

KEY INFORMANT INTERVIEWS AND AN ENVIRONMENTAL SCAN

for

The California Bone Health Campaign For Low-Income Latino Mothers

A report to:
California Project LEAN of the
California Department of Health Services
and the Public Health Institute

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Prepared by:
Amy Carroll, M.P.H.
Lisa Craypo, M.P.H., R.D.
Marilyn Hill Harper, M.D.
Sarah E. Samuels, Dr.P.H.

Samuels & Associates
3900 Lake Shore Avenue
Oakland, CA 94610
(510) 271-0722
Fax (510) 271-0745

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EXECUTIVE SUMMARY

The research firm of Samuels & Associates, a health program and policy consulting firm, conducted interviews with key informants and an environmental scan of nationwide bone health campaigns on behalf of California Project LEAN (Leaders Encouraging Activity and Nutrition), a program of the California Department of Health Services and Public Health Institute. The interviews and the environmental scan were part of formative research conducted prior to developing a social marketing plan for the *California Bone Health Campaign for Low-Income Latino Mothers*.

Key Informant Interviews

An in-depth telephone interview was conducted with 19 key informants. Physicians, researchers, nutritionists, public health officers, marketing experts, and non-profit organization officials familiar with osteoporosis/bone health programs participated in a 20- to 30-minute interview during the months of January and February, 2000. The survey questions were designed to elicit information regarding bone health promotion programs, priority issues, greatest challenges, possible policy changes, and next steps for bone health initiatives.

Effective strategies for bone health interventions identified by the key informants included community involvement, walking programs, media campaigns, paid advertising, and spokespersons for schools. Key Informants also identified the following potential obstacles: (1) bone health may not be a high health priority; (2) coordinating and partnering with similar efforts may be a challenge; and, (3) acknowledging eating patterns that exclude dairy products. Possible policy strategies suggested by the key informants included providing public walking and bicycling paths, removing soda machines from schools, and providing calcium-fortified foods and physical activity opportunities in schools and at work places.

Environmental Scan

An environmental scan was conducted to assess current nationwide bone health efforts targeting pre-menopausal women and/or girls. The scan explored the objectives, interventions, and lead agencies/partners of these efforts. The majority of the 17 prevention programs included in the environmental scan were associated with state health departments. Fifteen out of the 17 programs targeted girls and adolescents. Out of the 17, only one program had materials available in languages other than English. The programs utilized a variety of public education techniques to increase awareness of osteoporosis risk and to modify behavior. Desired healthy behavior changes included an increase in calcium intake, increase in physical activity, smoking cessation, and avoidance of excessive alcohol consumption. Production and distribution of educational materials, awareness events such as “walks” or health fairs, and bone health curriculum for school aged children were the most common interventions. Current efforts focused almost exclusively on changing individual level behaviors. At this stage, the bone health promotion programs do not appear to be addressing policy and environmental changes.

INTRODUCTION

In October of 1999, California Project LEAN (Leaders Encouraging Activity and Nutrition), a program of the California Department of Health Services and the Public Health Institute, was awarded one-year funding by the *California Nutrition Network for Healthy, Active Families (Network)*. This funding will support formative research to plan and develop an osteoporosis primary prevention, social marketing campaign—the *California Bone Health Campaign for Low-Income Latino Mothers*. The United States Department of Agriculture (USDA), which funds the *Network*, requires that projects it funds target the largest groups using food assistance programs. As a result, the initial primary target audience of the *California Bone Health Campaign for Low-Income Latino Mothers*, will include the segments of the following food stamp participants in California, with an average annual income of less than \$20,000: (1) single, separated or divorced white or African American women with children of lower elementary age and (2) married Latino mothers with children of upper elementary age. The secondary target audience will include the family members of the primary target audience, particularly their children.

The *California Bone Health Campaign for Low-Income Latino Mothers* will target California women and mothers as the primary food shoppers, health advocates, and role models for families in order to increase the prevalence of dietary and physical activity behaviors that promote bone health among low-income, pre-menopausal women and their families. By targeting African American, Caucasian and Latino mothers, the *California Bone Health Campaign for Low-Income Latino Mothers* will complement other efforts, such as the National Bone Health Campaign, which targets preadolescent and adolescent females. The National Bone Health Campaign is currently under development by the Centers for Disease Control and Prevention, the Department of Health and Human Service's Office on Women's Health, and the National Osteoporosis Foundation.

The 1999-2000 objectives for the *California Bone Health Campaign for Low-Income Latino Mothers* will focus on research and planning. Formative research for the campaign involved an in-depth literature review in addition to the key informant telephone interviews and environmental scan of existing bone health efforts. The health policy, program, and research firm of Samuels & Associates was hired to conduct the key informant interviews and the environmental scan.

An analysis of the key informant surveys, environmental scan, and literature review, in addition to an analysis of commercial market research and original focus groups, will be used to develop the social marketing communication plan by the end of the first year. The social marketing communication plan will establish the foundation of the campaign.

KEY INFORMANT INTERVIEWS

An in-depth telephone interview was conducted with 19 key informants. Physicians, researchers, nutritionists, public health officers, marketing experts, and non-profit organization officials familiar with osteoporosis/bone health programs participated in a 20 to 30 minute interview during January and February, 2000. Experts were chosen using suggestions from California Project LEAN and from referrals made during the interviews. The self-described work of the key informants in osteoporosis/bone health fell into the following categories with many working in more than one area: clinical/patient care (3); research (4); bone health education (5); public education campaigns (11); advocacy and public policy (2).

The survey questions were designed to elicit information regarding bone health promotion programs and to uncover any key population groups not being reached. The following questions were asked:

- What are the priority issues in bone health promotion?
- Which specific populations are being reached with current efforts?
- Are these efforts culturally competent?
- Should additional populations be targeted?
- Who should be involved in a statewide bone health promotion campaign?
- What are the most effective strategies for addressing osteoporosis?
- What are the greatest challenges to designing and implementing a prevention campaign?
- What policy changes would support bone health promotion efforts?
- What are the next steps in bone health promotion?

SURVEY FINDINGS

PRIORITY ISSUES

The importance of physical activity and adequate dietary calcium was identified as the primary issue by 16 of 19 experts. Attention to a healthy diet and vigorous exercise is required during childhood so that a high peak bone mass is developed. One expert reported significant increases in bone mass in children who had three class periods of exercise per week. Another expert mentioned the importance of early bone health screening and cited a study that found a surprisingly high incidence of below normal bone densities in seemingly healthy adolescent girls. Two experts who were concerned that natural sources are inadequate within the framework of a heart healthy diet suggested calcium supplements for children. One suggested further research into behavior modification to find ways to counteract negative habits such as smoking, drinking sodas and alcohol, especially in the teenage population. Identified priority issues include:

- Increase physical activity.
- Increase calcium and vitamin D intake.

- Increase bone density testing to identify at-risk populations.
- Educate pre-menopausal women, pediatricians and parents regarding the seriousness of the problem.
- Conduct research to identify successful behavior modification strategies.
- Decrease smoking and alcohol consumption.
- Decrease use of calorie restricted diets among young females.
- Increase use of calcium supplements and calcium-rich foods in children and teens.

CURRENT TARGET POPULATIONS

Most osteoporosis research has been conducted in post-menopausal women. Drug therapy and calcium supplements are recommended for that age group. Three experts believed that the calcium issue is adequately taught to families by existing programs. Most felt additional efforts to encourage bone health are necessary. Two national programs and two state programs were identified as having programs in place for children and girls. Key informants reported the following:

- Post-menopausal women are the primary target population for most current osteoporosis programs.
- The National Bone Health Campaign, which targets preadolescent and adolescent females is currently under development by the Centers for Disease Control and Prevention, the Department of Health and Human Service's Office on Women's Health, and the National Osteoporosis Foundation.

CULTURALLY COMPETENT PROGRAMS

Although all experts agreed that a culturally appropriate approach is desirable, most such efforts are in the early planning stages. Several programs have language-specific publications. One program in California provides interpreters for nutritional counseling that maintains ethnic diets. Ethnic-specific videos are used in low fat milk promotions in California and New York. The Milk Mustache campaign was reported to use culturally appropriate materials. The following outline the primary issues raised:

- Low fat milk campaigns (such as the California Adolescent Nutrition and Fitness Program's Moo-ve Ahead with One Percent Milk campaign) have ethnic-specific videos.
- There are no national culturally specific programs.
- The Centers for Disease Control and Prevention (CDC) has a mandate to address Caucasian, Latino, African-American, and Native American populations.
- Healthy People 2010 emphasizes culturally appropriate efforts.
- The Milk Advisory Board has publications in four Asian languages.
- California agencies (such as the University of California Cooperative Extension) have interpreters for several languages (Spanish and South East Asian languages) to teach ways to increase calcium in ethnic diets.

FUTURE TARGET POPULATIONS

Osteoporosis as a serious health problem is not part of general public awareness. All the experts mentioned teachers, physicians, nurses, and community outreach workers as target populations, who could then inform their clients. Identified target populations include:

- Health Professionals
- Teen girls
- Pre menopausal women
- Children and parents
- Teachers

WHO SHOULD BE INVOLVED

A statewide bone health promotion campaign should involve a variety of organizations, individuals, and agencies. There was uniform agreement that new efforts would work best if coordinated with existing programs. Key informants said it is especially important that dietary recommendations are consistent between agencies and that appropriate choices are offered to ethnic groups. The experts felt the following agencies and organizations should be involved to ensure effective intervention efforts:

- A multidisciplinary team including physicians, nurses, teachers, and dietitians
- School lunch program administrators
- Milk production industry/Dairy Council
- County and State Departments of Health
- Department of Agriculture
- Non-profits that serve target populations
- Medicaid managed care, Health Maintenance Organizations and migrant health services
- Community representatives from target populations
- Representatives from a physical activity association
- Los Angeles Office of National Osteoporosis Foundation
- Foundation for Osteoporosis Research and Education
- California Osteoporosis Prevention and Education program (COPE)

EFFECTIVE STRATEGIES

Sixteen of the nineteen experts emphasized education as a primary strategy. The suggested efforts included increasing general public awareness through media campaigns as well as delivering specific information to schools and health professionals. Two experts recommended community involvement in promoting physical activity and healthy lifestyles. Support for increased physical activity was uniformly considered essential. One expert advocated making physical activity

mandatory in schools. Another expert suggested widespread calcium fortification of foods as a highly effective strategy. Suggested educational approaches include:

- Paid advertising
- Media campaigns including articles in teen magazines
- Speakers for schools/professional conferences
- Use of age matched speakers
- Use of athlete speakers
- One-on-one counseling, especially for 13- to 20-year-old females
- Language-specific materials
- Walking programs
- Strength training programs
- Required physical activity in schools
- Design physical activities that are fun and attractive to children
- Convince parents and teachers that physical activity is important

POTENTIAL OBSTACLES

A wide variety of issues emerged as challenges to designing and implementing a bone health promotion campaign. Four experts stated that bone density testing should be expanded to cover a wider spectrum of the population. Lack of public or private funding was considered to be the biggest problem by three key informants. Key informants identified the following obstacles to effective intervention strategies:

- Need for funding to finance paid educational campaigns and/or community outreach programs.
- The dairy and drug industries focus on sales.
- A lack of information regarding effective behavior modification strategies to improve food choices and decrease smoking and alcohol consumption.
- The limited availability of bone density testing and lack of guidelines regarding interpretation of results and predictive value.
- Osteoporosis is not high on the list of health concerns in target population, pointing to the need for aggressive educational campaigns.
- Need to develop multiple ethnic/language-appropriate materials.
- The reluctance of school systems to require physical activity.
- Need for safe open spaces for physical activity.
- Need for coordination of messages between agencies. For example, increased milk intake must be clearly stated to be non-fat so as not to conflict with heart healthy recommendations.
- The difficulty achieving adequate calcium intake through non-fortified foods.
- Eating patterns that exclude dairy products (e.g., Asian diets, vegetarian diets, lactose intolerance).

POLICY STRATEGIES

Policy changes suggested by the key informants reflected issues identified earlier as high priority. Four experts suggested legislation to mandate increased physical activity for children. Six advocated providing calcium fortified foods and six proposed focusing on nutrition education programs. The following policies were suggested:

- Provide calcium fortified food in schools and at work sites.
- Remove soda machines from schools.
- Add calcium to favorite foods of teens.
- Require bone health education as part of health course materials in schools.
- Target osteoporosis on the quality of care agendas of health care providers.
- Require insurance companies/Medi-Cal to pay for bone density testing.
- Support legislation that maintains California milk calcium standards.
- Mandate physical activity in schools.
- Provide funding for nutrition education programs.
- Provide public walking and biking paths.
- Provide workforce with physical activity breaks and access to workout facilities.
- Limit items that can be purchased with food stamps to more nutrient dense foods.
- Design legislation to target media to change thin body image ideal.

NEXT STEPS

Several experts advised forming a coalition of interested organizations to formulate an overall plan that would complement and enhance current efforts. At-risk populations should be targeted, including low socioeconomic clients, all ethnic minorities and the large number of women and girls who regularly practice diet restriction for weight loss. The following are suggested next steps:

- Organize a state level coordination effort.
- Implement education and outreach programs directed to multiple populations/ethnic groups.
- Create an educational campaign that expands beyond dairy products as the only source of dietary calcium.
- Initiate a movement away from soft drink consumption.
- Support funding of COPE program.
- Increase bone density testing.
- Implement Healthy People 2010 objectives.

FUNDING SOURCES

The following funding sources were identified:

- National Institutes of Health
- Center for Disease Control and Prevention

- International Life Sciences Institute
- The California Endowment
- California Wellness Foundation
- State legislature
- Local fund raising
- Dairy industry

PROGRAMS IN PLACE

The key informants cited many state and national agencies that have programs in place or have provided funding for programs that address osteoporosis. For a number of the agencies cited, experts were unable to provide detailed information on bone health promotion activities. Newer programs focus on children. Both Massachusetts and Connecticut have education programs in elementary schools. The following are a list of agencies and organizations that administer bone health interventions:

- Centers for Disease Control and Prevention
- National Osteoporosis Foundation
- Dairy Council
- Foundation for Osteoporosis Research and Education
- Office of Women's Health, U.S. Department of Health and Human Services
- Fannie Mae
- MediCare
- Massachusetts Department of Public Health
- Professional Partners in Prevention
- National Institute for Cancer and Bone Health
- Association of State and Territorial Public Health Chronic Disease Program Directors
- Kaiser Permanente
- President's Council on Physical Fitness
- U.S. Department of Agriculture
- U.S. Food and Drug Administration
- Connecticut Department of Public Health

ENVIRONMENTAL SCAN

Exhibit A contains the findings of an environmental scan that was conducted to assess bone health promotion campaigns currently underway throughout the United States. Information on programs was obtained through published literature, key informant surveys and Internet searches. All program leads provided by key informants were researched; however, the authors were unable to uncover pertinent information from a number of the agencies cited. Programs included in the environmental scan met the following criteria:

- Focus on bone health promotion.
- Target audience includes pre-menopausal women and/or girls.

The majority of prevention programs included in the environmental scan are utilizing a variety of public education techniques to increase awareness of osteoporosis risk and to modify behavior to increase calcium intake, increase physical activity, and promote other healthy lifestyle factors such as smoking cessation and avoidance of excessive alcohol consumption. The most common interventions include the production and distribution of educational materials, awareness events such as “walks” and health fairs, and bone health curriculum for school aged children.

Current efforts focus almost exclusively on changing individual level behaviors. At this stage, the bone health promotion programs do not appear to be addressing the need for policy and environmental changes. As bone health promotion programs gain experience and momentum, strategic modifications to address multiple levels may emerge.

Exhibit A

Lead Agency	Interventions	Target population
U. S. Department of Agriculture (USDA)	USDA's nutrition education efforts contain messages regarding adequate calcium intake and sources of dietary calcium. Contact: www.usda.gov	General public
U.S. Centers for Disease Control (CDC)	CDC is in the formative research stage of developing a bone health promotion social marketing campaign for girls and adolescents. The campaign will focus on increasing calcium intake and physical activity and other healthy lifestyle factors such as no smoking. Contact: Nicole Kerr, Project Officer, (770) 488-5577, (email) nck1@cdc.gov	Girls, 9 to 18 years of age
U.S. Department of Health and Human Services (DHHS)	DHHS includes a section on calcium on their "Girl Power" website, a health promotion website for adolescent girls. Contact: www.health.org/gpower	Adolescent girls
National Osteoporosis Foundation (NOF)	NOF sponsors an annual osteoporosis awareness campaign, kicked-off each May. This year's campaign is "Step On It America." The campaign objective is to encourage Americans to build strong bones. Agencies who pay to become a campaign partner will receive a kit that includes promotional posters, an education tool kit with reproducible handouts, a media kit, an osteoporosis slide show, and the NOF newsletter. An additional awareness campaign, "This is not aging, this is osteoporosis" encourages baby-boomers to adopt bone healthy behaviors: increased calcium intake, adequate physical activity, no smoking, moderate alcohol consumption. NOF produces a wide array of informational materials for health professionals and community organizations. NOF has a few Spanish language materials that are available free of charge. Contact: www.nof.org , (202) 223-2226	General Public The "Baby Boom" generation Health professionals General public Spanish speakers

Exhibit A

Lead Agency	Interventions	Target population
National Institute of Child Health and Human Development (NICHD)	<p>NICHD has developed the “Milk Matters” campaign to increase milk consumption among girls. The campaign aims to increase milk consumption to four to five glasses per day in order to achieve a calcium intake of 1200–1500 mg daily. The “Milk Matters” campaign will educate parents and pediatricians on the importance of calcium in the daily diet of teen girls and will emphasize that milk is a “must” during childhood. The campaign will also educate the two million adolescent female athletes participating in interscholastic sports. Education effort will focus on increasing calcium consumption, sources of calcium (including low fat milk), the effects of inadequate dietary calcium, and teen athlete’s predisposition to stress fractures and the link to osteoporosis. The campaign will also educate pregnant adolescents on the importance of adequate calcium intake.</p> <p>To complement the Milk Matters campaign, the NICHD partnered with the Milk Processors to develop "A Crash Course on Calcium." This curriculum includes a video to educate teens about the importance of calcium and teach teens simple ways to increase their calcium intake. The program dispels myths that keep teens from consuming enough calcium.</p> <p>Contact: www.vpw.com</p>	<p>Girls 11 to 17 years of age who drink the least milk, expanding to girls 6 to 11 years of age.</p> <p>Adolescents</p>
National Fluid Milk Processor Promotion Board	<p>This board created the “Milk Mustache” campaign that includes education on the health benefits of drinking milk. The campaign emphasizes the important role milk plays in preventing osteoporosis, decreasing hypertension risks, and decreasing risk of colon cancer. Nutrition education messages promoted by the campaign focus on methods for incorporating milk in the diet. The campaign includes paid advertising, a mobile “milk mustache” tour, and an informational website. While the advertising campaign has been extremely well received by the public, data is not available to show any effect on milk consumption.</p> <p>Contact: www.whymilk.com 1-800-WHY-MILK</p>	General public and adolescents
Foundation for Osteoporosis Research and Education (FORE)	<p>FORE provides osteoporosis information through lectures, conferences, newsletters, health fairs, literature, and a website.</p> <p>FORE educates health professionals to improve osteoporosis prevention, diagnosis, and treatment.</p> <p>Contact: www.fore.org</p>	<p>General public</p> <p>Physicians and allied health professionals</p>
Colorado Department of Public Health (CDPH)	<p>CDPH integrates bone health promotion into a number of areas, including:</p> <ul style="list-style-type: none"> ▪ Family planning programs that educate younger women about the value of adequate calcium for feeling and looking good. ▪ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program), through the dissemination of bone health informational packets among program coordinators and day care providers enrolled in the Child Care Food Program. <p>Contact: Sharon Michael, Chief, Chronic Disease Prevention Section (303) 692-2505</p>	<p>Younger women</p> <p>WIC program coordinators Child care providers</p>

Exhibit A

Lead Agency	Interventions	Target population
Connecticut Department of Health Services (CHDS)	<p>CHDS integrates bone health messages with 5-A-Day educational efforts in Head Start centers. This intervention includes the addition of a calcium segment to an audio tape series promoting fruit and vegetable consumption to preschoolers, an activity workbook and workshops for preschool teachers, and take home materials for parents. This project was funded in part by a USDA grant for nutrition education in low-income populations.</p> <p>CHDS also educates physical education and dance professionals on how to incorporate bone health messages. Contact: Kathy Cobb, Senior Nutrition Consultant, (860) 509-7813</p>	<p>Head Start teachers, parents and students</p> <p>Physical education and dance professionals</p>
Delaware Cooperative Extension (DCE)	<p>DCE conducts education programs to promote bone health, including the “Boning Up on Health” curriculum which teaches the basics of bone health and prevention through diet, physical activity, and smoking cessation. Contact: Sue Snider, Food and Nutrition Specialist (302) 831-2524</p>	Boys and girls, 8 to 12 years of age
Florida State Health Department (FHD)	<p>FHD is developing and pilot testing a bone health curriculum. Contact: Rhonda Thomas-Poppel, (850) 488-4996</p>	Second grade children
Illinois Division of Women’s Health, Department of Health Services	<p>This department has developed a notebook of bone health educational resources for all age groups, distributed this book to local health departments, and trained local health department staff on the use of the educational materials. This department also administers funds to community grant projects that address osteoporosis. Half of the grants address girls and adolescents. Contact: Doris Garrett, Division Chief, (217) 524-6088</p>	<p>Local health departments</p> <p>Young girls Adolescents</p>
Maryland Department of Health Services	<p>Maryland has a state mandate to conduct bone health promotion, but no funding. Maryland DHS has been successfully “piggy backing” bone health messages with other efforts that address healthy eating and physical activity such as cardiovascular disease prevention and an arthritis initiative. Contact: Naomi Halverson, Project Coordinator, (410) 767-5483</p>	General population

Exhibit A

Lead Agency	Interventions	Target population
<p>Massachusetts Department of Health Services</p>	<p>Bone health efforts of the Massachusetts DHS include the following:</p> <ul style="list-style-type: none"> • educates pediatricians on how to counsel parents and children to increase calcium intake and physical activity. • developed bone health materials targeted to adolescents which feature photographs of “real” teenagers (not models) and focus on looking and feeling good. • produced bone health information materials in a variety of languages. These materials include calcium-focused food pyramids that reflect the food preferences of different cultures. The program reproduces and sells these materials to sustain program activities. • Created a low-cost media campaign; and • Integrated bone health and anti-smoking programs through joint trainings and inclusion of anti-smoking messages in bone health education efforts. <p>Contact: Barbara Hodges, Program Director, Osteoporosis Awareness Program, 617/624-5444</p>	<p>Pediatricians</p> <p>Adolescents</p> <p>Asian, African American, Latino, Haitian, Creole and Vietnamese women</p> <p>Women of all ages</p> <p>Women of all ages, general public</p>
<p>New Jersey Division of Family Health Services, Department of Health and Senior Services</p>	<p>Bone health efforts of the New Jersey Division of Family Health Services, Department of Health and Senior Services include the following:</p> <ul style="list-style-type: none"> • Developed a number of bone health education tools for schools including the “Kidstrong” video and a middle school bone health curriculum. • Planning and marketing “osteoporosis awareness” days to schools and communities. Working with a science museum to hold special events on the awareness days to reach families and reinforce messages heard at school. • Distributed the “Best Bones” bone health project to Girls Scout organizations throughout the state. • Sponsored a conference on teaching bone health to youth. The conference featured background information on osteoporosis, a talk on eating disorders, a panel discussion on appropriate bone health messages for youth, and a lecture/demonstration by a fitness expert. <p>Contact: Karin Mille, Public Health Consultant, (609) 984-0792</p>	<p>5th through 8th graders</p> <p>Schools Families</p> <p>Girl scouts 9 to 18 years of age</p> <p>Adults who work with adolescents including teachers, YMCA representatives, health educators, school nurses, and school counselors</p>

Exhibit A

Lead Agency	Interventions	Target population
Pennsylvania Division of Chronic Disease and Injury Prevention, Department of Health	This agency created a clearing house for bone health educational materials. This agency is also working with Girl Scouts to develop a “Bone Patch”. Contact: Emilie Tierney, Bureau Director, (717) 787-6214	Adolescent girls Girl Scouts
Tennessee Department of Health, Bureau of Chronic Disease Control	This department conducts a multi-generational program and distributes educational materials to schools and community organizations Contact: Lou Pearson, Osteoporosis Prevention Program Director, (615) 741-0390	School aged children Girl Scouts YWCA
University of Nevada Cooperative Extension	The University of Nevada Cooperative Extension is in the process of developing and implementing a campaign to increase consumption of low-fat calcium rich foods. Contact: Jamie Benedict, Extension Specialist, (702) 784-6440	Girls, 11 to 14 years of age
Virginia Department of Health (VDH)	The VDH is collaborating with the State Department of Education to train middle school teachers to conduct bone health education. Contact: Linda Foster, Nutrition Program Coordinator, (804) 692-0682	Middle school students
Washington State Department of Health (WSDH)	Washington State Department of Health has partnered with the Washington State Dairy Council to feature osteoporosis at the annual worksite wellness conference. The conference included a half-day presentation on osteoporosis and information on integrating bone health into worksite wellness programs. Conference attendees received sample educational materials for use in their programs. Contact: Ruth Abad, Health Educator, (360) 236-3702	Worksite health educators from large employers, public agencies and city governments.
West Virginia	West Virginia has developed a bone health education program including a Girl Scouts patch. This state also held a “Walk Across West Virginia” event to promote osteoporosis awareness. They developed a kit for community organizations that sponsor the walk. The kit contained educational materials for children, women and men through out the life span. Contact: Kim Smith, Osteoporosis Program Manager, (304) 558-0644	Girls, 7 to 17 years of age General public

OSTEOPOROSIS KEY INFORMANT SURVEY

Name: _____ Date: _____

Organization: _____ Interviewer: _____

Hello, my name is _____ and I'm calling from Samuels & Associates on behalf of California Project LEAN, a program of the California Department of Health Services and Public Health Institute.

California Project LEAN has received a one-year grant from the U.S. Department of Agriculture to conduct formative research for a bone health campaign (osteoporosis primary prevention) targeting pre-menopausal, low-income women and their families. The U.S. Department of Agriculture requires that Project LEAN target women who mirror California's food-stamp recipient profile, primarily Caucasian, African American and Latino mothers.

Your input will help us design this campaign. All of your answers will be anonymous. This survey will take approximately 25 minutes. Is now a good time or should we schedule an appointment?

1. How would you describe your work as it relates to osteoporosis/bone health? (*Once category selected, probe for further description of role in these efforts.*)

Clinical/patient treatment _____

Research _____

Bone health education _____

Public education campaigns including milk promotion campaigns or campaigns targeted to low-income mothers _____

2. In your opinion, what are the priority issues for fostering bone health for pre-menopausal women and their families, especially their children? (Probe for calcium, physical activity, education.)
3. What do you think are the most effective strategies for addressing these priority issues?
4. Please describe your experience conducting bone health campaigns, osteoporosis/bone health research, or milk campaigns. (Probe for strategies, successes, and barriers).
5. What other bone health campaigns do you know about? What sorts of programs are in place, and who is conducting these programs?

6. What specific populations are being targeted by current efforts? Are these efforts culturally appropriate? If yes, describe. If no, why not? Should additional populations be targeted?
7. In your opinion, what factors have contributed to the success of past and current bone health campaigns? What hasn't worked? What's missing from existing bone health campaigns?
8. What are the barriers that have been encountered?
9. How can California Project LEAN work to overcome these barriers?
10. In your opinion, what are the policy strategies that are needed to support bone health efforts?
11. Who do you think should be involved in a California-based bone health initiative that targets low-income, pre-menopausal women? Please list the important organizations and individuals on the state and community level.
12. In your opinion, what are the next steps for promoting bone health in California? Do you know of any funding sources for this?
13. Any other comments?