Signage.	By March 2012, Miami-Dade County will update the Miami-Dade Urban Design Manual I, and associated county plans and regulations to incorporate where appropriate, the "Great Streets Planning Principles" contained in the Miami-Dade Parks and Open Space System Master Plan and incorporation of "Complete Streets" components.	Outcome objective achieved. Urban Design Manual I updated

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy 3: Improve Meaningful Open Space in the Public Realm to Encourage Incidental Physical Activities by enhancing the Urban Design Manual Volume 2 (Public Development)	By March 2012, Miami-Dade County will incorporate public spaces for festivals, arts and crafts shows, green markets and other civic activities in the planning and development of libraries, museums, schools, government buildings, transit stations within Transit-Oriented Development (TOD) and stand-alone transit stations, and other civic/institutional places.	Outcome Objective achieved Urban Design Manual II updated
Strategy 4: Enhance bicycle facilities and signage in order to create a safe and user-friendly network of walking and bicycling routes (City of Miami and City of North Miami	By March 2012, the targeted communities of the City of Miami and City of North Miami will enhance bicycling opportunities through increasing bicycling facilities by 30%, way-finding signage by 30%, and road-signage by 30%.	Outcome objective achieved. Targets were exceeded by significant margins. Bicycling facilities were increased by 667%, way-finding and road signage/markings were increased by 2,212%

Access and Equity:

The Miami-Dade County Parks and Recreation Access and Equity Analysis was conducted in early 2011 to determine the service levels required to improve access to recreational facilities for physical activity. Results showed that the desired level of service is the location of parks and recreational facilities between ¼ to ½ mile from where people live based on a willingness to travel for 10 minutes and average walking speeds of 3.3 mph and average biking speeds of 8.6 mph.

Both the Miami-Dade County *Urban Design Manuals Volumes I and II* were revised to focus on creating quality environments to live, work and play, which promote healthy living, pride and community interaction. This included concepts of "complete streets", "safe routes" and "great streets" planning principles. These manuals illustrate urban design principles that can significantly improve the quality of physical development for safety, efficiency and improved physical activity in unincorporated Miami-Dade County. The manuals provide criteria to be used by designers, developers and County staff, all of whom are responsible for aspects of physical development in the County e manuals (Miami-Dade County).

The Health Council of South Florida conducted a focus group with the key intervention organizations involved in the updating of the level of service standards and the development of the urban design manuals to ascertain the strengths, obstacles and opportunities for the future out of the CPPW process. Staff of the Miami-Dade County Sustainability, Planning and Economic Enhancement Department (formerly Planning and Zoning) Miami-Dade County Parks and Recreation and Miami-Dade County Public works participated in the focus group.

The group highlighted the key successes and strengths of the grant as being:

- Proactive collaboration for planning between department vs. collaborating to respond to a problem
- Bringing together of expertise from different domains allowing for sharing of findings from individual organization analyses
- Facilitation of more comprehensive active design guidelines and opportunities for creating ordinances by bringing the different elements together
- Allowed for community feedback through visuals and education to determine what works and what does not work
- Increased the capacity within non-health planning departments to address community health issues

Looking forward, the group felt that the successful efforts of creating the level of services standards and the revisions to the County's Urban Design Manuals will facilitate future revisions for the Miami-Dade Comprehensive Development Master Plan. They also believed that the work done would assist in developing new zoning ordinances to further improve physical activity and access to healthy food options.

Bicycle Rack and Signage Installation

CPPW sought to increase access to bicycling facilities in the City of Miami and City of North Miami to allow for increased recreational bicycling and for active transportation (commuting). Five Hundred and Seven bicycle racks were installed in the City of Miami and City of North Miami, an increase of 667% from the baseline of 76. In addition a total of 579 way-finding and road signs (share the road signs and shared lane markings, also known as sharrows), were installed, a 2,212% increase from the start of the project (see Figure 8). These represent

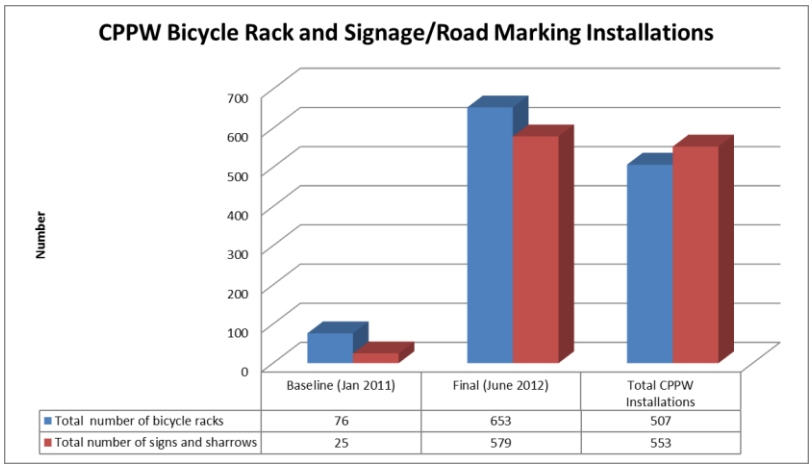


Figure 8

significant increasing in the availability and visibility of bicycling facilities in these locations.

City of Miami

Bicycle rack installation, way-finding and road signage (signs and sharrows) were installed in the City of Miami between January 2011 and June 2012. A total of 423 bicycle racks were installed on city streets, in Miami-Dade County Parks within the City and in schools within the City. This is an increase of 769% from the baseline number of racks of 55, significantly exceeded the outcome objective target of a 30% increase in bicycle facilities in the City. A total of 27 way-finding signs were installed, and a total of 44 share the road signs and 335 sharrows (shared-lane markings) were installed over the course of the CPPW intervention (Figure 9).

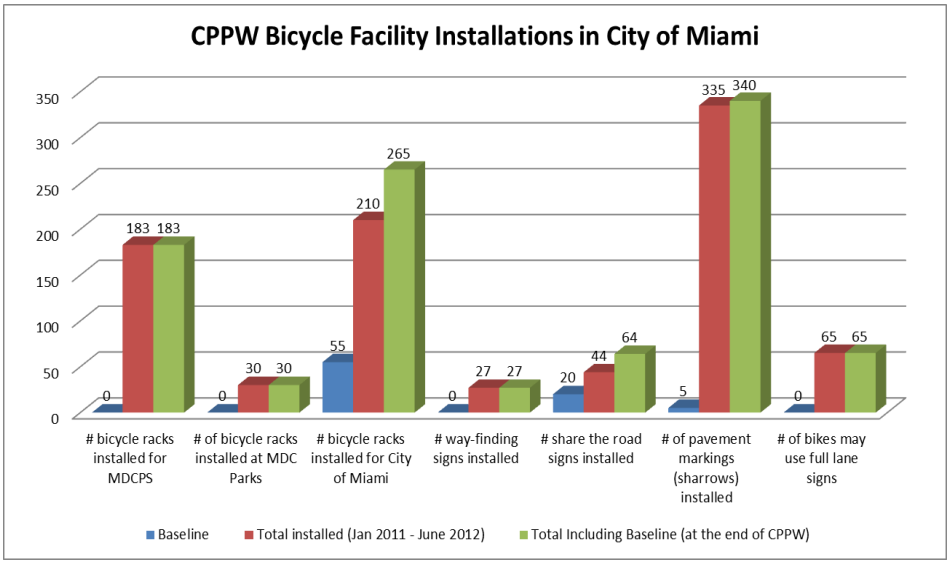


Figure 9

Note: Baseline Data not available for bicycle racks installed at Miami-Dade County (MDC) Parks and at Miami Dade County Public Schools (MDCPS) and for the number of "bikes may use full lane" signs.

City of North Miami

Bicycle rack installation, way-finding and road signage (signs and sharrows) were installed in the City of North Miami between January 2011 and June 2012. A total of 423 bicycle racks were installed at transit stops, public parks and buildings and private businesses in the City of North Miami. This is an increase of 769% from the baseline number of racks of 55, significantly exceeded the outcome objective target of a 30% increase in bicycle facilities in the City of North Miami. A total of 175 way-finding signs and sharrows were installed, as well as 20 bicycle-parking signs over the course of the CPPW intervention (Figure 10).

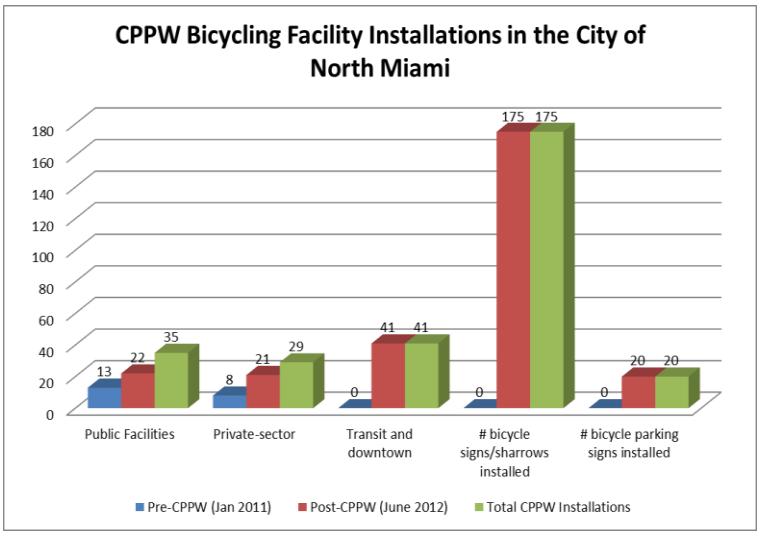


Figure 10

Bicycle Utilization and Perception Survey

The Health Council of South Florida working with Miami Market Research, conducted a telephone based household survey in March 2012 in the defined service areas of the City of Miami and City of

North Miami. The purpose of this survey was to gain insight on community utilization and perceptions of the improvements made to physical environment through CPPW, in order for them to be more active.

The survey targeted the zip codes in which CPPW interventions took place. Five hundred and fifty random sample telephone interviews with consumers were conducted, 430 surveys in the City of Miami with consumers who reside in zip codes 33130, 33133, 33135, 33145 and 120 surveys in the City of North Miami with consumers who reside in zip codes 33161, 33168, 33181.

City of Miami Results

In the City of Miami, out of 430 surveys conducted 60% of respondents to the survey were female and the majority (55%) were between the ages of 35 and 54, white (92%) and Hispanic (83%). Within this surveyed population 91% of respondents identified automobiles as their primary mode of transportation, with only 5% using public transportation, 2% walking and 2% identifying bicycling as their primary mode of transportation (Figure 12).

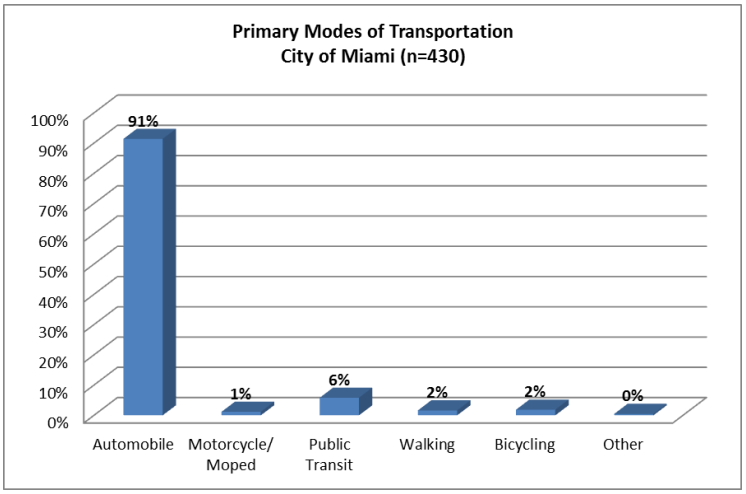


Figure 11

In the City of Miami 168 respondents (39%) did not own a bicycle while 189 (44%) owned between one and two bicycles. Fewer than 17% indicated that there were three or more bicycles in the household. Of those who do not have bicycles in their households 34% indicated that not feeling safe while riding was their primary reason for now owning one. In addition, 22% indicated that their destinations were too far for bicycling and 13% indicated they could not afford a bicycle. Other respondents to this question cited inability to ride, age, poor health, lack of interest in cycling, no time, hot weather and fear of theft as their reasons for not owning a bicycle (Figure 12). Of

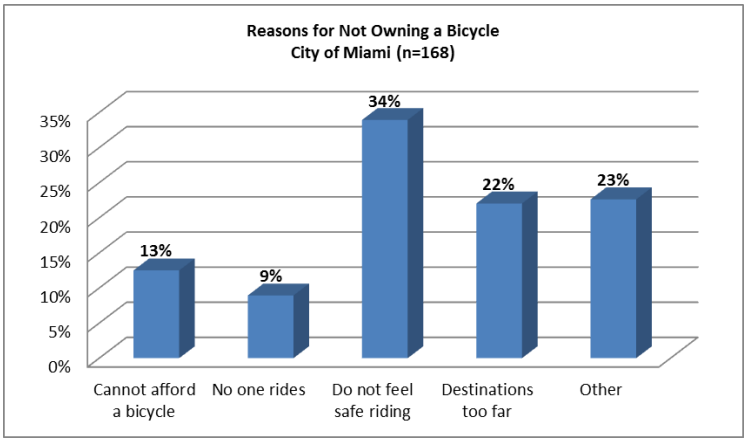


Figure 12

those not owning a bicycle, 70% indicated if they owned a bike it would be for recreation (road or trail riding) and 26% said they would use it for leisure (e.g. visiting friends). Less than one percent indicated they would use a bicycle for commuting to work/school or for running errands/shopping.

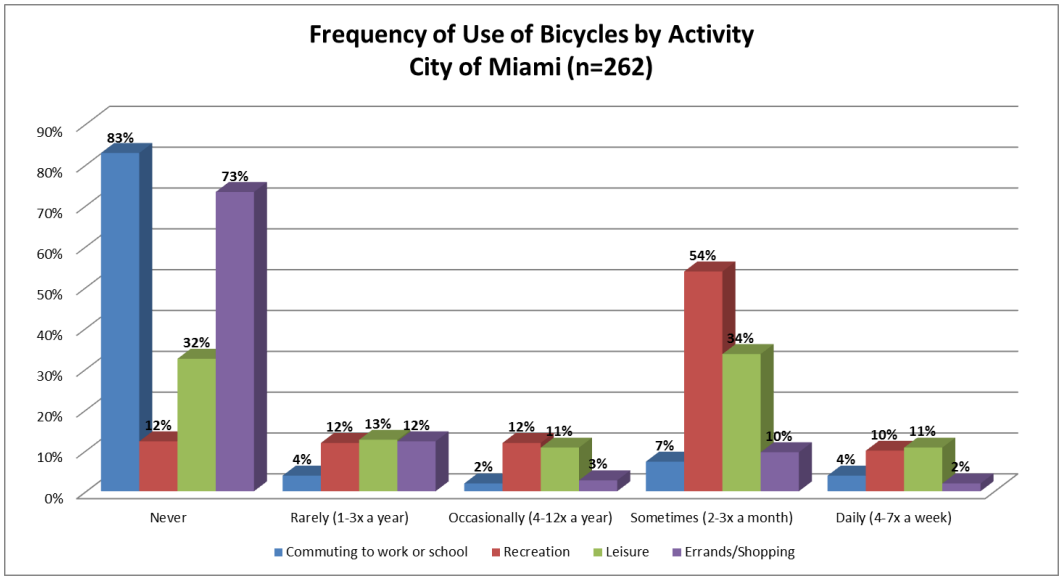


Figure 13

Of those adults owning bicycles, the majority never use their bicycles for commuting to work or school (83%)or for running errands and shopping (73%) with only 6% of respondents using their bicycles for these purposes on a daily basis, indicating infrequent use of bicycles for active transportation. In the City of Miami, the majority (88%) of bicycle owners go cycling two to three times a month for recreation and for leisure (Figure 13).

One hundred and thirty-nine respondents indicated that there were children under the age of 18 in the household. When asked about the cycling activities of these children, the majority never use their bicycles for commuting to work or school (89%) or for running errands and shopping (81%) with only 3% of children using their bicycles for these purposes on a daily basis, indicating infrequent use of bicycles

for active transportation. In the City of Miami, the majority (92%) of children go cycling two to three times a month for recreation and for leisure.

When asked about the availability of bicycle racks in their community, out of 430 respondents, 31% indicated seeing such facilities in their neighborhood. Of the 133 respondents indicating that they are aware of the bicycle parking facilities, the majority (51%) never or rarely use them, 28% occasionally use them and only 5% use them on a daily basis. Fear of theft of bicycles and accessories was cited as the main reasons for not using the bicycle racks (Figure 14).

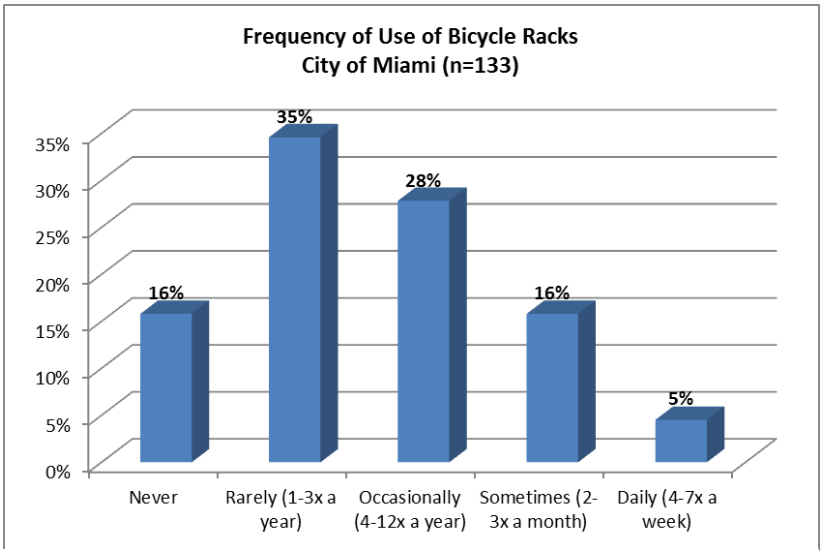


Figure 14

Respondents utilizing the racks more frequents were asked to rate the characteristics of the racks as "good", "ok" or "poor". Of those utilizing the racks more frequently, 51% rated the adequacy of the number of stalls as "ok", 28% as "good" and 21% as "poor"; 48% found shelter at the racks to be "ok" and 28% indicated shelter was poor; 55% indicated ease of access was "ok" with only 37% classifying it as good and 46% of respondents felt their physical safety while utilizing the racks was "ok" while 31% felt it was "good".

City of North Miami

In the City of North Miami out of 120 surveys, 55.8% of respondents were female and the majority (63.3%)of respondents were between 25 and 54 with the age group 45-54 having the greatest numbers of respondents. Fifty-nine percent of respondents were white while 37% were black, with 53% identifying as Hispanic and 47% identifying as non-Hispanic. In the City of North Miami, 91% of respondents indicated that an automobile was their primary mode of transportation with no one indicating utilizing bicycles as their primary mode of transportation and only one person indicating that walking was their primary mode of transportation (Figure 15).

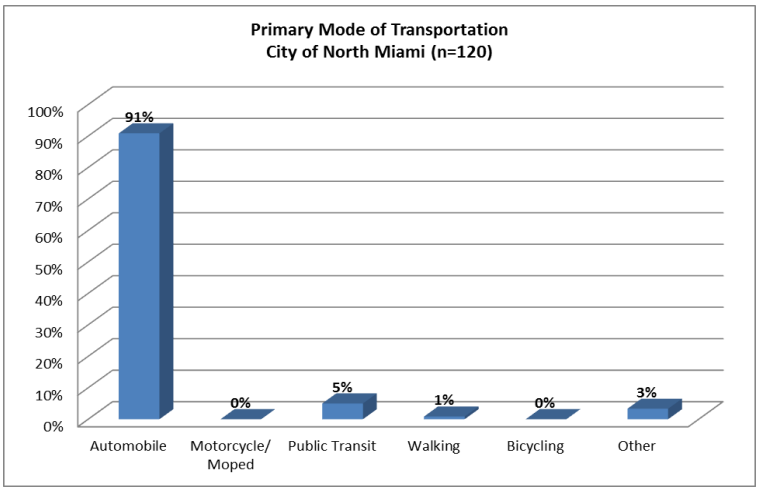


Figure 15

Of the 120 respondents in the City of North Miami, 53% did not own a bicycle and 39% indicated there were one to two bicycles in the household. Only 8% indicated having three or more bicycles in the

home. Of the 63 respondents not owning bicycles 25% indicated affordability as the primary reason for

not owning a bicycle, while 24% indicated they did not own a bicycle because they did not feel safe riding, 19% because no one in the household rides and 17% due to destinations being too far (Figure 16).

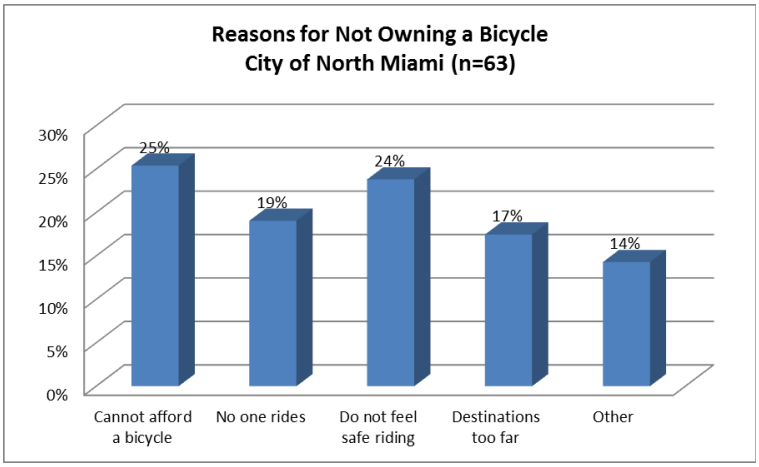


Figure 16

Of those not owning a bicycle, 65% indicated if they owned a bicycle it would be for recreation (road or trail riding) and 29% said they would use it for leisure (e.g. visiting friends). As in the City of Miami, less than one percent of the respondents in the City of North Miami indicated they would use a bicycle for commuting to work/school or for running errands/shopping.

Of those adults owning bicycles, the majority never use their bicycles for commuting to work or school (88%) or for running errands and shopping (74%) with only 7% of respondents using their bicycles for these purposes on a daily basis, indicating infrequent use of bicycles for active transportation. In the City of North Miami, the majority (84%) of bicycle owners go cycling two to three times a month for recreation and for leisure (Figure 17).

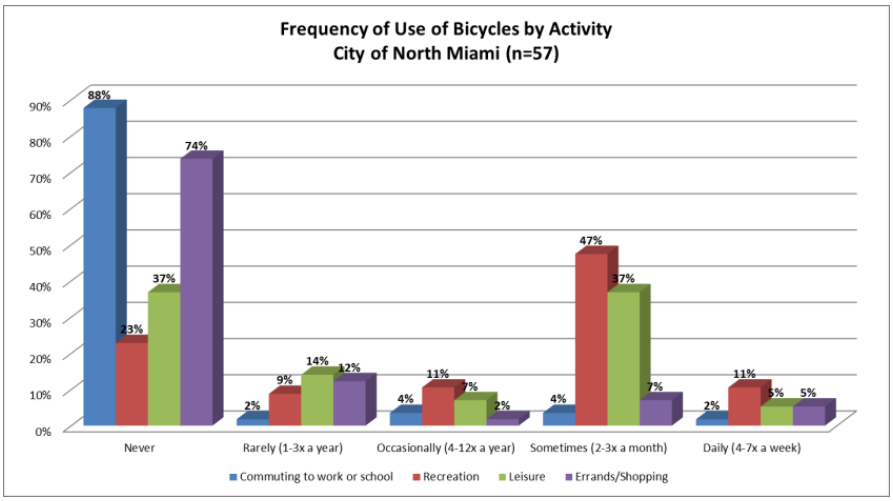


Figure 17

Thirty-five respondents indicated that there were children under the age of 18 in the household. When asked about the cycling activities of these children, the majority never use their bicycles for commuting to work or school (77%)or for running errands and shopping (83%) with only 12% of children using their bicycles for these purposes on a daily basis, indicating infrequent use of bicycles for active transportation. In the City of North Miami, the majority (92%) of children go cycling two to three times a month for recreation and for leisure.

When asked about the availability of bicycle racks in their community, out of 120 respondents, 22% indicated seeing such facilities in their neighborhood. Of the respondents indicating that they are

aware of the bicycle parking facilities, the majority (57%) never or rarely use them, 23% occasionally use them and only 4% use them on a daily basis (Figure 18).

As in the City of Miami, in the City of North Miami, fear of theft of bicycles and accessories was cited as the main reasons for not using the bicycle racks. Respondents utilizing the racks more frequents were asked to rate the characteristics of the racks as "good", "ok" or "poor". Of those utilizing the racks more frequently (11), 55% rated the adequacy of the number of stalls as "ok" and 36% as "poor"; 45% found shelter at the racks to be "ok" and 55% indicated shelter was poor; 64% indicated ease of access was "ok" with only 27% classifying it as good and 81% of respondents felt their physical safety while utilizing the racks was "ok".

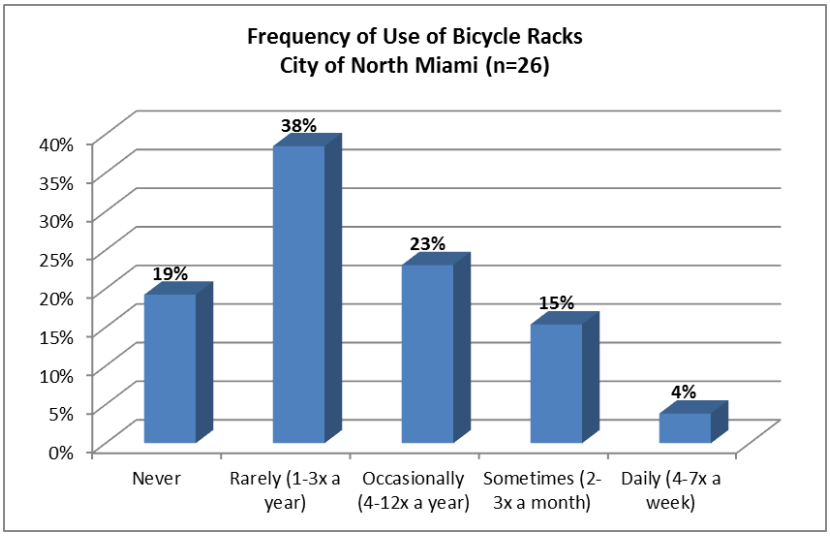


Figure 18

Goal 10: Safe Routes to Schools

- **Increase sustainable Safe Routes to Schools initiative in Miami-Dade County**

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy 1: Develop and implement a county-wide Safe Routes to School (SRTS) policy that requires all elementary and middle schools to document students' modes of transportation	By March 2012, the Miami-Dade County School Board will enact a Safe Routes to School policy in Miami-Dade County.	Partially achieved. Safe Routes to School policy developed
Strategy 2: Develop and implement a policy that requires reallocation of the City of Miami's budget to supply an adequate number of crossing guards in the highest-risk communities of Miami-Dade County.	By May 2011, a resolution will have been approved in support of the policy by the Community Traffic Safety Team and endorsed by the Miami-Dade County Public School Board.	Partially achieved. Policy Developed

CPPW working in conjunction with the University of Miami Miller School of Medicine (UM Miller) sought to support effecting of a county wide Safe Routes to Schools Policy through demonstrating its effectiveness in schools in the City of Miami. According to the School Traffic Survey implemented by the UM Miller in schools in the City of Miami, there was a 4.9% increase in the number of students walking to school and a slight (0.2%) increase in the number of students bicycling to school (Figure 19).

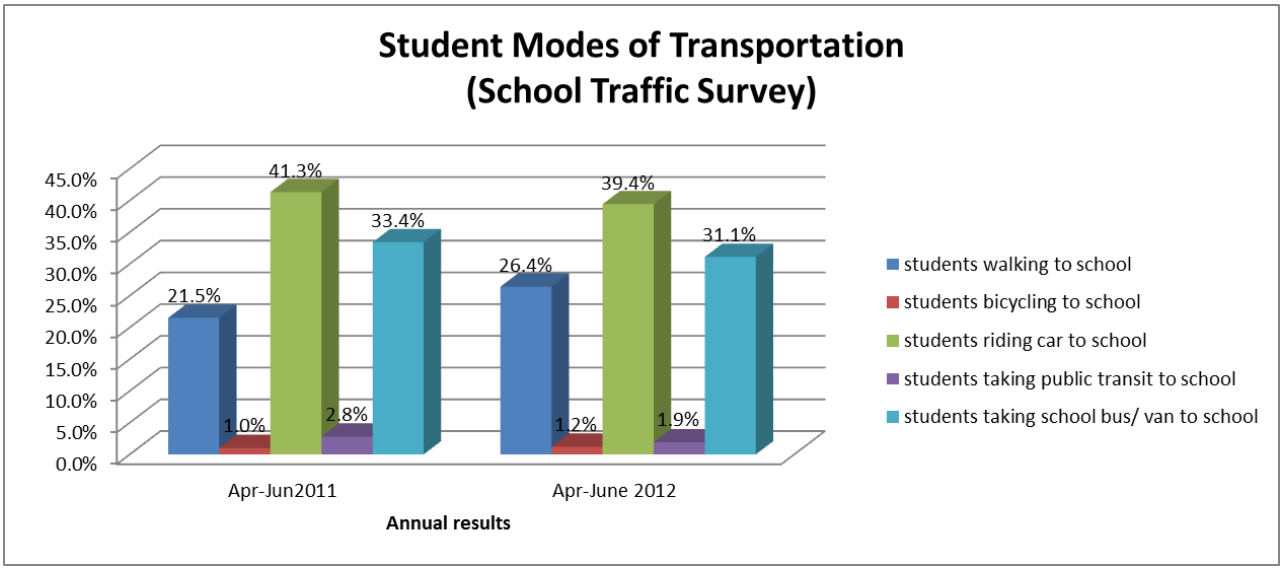


Figure 19

Worth noting is that the City of Miami installation of bicycling facilities in the schools in which the surveys were implemented may not have occurred until the end of the grant period and as such the impact of these new facilities would not be reflected in the school traffic survey results. Various sources cite that crossing guards at intersections near schools increase the zone of safety around schools significantly[13]. As such, in addition to SRTS and bicycle installations through the City of Miami, the City of Miami Police also put in place additional crossing guards to increase safety and promote walking and bicycling to schools as per Table 10 below.

Table 10.
Number of crossing guard locations established in the City of Miami

School Type	Number of schools
K-8	2
Elementary	21

The CPPW program increased the number of crossing guards in the City of Miami from 33 to 58, a 70% increase in safety support for students walking and bicycling to school. Crossing guards were placed by the City of Miami Police Department based on locations of known high injury.

[13] Adults School Crossing Guard Guidelines, Safe Routes to Schools, Retrieved September 12, 2012, *http://guide.saferoutesinfo.org/crossing_guard/index.cfm*

Goal 11: Worksite Wellness

- **Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity.**

Strategy	Outcome objective	Achieved/not achieved/partially achieved
Strategy : Increase the number of Worksite Wellness programs within the Consortium that support evidence-based practices	By January 2012, there will be a 10% increase in the number of Consortium member organizations that have implemented a Worksite Wellness program.	Outcome objective achieved An additional 7 organizations developed worksite wellness policies, a 88% increase
Strategy 2: Develop a Worksite Wellness Team within each Consortium Member Organization (CMO) that will evaluate existing policies, procedures and recommend changes to promote procurement of healthy food and beverages options.	By March 2012, two large-scale public service venues (i.e. local government facilities) will have healthier food & beverages options available through vending machines. The selected public service venues serve as a hub for government employees, residents utilizing government services, multiple public transportation sources, and shopping venues.	Outcome objective achieved One large-scale public service entity, the Miami-Dade County Health Department established worksite wellness policies for physical activity, nutrition and breast-feeding in all MDCHD venues.
Strategy 3: Develop a Worksite Wellness Team within each Consortium Member Organization (CMO) that will evaluate existing policies, procedures and recommend changes to promote procurement of healthy food and beverages options.	By May 2011, 40% of the Consortium Member Organizations will adopt a policy that meets recommended strategies adopted from the CDC guidelines for Worksite Wellness in reference to nutrition and physical activity.	Outcome objective not achieved. Although not achieved significant policies were established by the MDCHD and the Miami-Dade County Parks and Recreation Department.
Strategy 4: Increase the number of Miami-Dade County Public Schools (MDCPS) staff/faculty/administrators engaging in regular physical activity, by establishing a Worksite Wellness Center for the MDCPS Administrative Complex.	By March 2010, improve the MDCPS Worksite Wellness Program by increasing the available opportunities to engage in physical activity.	Outcome objective achieved, however although opportunities for physical activity was created no data was provided by MDCPS as to the use of the facility.

The Miami-Dade County Health Department, Office of Community Health and Planning Worksite Wellness Team implemented a comprehensive worksite wellness development program to provide technical support to Consortium for a Healthier Miami-Dade Member Organizations (CMOs) in order to increase the number of organizations with worksite wellness policies and programs. A baseline and post-survey of CMOs was conducted to determine the efficacy of the program. While there were barriers due to delayed implementation, loss of Mayoral support at the county level (due to Mayor being recalled) and lack of response from CMOs, there was an increase in the number of organizations with written worksite wellness policies over the course of the program. Other key results can be seen in Table11.

Table 11 Baseline and Post CMO Worksite Wellness Survey		
MDCHD Worksite Wellness Team	Baseline Survey	Post-Survey
Baseline Survey		
# of organizations with existing worksite wellness programs	22	27
# with written policy	8	15
# interested in policy	10	12
# drafted policy	1	3
# of organizations without existing worksite wellness programs	29	12
# interested in developing worksite wellness programs	15	5
# interested in writing a policy	15	3

As part of the worksite wellness efforts the Miami-Dade County Health Department developed and implemented an agency wide worksite wellness policy, applicable to all their venues. Over 880 employees were briefed on the policy and approximately 184 staff members spent 157 person-hours participating in worksite wellness activities by MDCHD staff during the project.

Conclusion

As described within this report, and revealed by both quantitative and qualitative data collection and analysis, the Miami-Dade CPPW had a very high rate of success in terms of meeting its policy, systems and environment change (PSE) outcome objectives. Overall, of 29 objectives, 24 (83%) were fully met or exceeded and 5(17%)% were partially met, there were no objectives that were not met at all. Key successes were the growth of the Consortium for a Healthier Miami-Dade; and effective media campaign; PSE for improved physical activity and nutrition in the public schools; introduction of Senate Bill 1222 to make nutrition and physical activity standards part of the licensing requirements for child care facilities; support of seven Farmer's Markets in Miami-Dade; the Baby-Friendly hospital initiative; and the extensive installation of bicycling infrastructure in the City of Miami and City of North Miami. In instances where objectives were not fully met, these were as a result of unforeseen program implementation obstacles and political barriers.

In addition, a number of tools and analyses were utilized which will guide ongoing work in support of PSE for improved physical activity and nutrition in Miami-Dade including the Food Trust's Miami-Dade Food Access Report, the South Florida Regional Planning Council/Florida International University's Nutrition Environment Assessment of Convenience and Corner Stores within Targeted Areas of Miami-Dade County and Wholesome Wave's capacity building for data collection efforts with the Farmer's Markets within the program. With continued action, the proposed Safe Routes to Schools county-wide policies and Florida State Senate Bill 1222 (introduced) are also a significant policy documents with potential impact in school and early childhood settings.

Growing Capacity for Prevention in Miami-Dade County

The significant increase in membership of the Consortium for a Healthier Miami-Dade, the key collaborative group tasked with prevention work in the county is evidence of growing capacity and interest in addressing chronic disease prevention in Miami-Dade. As revealed by the leadership group and during the various focus groups with the providers, the strengths of the CPPW initiative were in the bringing together of cross-sector organizations who would not typically work with each other, to successfully work towards common objectives. The relationships established have the potential to continue past the project lifetime, thereby supporting the continuity and sustainability of the policy, systems and environmental change established under the CPPW Program. The Consortium leadership will need to find ways to keep the membership engaged and active beyond the grant period so that the momentum established through CPPW is not lost. In addition, there is a need to focus on continuing to diversify the current membership in order to ensure cross-sectoral approaches are maintained.

Successful Media

It appears that the various messages in the Communities Putting Prevention to Work (CPPW)/ Make Healthy Happen Miami (MHHM) campaign helped in changing the perception toward obesity in the community especially when the respondents were asked questions dealing with childhood obesity and community efforts to address it. There is a correlation between the increased awareness of the efforts of CPPW, which had significant focus on child hood obesity and a reduction in perceptions of childhood obesity as a problem with adult obesity seen as ongoing problem. Worth noting is the significant changes made in the Haitian community in awareness of obesity issues, through the media and outreach efforts of CPPW. It is recommended that the investments made in the media tools be leveraged by allowing the Make Healthy Happen messaging to be used by other entities working on similar initiatives e.g. the School District Wellness Committee, Comcast Community Channels as well as

continuing to leverage the support of the City of Hialeah and North Miami who are broadcasting some of the CPPW spots, the former doing so indefinitely.

Improved Physical Activity and Nutrition in Childcare Settings

The success of pilot implementation of voluntary adoption of the recommended standards for nutrition and physical activity in childcare settings in Miami-Dade county is indicative of the potential for county and state-wide implementation of the policy should it be made part of the licensing requirements for child care facilities. Centers were able to pilot the adoption of the policy with technical assistance and as such, any implementation of a statewide program may require some technical assistance as provide by the Department of Children and Families and the University of Miami. It is essential that the momentum of this work, spearheaded by the Child Care Task Force, be maintained by the Miami-Dade County Health Department. Further efforts should be made to connect with other groups in the state to build on the foundation of the existing bill proposed to State Senate in 2012 and to create the political will and support for its adoption at the Senate and House levels of the Florida Legislature. The Consortium for a Healthier Miami Dade, Children's Issues Committee has the structure and capacity to continue this work as a continuation of the collaborative effort by the multiple agencies involved.

Policy, Systems and Environment Change in Public Schools

The adoption of a comprehensive School Wellness Policy by the Miami-Dade County Public Schools Board which included comprehensive menu changes that meet IOM standards and operational policies to adopt SPARK as a quality physical activity program in all elementary schools are key successes of the CPPW Program. From the analysis of the SPARK data, it can be seen that although there were variations by grade level, race and ethnicity, overall levels of physical fitness of the students improved during the program. From the high sales volumes at the healthy eating vending machines, it can be seen that students are willing to eat healthy when provided with viable options to do so.

These achievements in the program that during the school day students in Miami-Dade County Public Schools have access to nutritious meals in the cafeteria and through the healthy vending machines as well as improved levels of physical activity at the elementary school level. However greater policy advocacy and action is needed to create the political will to ensure that adequate fiscal resources are allocated to improving daily physical activity at the high school level.

Farmer's Markets Creating Economic Enhancement

As shown by the Sticky Economic Evaluation Device results, farmer's markets in Miami-Dade County not only increase options for accessing fruits and vegetables in the community, but also can become a valuable source of economic stimuli in the neighborhoods in which they exist. Utilizing the SEED methodology reveals that the markets implemented by CPPW have the potential of creating over $500,000 in annual economic activity within the markets and in the neighborhoods surrounding the markets. This provides credible evidence of the value of these markets and the need for further investments in support of farmer's markets and local growers by ensuring Miami-Dade County and municipality governments continue to put in place the zoning and permitting policies and systems that allow for growth of this sector.

Creating Baby-Friendly Hospitals

The success of eleven hospitals embarking on the 4-D Pathway to a Baby Friendly Hospital in order to improve breast-feeding policies and approaches for new mothers is a significant one. With only three designated hospitals in the state of Florida, these efforts mark a 367% increase in hospitals working on

breast-feeding policies in the state. The adoption and implementation of lactation policies by the Miami-Dade County Health Department, the South Florida Hospital and Healthcare Association and Healthy Start Coalition providers means that new mothers who are employees and clients of these organizations will have significantly improved facilities and ease of breast feeding, thereby laying a foundation for healthy living for their children. It is recommended that the Breastfeeding Taskforce established through CPPW be continued and resources be sought to continue the technical assistance to the hospitals to allow them to complete the 4-D Pathway.

Improved Bicycling and Walking Infrastructure

Implementation of built environment policy, systems and environment change elements of the Miami-Dade CPPW has served to enhance the physical environment for physical activity, develop policies and foster systematic relationships which will serve to sustain and further the application of the implemented activities.

The piloting of Safe Routes to Schools and improvements in bicycling facilities provide examples to the community of managed environmental change, policy development and implementation. With targets for improving bicycling facilities exceeded, the initiative demonstrates the positive changes that can be put in place in a short space of time (within a year and a half) with limited resources.

Although significant improvements were made to bicycling facilities in the City of Miami and City of North Miami, data from the household survey as well as the low increase in students bicycling to school indicates greater need for awareness and promotion of the safety infrastructure put in place in these locations to support physical activity through bicycling.

The collaborative process facilitated through CPPW is a promising practice for promoting proactive joint planning across County agencies, while interacting with the broader planning community. It is anticipated that this will become institutional practice within the County with the leadership of the new Sustainability, Planning and Economic Enhancement Department. There are opportunities to utilize this work to integrate community health into the County Comprehensive Development Master Plan and the Open Spaces Master plan as well as for improved partnerships with municipality planning bodies.

Appendices