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To: Joint Legislative Commission on Governmental Operations
Senator Marc Basnight, Co-Chair
Speaker Jim Black, Co-Chair

Joint Legislative Health Care Oversight Committee
Senator Anthony Eden Rand, Co-Chair
Representative Jeffrey L. Barnhart, Co-Chair
Representative Thomas E. Wright, Co-Chair

From: Lt. Governor Beverly E. Perdue
NC Health and Wellness Trust Fund Commission, Chair

Subject: 2005 Annual Report

SECTION I. IMPLEMENTATION OF THE ENABLING STATUTE

The NC Health and Wellness Trust Fund Commission (HWTFC) currently underwrites four initiatives that address the vision expressed by the General Assembly in creating a Commission to improve the health and wellness of North Carolinians. HWTFC's first program, *Senior Care* was launched on November 1, 2002 to provide prescription drugs for low-income seniors.

Since that time, three additional prevention initiatives have been implemented statewide at the grassroots level to promote:

- Safe and effective use of medications among seniors and other at-risk populations as well as access to free medications for low-income individuals of all ages
- Tobacco use prevention and cessation among youth
- Overweight and obesity reduction and prevention among youth

With technical assistance from expert agencies and organizations, 146 local and statewide grantees are implementing programs, creating strategic partnerships and building community support to address these specific public health goals.

STATUTORY REQUIREMENT: Address the health needs of the vulnerable and underserved populations of North Carolina.

HWTFC INITIATIVE: *Senior Care* provides prescription drug access for the state's most vulnerable and underserved seniors.

Program Design

- The total cost is projected at \$86.3 million:
 - \$76.3 million allocated by HWTFC over three years
 - \$10 million allocated by the General Assembly in the 2005-2006 budget
- The original program was re-designed in September 2004 to “wrap-around” the federal discount card program that took effect in July 2004, thus maximizing coverage and enhancing benefits to North Carolina’s seniors as follows:
 - Coverage for all seniors including those with Medigap and VA coverage, but with no private coverage
 - Age 65 and older
 - Up to 250% of FPL
 - \$1,200 for each of the following two benefit periods:
 - September 2004 through December 2004
 - January 2005 through December 2005

(Note: Includes federal benefit of \$600 for those eligible and enrolled in federal program; Senior Care covers entire \$1,200 for those ineligible or not enrolled in federal program.)
 - Unexpended benefit from 2004 could be carried forward to 2005
 - Covers prescriptions for all diagnostic states
 - Co-pay for seniors is reduced to:
 - 5% for those below 100% of FPL
 - 10% for those above 100% of FPL

(Note: Senior Care pays fee for dispensing and claims administration)
 - HWTFC-funded benefit will continue until the full federal program begins in Jan. 2006
 - Program is administered by the Office of Research, Demonstrations, and Rural Health Development (ORDRHD), NC DHHS

Enrollment

- Enrollment on June 30, 2005 was 124,394 (anticipated enrollment according to ORHRHD in December 2005 is 130,889)
- Web site: www.NCSeniorCare.com and toll free line (866) 226-1388

Next Steps

HWTFC’s original intent in creating the *Senior Care* program was to bridge the prescription drug gap for seniors in the absence of such coverage by the federal government. The Commission’s three-year commitment to funding *Senior Care* ended in October 2005, but HWTFC has extended program benefits for an additional two months to cover the gap until the start date of the federal program on January 1, 2006.

STATUTORY REQUIREMENT: Fund research, education and prevention programs that increase community capacity.

HWTFC INITIATIVE: Medication Assistance Program includes 69 grants to community-based organizations to help low-income seniors and underserved populations of all ages access free and low cost prescription drugs. Grantees also educate seniors and other at-risk populations in the safe and effective use of medications to prevent adverse reactions from drug interactions and duplicative therapy.

Program Design

- \$15.4 million over three years
- Grant Program:
 - Phase I: 23 local grants awarded in October 2002
 - Three emergency grants awarded in October 2003 to counties in central NC affected by layoffs in the textile industry
 - Phase II: 49 local grants awarded in April 2004
 - Phase III: Under development; scheduled to launch in June 2006
 - Currently, 95 counties are being served locally

Medication Management for Seniors and At-Risk Populations

- Educate seniors and at-risk populations about the safe and effective use of medications, thus preventing adverse reactions from drug interactions and duplicative therapy
- Specialized training for pharmacists provided by the Area Health Education Centers (AHEC)

Prescription Assistance for Low-Income Individuals of All Ages

- Provide access to free and low cost medications to low-income individuals of all ages
- Grantees use Medication Access Review Program (MARP), a software-driven search engine, to identify the best source for needed drugs and complete application forms for clients
- Eligibility requirements are defined by pharmaceutical companies that sponsor such programs

Next Steps

Since current MAP grants are set to expire in June 2006, HWTFC is considering funding a third phase. In the event that the Commission decides to move forward with this funding, grants would be primarily focused on helping those under the age of 65 access free and low-cost medications, since the federal Medicare program would start covering prescription drugs for seniors in January 2006. The viability of such grants is primarily dependent on the continuation of free and low-cost medication assistance programs by the pharmaceutical companies, after the implementation of the federal drug benefit for seniors. In addition, MAP grants would also assist seniors figure out their best plan option under the federal benefit as well as help them find public and private assistance for covering the gaps in the federal drug coverage.

STATUTORY REQUIREMENT: Develop a community-based plan to prevent, reduce, and remedy the health effects of tobacco use among North Carolina's youth.

HWTFEC INITIATIVE: The Teen Tobacco Use Prevention and Cessation (TTUPC) Initiative includes 59 grants to local school and community organizations, statewide organizations capable of addressing the needs of priority populations, paid media and enforcement of the state law restricting the sale of tobacco to minors. All of these programs are part of a community-based plan aimed at reducing and remedying to health effects of tobacco use among North Carolina's youth.

Program Design

- Annual budget allocations follow:
 - \$6.2 million in 2002
 - \$10.9 million in 2003
 - \$10.9 million in 2004
 - \$15 million annually from 2005 through 2008
- 59 grants were awarded to provide services in all 100 counties:
 - 37 community-based organizations
 - 3 statewide grants
 - 4 additional statewide grants to focus on communications with minority teens
 - El Pueblo
 - NC Commission of Indian Affairs
 - Old North State Medical Society
 - General Baptist State Convention
 - 15 mini-grants to school districts and community organizations working towards adoption and enforcement of a 100% Tobacco Free School policy

Program Elements

- Other elements of the Commission's initiative that support the local and statewide grantees include:
 - A paid media campaign entitled, *TRU (Tobacco.Reality.Unfiltered.)* was budgeted at \$2.66 million in 2004-2005
 - A non-punitive cessation program for teens, called N-O-T (Not On Tobacco), sponsored by the American Lung Association, and budgeted at \$200,000 per year
 - Enforcement of the ban on tobacco sales to minors by the Division of Alcohol Law Enforcement, budgeted at \$500,000 per year
 - Counseling for pregnant teens on the dangers of tobacco use, provided by the Women's and Children's Health Section of DHHS, budgeted at \$100,000 per year
 - An ongoing statewide effort to promote local adoption of tobacco use restrictions on school property and at school functions, provided by the Tobacco Prevention and Control Branch (TPCB) of DHHS, budgeted at \$405,000
 - Sponsorship of three regional youth empowerment programs, called "Question Y", budgeted at \$745,000 annually

Next Steps

HWTFC has plans for further program improvement and enhancement in Year Three. One of the most significant next steps for this initiative include expanding the grant program to target college students (18 to 24 year olds), which is the only demographic nationally for whom smoking rates are on the rise. Phase III grants will be awarded to community/school grantees in December 2006, along with the first phase of college / community college grants. HWTFC grantees will move forward with their work on youth empowerment, youth prevention and cessation, secondhand smoke policy adoption, and reducing health disparities related to tobacco use.

HWTFC will enhance the *TRU* media campaign to incorporate improvements recommended by its outcomes evaluator, the UNC School of Family Medicine. Both the reach and effectiveness of the television advertising will be enhanced based upon feedback derived from rigorous survey and focus group research. In addition, the campaign will address the use of spit tobacco, which is expanding among North Carolina youths. HWTFC will also be venturing into new territory with its pioneering grassroots campaign to promote Tobacco Free Schools (TFS) policy adoption and compliance statewide. It has launched a content-rich TFS Web site to aid these local efforts.

HWTFC will also be partnering with DHHS to launch the first statewide quitline in late fall 2005. HWTFC will cover services for all callers who are under the age of 24, primary caregivers of those under the age of 18 as well as teachers and staff of public and private schools and child care centers. In order to promote the quitline amongst its target population, HWTFC will be launching a grassroots campaign in college campuses and through its local grantees.

STATUTORY REQUIREMENT: Fund initiatives that treat health problems in North Carolina and increase community capacity.

HWTFC INITIATIVE: The Youth Overweight and Obesity Prevention / Reduction Initiative includes 21 grants awarded in 2003 and 2004 to create and increase community capacity to address the epidemic of childhood overweight and obesity. Grantees are providing intervention programs for overweight children including after school exercise programs and nutritional counseling. Grantees also focus efforts on public education and adoption of local policies that address the underlying issues.

Grant Program Design

- \$3 million annually for three years from HWTFC
- Initiative design was based on recommendations developed by DHHS under the *North Carolina Healthy Weight Initiative*
- In January 2004, the following grants were awarded:
 - 17 grants to local organizations that serve schools and communities in 42 counties
 - 4 grants to statewide/regional organizations that provide service on a much broader basis
- Technical assistance to grantees is provided by the Department of Community and Family Medicine at Duke

- Outcomes analysis is conducted by the Department of Family Medicine at East Carolina University

Study Committee and Childhood Obesity

- \$300,000 budget
- Established in early 2004 and tasked with helping HWTFC better understand the causes of obesity and more importantly, to develop realistic recommendations for addressing this growing health concern.
- The study committee, named *Fit Families NC*, is co-chaired by Senator Bill Purcell, Representative Verla Insko and Dr. Olson Huff and was comprised of 20 North Carolinians with diverse backgrounds from across the state. The inclusive approach of this study committee has been key to its success in coming up with achievable recommendations, and this approach has been applauded by stakeholders across the state and the nation. Of special note has been the collaborative and open process that the study committee adopted, receiving substantial input from every sector that either effects or is affected by the obesity problem.
- Seven public hearings were held across North Carolina during 2004, generating hundreds of suggestions. In April 2005, the study committee adopted a broad range of recommendations, several of which formed the basis for new policies considered by the NC General Assembly and the State Board of Education, as follows:
 - In April, the State Board of Education adopted new regulations that will require schools to provide all students K-8 with at least 30 minutes of physical activity per day beginning in the 2005/2006 school year.
 - In May 2005, Representative Verla Insko amended House Bill 855 to reflect the study committee's recommendations on nutrition standards for schools (adopted July 2005).
 - In May 2005, Senator William R. Purcell amended Senate Bill 961 to reflect the study committee's recommendations on vending standards for schools (adopted July 2005).

The study committee plans to publish its full set of recommendations during the fall of 2005.

Fit Together partnership with Blue Cross Blue Shield of North Carolina (BCBSNC)

- A partnership with BCBSNC, called *Fit Together* was announced in April 2004.
 - BCBSNC committed \$3 million over three years to conduct a statewide campaign designed to raise awareness around the dangers of unhealthy weight. A television ad was produced and aired during November and December of 2004, promoting the importance of community action in promoting healthy lifestyle.
 - HWTFC developed and launched a related Web site, www.FitTogetherNC.org, which equips individuals, families and communities with the tools they need to promote healthy lifestyles.

Next Steps

The *Fit Together* program will expand in the coming year with the launch of *Fit Community*, a designation and grants initiative. The obesity epidemic and its corresponding health outcomes and financial costs demonstrate the need for programs that focus not just on individuals, but on their environments in order to sustain healthy lifestyles. *Fit Community* will recognize and reward North Carolina municipalities' efforts to support physical activity and healthy eating

programs, policies, and environments. All NC municipalities are eligible to apply for a *Fit Community* designation, which will be awarded to those that have excelled in the following areas: (1) support of physical activity in the community, schools, and workplaces; (2) support of healthy eating in the community, schools, and workplaces; and (3) tobacco prevention efforts in schools. *Fit Communities* will benefit from having heightened statewide attention that may bolster community development and/or economic investment initiatives and reinvigorate the community's sense of civic pride by serving as a model for other areas.

In support of the State Board of Education's physical activity mandate, HWTFC is supporting the development of age-appropriate curricula for use by educators during the school day.

- Through a grant to Wake Forest University School of Medicine, research on physical activity curricula originally developed in Canada is being conducted in Forsyth County public schools. Based upon feedback from educators, classroom modules will be selected for distribution across North Carolina through online technology.
- A grant to the Department of Public Instruction will enable it to do the following:
 - Expand its successful elementary school Energizers program to middle school students
 - Provide training for both elementary and middle school teachers in the use of Energizers
 - Develop an intramurals program for middle schools

STATUTORY REQUIREMENT: Measure outcomes of funded programs

HWTFC INITIATIVE: Formal program evaluations are being conducted for each initiative listed above by the following organizations to measure overall program outcomes and individual grantee performance that are described in detail in Section II:

- *Senior Care* – UNC School of Public Health/School of Pharmacy and NC A&T School of Nursing
- Medication Management – UNC School of Public Health/School of Pharmacy
- Teen Tobacco Use Prevention and Cessation – UNC School of Family Medicine
- Youth Overweight and Obesity Prevention/Reduction – East Carolina University, Department of Family Medicine

SECTION II. ANALYSIS OF PROGRESS TOWARD THE GOALS AND OBJECTIVES OF A COMPREHENSIVE, COMMUNITY-BASED PLAN PURSUANT TO G.S. 147-86.30(e)(3)

The Commissioners spent 18 months setting priorities and designing specific initiatives to address the most pressing health needs in North Carolina. Seniors and youth were determined to be the most vulnerable population groups, and the Commission decided to focus its initial efforts on their behalf.

SENIOR CARE PROGRAM

In the absence of a Medicare prescription drug benefit for seniors, the Commission established a discount card program to help the neediest seniors suffering from chronic disease conditions such as diabetes, cardiovascular and pulmonary diseases.

Outcomes Analysis

The UNC School of Public Health conducted an evaluation of *Senior Care* utilizing the enrollment file of the pharmaceutical benefits manager administering the program, patient surveys conducted quarterly for one year among a random sample of enrollees, and the Medication Access and Review Program (MARF) database, containing data entered by pharmacists during medication management sessions. Evaluators found that the *Senior Care* program has had the following impact:

- **The most significant results reported based on the survey were the positive impact on seniors' utilization of health care services:**
 - **Overnight hospitalization decreased from 22% at baseline to 8.2% over a 12-month enrollment period**
 - **Emergency room visits decreased from 18.4% at baseline to 8.6% over a 12-month enrollment period**
- Improved patients' access to prescription medications and related services:
 - 14% of eligible North Carolinians were enrolled
 - 32% of enrollees were classified as high-risk for medication-related problems, indicating the need for referral to medication management
 - Enrollees reduced the amount of their own money spent on prescription drugs from \$167 at baseline to \$128 in a follow-up survey
- Increased patients' medication adherence through medication management.
 - Fewer people reported not filling a prescription on time (dropping from 23% at baseline to 14% in the most recent follow-up survey)
 - The proportion of enrollees who reported taking medications less often in order to make them last longer declined from 27% to 16%
 - Patients who did not take their medications on schedule dropped from 12% to 3%
 - Patients who reported forgetting to take their medications declined from 47% to 35%
 - The proportion of patients who reported not taking their medications because they did not think it was important declined from 9% to 0%

MEDICATION ASSISTANCE PROGRAM (MAP)

Recognizing that drug interactions and duplicative therapies are a significant but preventable cause of emergency room use and long-term hospitalization, the Commission added value to the *Senior Care* program by funding community-based organizations to provide medication counseling through licensed pharmacists. To supplement the limited benefit provided by *Senior Care*, the Commission enabled these same community-based organizations to help people of all ages gain access to pharmaceutical company assistance programs by funding customized “search engine” software and salaries for trained operators.

Outcomes Analysis

MAP grantees have reached large numbers of people through their community based efforts.

- MAP grantee sites have provided over \$48,486,232.82 worth of free medications to 39,886 patients from January 2003 thru August 2005
- This represents a return on the Commission’s grant investment of about 7:1
- In addition, 8,825 patients have received medication management services

The UNC School of Public Health evaluated the impact of the medication management services as a secondary component of its *Senior Care* outcomes analysis. Due to insufficient data about the medication management services provided at the individual grantee sites as well as the inability to correlate *Senior Care* enrollee data with the grantee site data, no definitive conclusions could be drawn about the impact of medication management.

However, some individual MAP grantees providing medication management have conducted program-level evaluations and report significant reductions in hospitalizations and emergency room usage, as a result of this service. HWTFC’s MAP grantee in Alamance County, AlaMAP, is part of the Alamance Regional Medical Center (ARMC). In its first year with HWTFC grant funding, AlaMAP reported a 50% reduction in emergency room and overnight hospital stays for 200 seniors who were receiving medication management at their clinic.

HWTFC MAP grantee, Senior PHARMAssist, which was established in Durham in 1994, has very recently had its second program evaluation accepted for publication in the American Journal of Health Systems Pharmacy. This evaluation has again demonstrated that medication therapy management coupled with access to medicines, tailored community referral, and "patient activation" improves health and decreases health services utilization for seniors with limited incomes. The first evaluation (published in the NC Medical Journal – March / April 2000) demonstrated that over a one year period, emergency department use decreased by 31% and the percentage of participants who had been hospitalized overnight had decreased by 29%. The second evaluation demonstrates similar positive trends after participants have been in *the program two years*. At baseline, 56% of participants reported an emergency room visit in the past year and 47% had one or more hospital admissions, but at 24 months this decreased significantly to 41% ($p<0.001$) and 23% respectively ($p<0.001$). Also, baseline functional health status was maintained throughout 24 months including no reported change in mean number of activities of daily living.

TEEN TOBACCO USE PREVENTION AND CESSATION INITIATIVE (TTUPC)

According to the Centers for Disease Control (CDC), over 90% of first-time tobacco use occurs prior to age 20, with the average age of initiation being 13. The health effects of prolonged tobacco use among the general population are well documented, and studies by the CDC show that African-Americans suffer disproportionately high rates of heart disease, stroke and lung cancer. The Commission has followed CDC's guidelines in structuring its overall plan, which includes the effective use of media as well as cessation services and programs designed to help teens who want to quit using tobacco be successful. The Commission awarded \$12.3 million in grants to 52 local coalitions that are principally comprised of school districts, county health departments and community-based organizations. The funds will be used for organizational development, promotional activities and local cessation programs. Another \$2.2 million in grants was awarded to four organizations that focus their efforts on reaching out to African-American, Hispanic and American-Indian teens statewide, through culturally appropriate messages.

Outcomes Analysis

In its first two years, HWTFC has built a strong and cohesive network, has pioneered effective programs, and ensured that all grantees are committed to adhering to the best practices for tobacco programs outlined by the Centers for Disease Control and Prevention (CDC). As a result, North Carolina has one of the most comprehensive and coordinated youth tobacco programs in the country and has made great accomplishments in overall program administration, as well as in each of its four program goal areas.

In Year 2, HWTFC's TTUPC Program has accomplished the following:

- Significantly increased funding for the program in its second year to \$15 million, moving NC from 30th to 21st in the country in funding for youth tobacco prevention programs, and increasing from 23 to 34 the number of community and school-based programs receiving funding.
- **Launched a statewide media campaign, *TRU (Tobacco. Reality. Unfiltered.)*, that successfully reached 45% of youth, 11 to 17 years of age in NC.** This number represented almost 360,000 young people across the state.
 - The data revealed significant results in solidifying resolve among nonsmokers to remain that way. The pre-campaign survey identified youth who were not susceptible to smoking. The post-campaign survey revealed that among this group, those youth who saw the *TRU* advertisements were significantly more likely to remain nonsmokers than were those who had not seen the advertisements. This translates into approximately 9,000 fewer youth experimenting with tobacco than might have occurred without having seen this campaign. Ultimately, this would translate into almost \$4 million of cost savings in preventing future tobacco-related diseases among North Carolina citizens.
 - Awareness of the *TRU* campaign, slogans and brand among NC youth increased substantially over the last two years. *TRU* is now recognized by an estimated 439,000 NC youth 11 to 17 years of age.
 - The UNC study involved random-sample surveying of more than 600 NC youth via telephone, before and after the television campaign, along with 14 statewide focus groups of diverse youth about the campaign advertisements. The findings showed:

- A greater percentage of youth in the Charlotte media market - 53 % reported awareness of the campaign than youth in other N.C. media markets. That difference is significant because, as a test for future expansion of the campaign, more anti-smoking announcements aired in the Charlotte area.
- Almost 55 % of non-white youths, compared with 40.5 percent of white youths, recalled the messages.
- **Substantially advanced the adoption and enforcement of 100% Tobacco Free School (TFS) policies, resulting in over half of North Carolina's 115 school districts having adopted this gold standard policy.**
- Increased trainings on youth empowerment and encouraged grantee involvement in cessation programs for youth
- Increased efforts to decrease underage sale of tobacco products, reduce tobacco advertising targeting youth, and educate about product pricing and youth initiation
- Incrementally increased secondhand smoke policy gains by encouraging adoption of smoke-free policies at restaurants and other places frequently by youth
- Placed increased emphasis on the access to and utilization of HWTFC technical assistance and training resources, including a special technical assistance evaluation to identify strengths and areas for improvement.

YOUTH OVERWEIGHT AND OBESITY PREVENTION / REDUCTION INITIATIVE

Overweight and obesity is the first chronic disease that is spreading at epidemic rates. At its current rate, it will soon become the costliest disease, surpassing cardiovascular diseases. The percentage of children who are overweight in the United States doubled during the past two decades and the percentage of overweight adolescents tripled. The economic and social consequence of obesity manifests itself in premature death and disability, in health care costs, in lost productivity, and in social stigmatization.

The Commission funded 21 grants statewide to address childhood overweight / obesity. Grant funds are being used to provide intervention programs for overweight children including after school exercise programs and nutritional counseling. Grantees are also focusing efforts on public education and adoption of local policies that address the underlying issues. A social marketing campaign is being developed to communicate effectively with minority communities, where the problem is especially acute. UNC-TV is creating and airing messages on its statewide network to reach both at-risk youth and their caregivers.

Increased physical activity and healthier food choices are considered essential elements in preventing obesity and maintaining good health. To promote these cornerstone principles, the NC Health and Wellness Trust Fund Commission (HWTFC) has joined with Blue Cross and Blue Shield of North Carolina (BCBSNC) to launch *Fit Together* – a statewide campaign designed to raise awareness around the dangers of unhealthy weight and more importantly equip individuals, families and communities with the tools they need to address this very serious health concern.

Through a content-rich Web site (www.FitTogetherNC.org) and a television campaign, *Fit Together* helps individuals and communities assess their health risk and equip them with the tools needed to get healthier. Tools such as a web-based health risk assessment direct individuals to local resources in their community. The Web site includes information about the status of physical education and nutrition policies in local schools as well as real examples of North Carolina communities that have made significant changes in their schools, worksites or built environments that led to things such as daily PE for kids, lower insurance premiums for employers, or more sidewalks and greenways in neighborhoods.

In late 2003, recognizing that North Carolina was experiencing an obesity epidemic, HWTFC Chair Lt. Governor Beverly Perdue spearheaded the creation of a study committee on childhood obesity within HWTFC, consisting of experts on this subject. Members of *Fit Families NC: A Study Committee for Childhood Overweight / Obesity* were appointed in April 2004, and represented diverse backgrounds such as: health, education, medicine, academia, industry, faith-based organizations, and city / county government. They were tasked with helping HWTFC better understand the causes of this epidemic and more importantly, develop realistic recommendations for addressing this growing health concern.

After more than one year and seven public hearings, 350 recommendations were received; they were condensed to approximately 170 and organized into 13 different topical categories. These recommendations are to be made public in fall 2005. While the complete *Fit Families NC* report had not been released publicly, many recommendations were shared with legislative bodies in North Carolina. Of those, two were particularly important, forming the basis for recently passed legislation establishing statewide nutrition standards for all NC schools and drastically improving the state's policy on vending machines in our schools. A third recommendation was adopted by the State Board of Education, and will require schools to provide all students K-8 with at least 30 minutes of physical activity per day.

Outcomes Analysis

East Carolina University Department of Family Medicine and the Pediatric Healthy Weight Research and Treatment Center conducted the evaluation of *Fit Together* utilizing data on grantee attainment of specific goals outlined by HWTFC for the program, a cohort study with kindergarten to 9th grade youth, and an evaluation of the technical assistance to the project provided by the Duke technical assistance team. Evaluators reported the following outcomes for the *Fit Together* Program in Year 2:

- There are currently 1,682 children enrolled in the cohort study to examine large-scale impacts of the *Fit Together Program*, with an additional 500 children expected to be enrolled this fall to total more than 2,000 participants.
 - Children in the study were classified as underweight, normal weight, at risk for overweight, or overweight, according to their body mass index (BMI). Initial analysis from the first follow-up survey with the cohort indicates that 93% of the children enrolled at Time 1 either stayed in the same or lowered their BMI category.
 - Over 44% of the children increased their number of days exercising.
- Grantees reported 2,337 events in planning, training, assessment, partnering, providing services, capacity building, environmental / policy action and outcomes, media coverage, and

resource generating, among other areas. This does not include some activities not yet entered into the data system. Highlights of these events include

- 607 services provided, such as group education and support, counseling, and screening/referral/follow-up
 - Provision of capacity-building trainings or skill building for more than 4,800 individuals
 - Media coverage including nearly 32 hours of television airplay and 3,265 column inches of newspaper coverage, resulting in a potential media exposure of 150,000 people per event for newspaper, radio and television
 - Generation of additional program resources, such as funding (\$324,768 in direct dollars), materials, and volunteer time
 - 129 environmental / policy outcomes (new or modified policies, practices, or environments that contribute to program objectives) reported by just 15 of the grantees in the first 18 months of the initiative. The majority of these have focused on elementary school age youth.
- Grantees reported overall that they had achieved their program objectives in the previous six months and were on target to achieve their objectives for the upcoming six months
 - The technical assistance provided to grantees received universally high marks in a grantee evaluation.