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Model Pratice Building: Baseline Evaluation Findings

Center for Public Health Systems Science

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HEALTHY & ACTIVE COMMUNITIES

MFH
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Model Practice Building

Baseline Evaluation Findings

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Executive Summary

Introduction

In 2005, the Missouri Foundation for Health (MFH) established the Healthy and Active Communities (H&AC) initiative to address rising obesity levels in Missouri. After an initial round of programmatic funding in 2005, MFH launched the Model Practice Building (MPB) strategy in 2007. The MPB strategy was designed to provide support for projects that showed the potential for becoming model practices in the area of obesity prevention. A model practice is a project that demonstrates evidence of innovation, effectiveness, and sustainability. Nineteen grants have been awarded through two funding cycles. The grantees address obesity through direct programming to change individual behavior and implementing environmental and policy changes to support physical activity and healthy eating.

The George Warren Brown School of Social Work at Washington University in St. Louis and the Saint Louis University School of Public Health are conducting the evaluation of the H&AC initiative. This report presents the key findings based on data from baseline qualitative interviews (n = 40) and retrospective data collected from December 2007 to September 2009. The major findings are presented below.

Findings

Grantees reported much success implementing their project. In particular, increasing project visibility and buy-in within their communities were areas where grantees felt they made significant progress. As a whole, MPB grantees experienced similar challenges, especially related to time and funding constraints for expansion of their projects.

Activities and Reach

Although all grantees implemented obesity prevention projects, the specific activities they conducted varied. The majority of grantees focused their activities on marketing and dissemination (95%), nutrition and physical activity education (95%), nutrition and physical activity programming (89%), and partnership development (89%).

Most grantees targeted the general population as opposed to a specific age group, race or ethnic group, or special population. The MPB grantees reached 60% of the MFH coverage area, with the highest levels of activity in St. Louis City and County. Activities were implemented in a variety of settings, but school and after-school program and neighborhood and community were the most common settings reported.

Although policy and environmental change was not a major emphasis for the MPB strategy, there were a small number of grantees involved in environmental and policy change efforts. Despite the small number, several of the grantees were successful in achieving policy adoption (five policies) and changes to the environment (*e.g.,* conducting farmer's markets, improving access to facilities or equipment). The policy changes reached approximately 4,000 Missourians.

Organizational Capacity

The grantees reported having the capacity to implement their projects as they originally planned. The available financial and human resources facilitated successful implementation. While resources were adequate for the current scope of the projects, grantees were limited in their ability to expand to meet the changing needs of their communities. There were grantees who were unable to meet the additional demand for services due to limited staff, volunteer, and financial resources.

Effective communication (*e.g.*, open, direct, frequent) with staff was identified as the most important characteristic of organizational leadership. Grantees experienced challenges with ineffective communication from their leadership. Communication was either unclear or infrequent, which led to a lack of awareness among staff about their organizations' activities.

Partnerships

Grantees relied heavily on partnerships to implement, promote, and support their projects. Partners provided additional resources (*i.e.* financial, in-kind, expertise) that increased capacity. Grantees collaborated with traditional partner types, such as project implementation sites, schools, and community coalitions. There were grantees

who were successful in establishing non-traditional partnerships (*e.g.*, policymakers, for-profit businesses), although this was not common.

Grantees reported that expanding partnership networks would increase the resource base and sustainability of MPB projects. Additional partners could fill in gaps in resources such as additional funding, shared knowledge and skills, and increased project reach and visibility. Grantees recognized that the recruitment of more non-traditional partners, such as policymakers and faith communities, should be a priority. In particular, partnerships with policymakers would facilitate policy and environmental change supporting healthy eating and physical activity.

Collaboration among grantees was also limited. Grantees expressed challenges arising from differences between target populations and uncertainty about which projects have received MPB funding. Barriers to forming partnerships in general included limited time and resources, and the lack of a personal connection with the organization.

Conclusions

The following conclusions and recommendations are based on key findings from the qualitative and quantitative data and are meant to provide the Foundation with suggestions for strengthening obesity prevention efforts. Future data collection activities will monitor changes within the MPB strategy. These recommendations are informed solely by the baseline results.

➤ Grantees implemented a variety of activities with a strong focus on:
- Education and programming;
- Marketing and dissemination; and
- Partnership development.

➤ Some success achieved in environmental and policy changes.

Recommendations:
- Continue to focus on policy and environmental change strategies in future funding efforts.
- Incorporate advocating for policy change into all programs and strategies.

➤ Grantees need resources to meet the expanding needs of their communities.

Recommendations:
- Provide trainings on how projects can sustain their efforts including how to diversify funding.
- Continue to disseminate new funding opportunities.

➤ Ineffective communication from leadership was a challenge.

Recommendation:
- Identify opportunities to provide leadership development trainings for grantees possibly through the Nonprofit Services Center.

➤ Partnerships were key to successful implementation.

➤ Expanding partnership networks is important.

Recommendations:
- Continue to provide guidance specifically around strategies for successful partnership development, including the identification of non-traditional partners.
- Continue to provide basic and advanced training of how to establish and maintain relationships with policymakers.
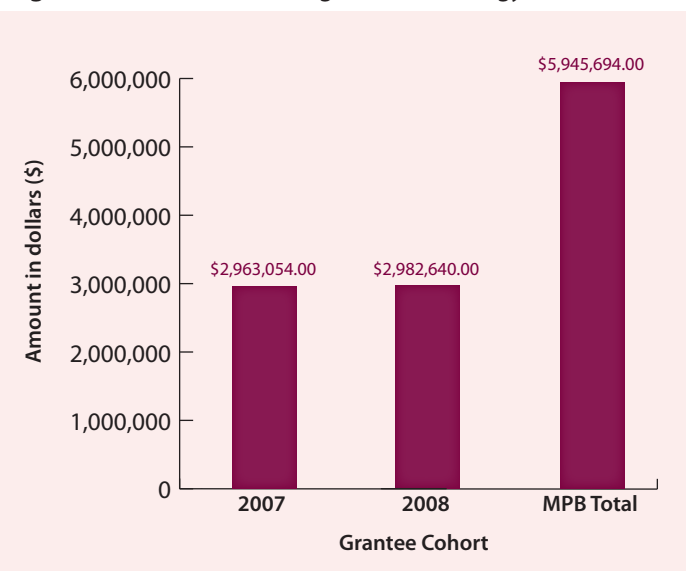
Introduction

Model Practice Building Strategy
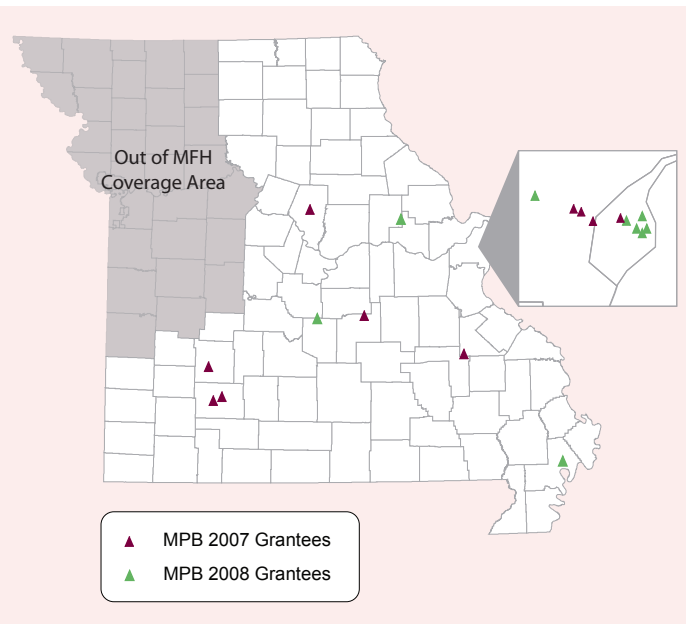
I n response to the rising level of obesity rates in Missouri, the Missouri Foundation for Health (MFH) established the Healthy and Active Communities (H&AC) initiative. The H&AC initiative is informed by the social-ecological framework, which recognizes that successful obesity prevention efforts focus on multiple spheres of influence (*i.e.*, individual, interpersonal, organizational, community, society), and incorporates comprehensive approaches that address individual behaviors, social factors, built environment, and policy. The original 33 H&AC grants were awarded in two rounds of funding in 2005 and 2006. The grantees incorporated a variety of physical activity and nutrition activities targeting children and adults across the MFH service region.

In 2007, MFH moved into their second phase of grant making: Model Practice Building (MPB). The purpose of the MPB funding is to support the 2005 and 2006 H&AC grantee organizations whose projects showed potential to become model practices in the area of obesity prevention. For the H&AC initiative, model practices are defined as projects that demonstrate evidence of innovation, effectiveness, and sustainability. MPB grantees have focused their obesity prevention activities on:

➤ Direct programming to change individual behavior;

➤ Environmental changes to improve access to physical activity and healthy eating; and

➤ Local policy change.

As part of the MPB strategy, MFH committed over five million dollars to fund 19 grantees throughout the MFH coverage area (Figures 1 & 2). Ten grants were awarded in 2007 and an additional nine in 2008 to a variety of community-based organizations and schools, each for the duration of three years (Table 1). In addition to funding, the MPB strategy provides grantees with access to capacity-building technical assistance in the areas of program implementation, evaluation, and dissemination.

Figure 1. Location of MPB grantees

Source: MPB Retrospective Data, 2009

Figure 2. MFH H&AC funding for MPB Strategy

Source: MPB Retrospective Data, 2009

Table 1. MPB grantees

2007 Grantees
• Columbia Boone County Health Department
• Forest Institute of Professional Psychology
• Mark Twain Forest Regional Health Alliance
• St. Louis Regional OASIS
• The Community Partnership, Phelps County
• Ozarks YMCA
• Polk County Health Center
• America SCORES St. Louis
• St. Louis County Health Department
• University of Missouri St. Louis

2008 Grantees
• American Heart Association
• Citizens for Modern Transit
• Independence Center
• Montgomery County R-II School District
• Old North St. Louis Restoration Group
• New Madrid Health Department
• Trailnet, Inc.
• St. Louis for Kids
• Pulaski County Health Department

Table 2. MPB evaluation questions

1. What is the reach of the MPB activities?
2. Who are the MPB partners and how did they contribute to MPB projects?*
3. Which partners do H&AC programs still need and what has prevented the partnerships?*
4. How have nutrition and physical activity policies changed over time?
5. How has the built environment changed over time?
6. To what extent are projects able to sustain themselves?
7. How does knowledge and behavior change over time?
8. How does the capacity (*e.g.,* staffing, training, budget) of the MPB projects change over time?*
9. How satisfied are MPB programs with the assistance they received from MFH and the capacity-building teams?*
10. Which model practice components are being used by projects?

*Focus of qualitative interviews

Report Purpose

A team from the George Warren Brown School of Social Work at Washington University in St. Louis and the Saint Louis University School of Public Health serves as the external evaluator for the H&AC initiative. This report presents the key findings from baseline quantitative and qualitative data collection with MPB grantees.

The baseline findings will be of particular interest to the Foundation and the grantees. The findings provide a starting point for evaluating the MPB strategy's progress over time. Future data collection activities will monitor changes in grantees' reach, organizational capacity, and partnership networks to determine factors that contribute to successful implementation of activities and achievement of outcomes.

Overview of H&AC MPB Evaluation

The MPB evaluation plan was developed through a participatory, logic model driven approach. Input was received from MFH, grantees, the H&AC capacity-building teams, and nutrition and physical activity experts. The MPB evaluation logic model (Figure 3) led to a prioritized set of evaluation questions (Table 2). A variety of data sources and methods are being used to answer the evaluation questions, including qualitative interviews with grantees, quantitative monitoring data, policy assessments, surveillance data, and grantee reporting materials.

Evaluation Methods

The evaluation team utilizes a mixed methods approach (incorporating both quantitative and qualitative data) to evaluate the MPB strategy. Qualitative data serves to provide additional context to the quantitative data.

Retrospective Data Collection

The evaluation team developed a retrospective data collection form, which collected data regarding reach of the grantees' activities from December 2007 through September 2009. This was prior to the launch of the initiative monitoring system: the Healthy & Active Programs and Policies Evaluation System (also known as the HAPPE System). The form was pre-populated with existing data for each project to decrease grantee burden. Grantees confirmed the data entered on the form and reported any additional data needed.

Qualitative Interviews

A qualitative interview guide was developed to collect data regarding grantees' organizational capacity, partnerships, and lessons learned about project implementation. Organizational capacity and program partnerships have been included to determine the resources and conditions necessary to successfully implement MPB activities. From June through August 2009, the evaluation team conducted interviews with 40 project staff, typically the project coordinator and evaluator, from the 2007 and 2008 MPB grantees (2-3 staff from each organization). Interviews were conducted in person by trained staff and were audio recorded for transcription purposes. A thematic analysis was conducted by trained analysts (three teams composed of two analysts each). Themes were then examined across MPB grantees.

Report Organization

The key findings from retrospective data collection and qualitative interviews are presented in three major sections:

➤ Activities and reach;

➤ Organizational capacity; and

➤ Partnerships.

Within each section, the findings are presented by relative evaluation question. Quotes from participants (offset in gray) were chosen to be representative examples of findings and provide the reader with additional detail. The final section of the report provides MFH with a summary of the key themes and recommendations for strengthening their current and future obesity prevention efforts.

Figure 3. MPB Logic Model
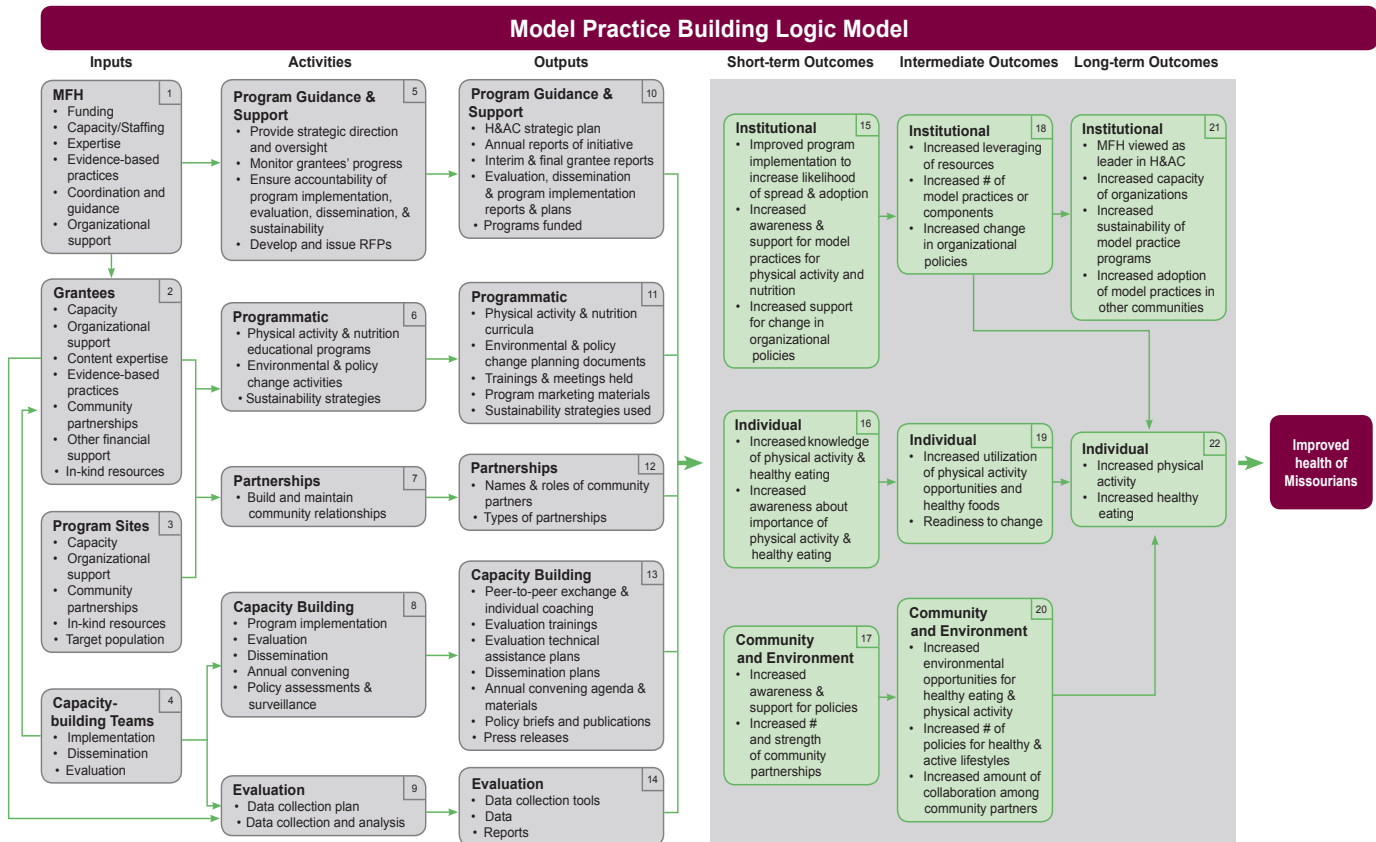
Activities & Reach

What was the reach of MPB projects?

Grantees conducted a variety of activities. Their efforts focused mainly on marketing and dissemination, implementing nutrition and physical activity programming and education, and partnership development. Fewer grantees focused on policy change or implementing healthy eating and physical activity environmental change.

Project Activities

Although all grantees implemented obesity prevention projects, the specific activities they conducted varied. Because of this, grantee activities were organized into seven categories (Table 3) to evaluate activities across all projects.

Table 4 presents the number of grantees that implemented activities within each category. A large percentage of grantees focused on:

- ➤ Marketing and dissemination (95%);
- ➤ Nutrition and physical activity education (95%); and
- ➤ Nutrition and physical activity programming (89%);
- ➤ Partnership development (89%).

Table 3. H&AC activity categories

Category Description	Example Activities
Marketing & Dissemination includes promoting the program, sharing program results, and developing and disseminating nutrition and physical activity products.	• Media spots • Toolkits
Nutrition & Physical Activity Education focuses only on increasing knowledge of healthy eating or physical activity. These types of activities do not provide opportunities to be physically active or eat nutritious food.	• Cooking demonstrations • Classroom instruction
Nutrition & Physical Activity Programs provides opportunities for physical activity or healthy eating and can include an educational component.	• Providing healthy snacks • Walking groups
Advocacy & Policy Change includes efforts to influence statewide, community, or organizational rules (including but not limited to laws) that promote health or prevent disease.	• Complete Streets Policy • Developing policy briefs
Healthy Eating Environment Change includes modifications to the environment aimed at improving access to healthy foods and nutrition information.	• Community gardens • Menu labeling
Physical Activity Environment Change includes modifications to the environment aimed at improving opportunities to be physically active.	• Walking trails • Point of decision prompts
Partnership Development focuses on developing mutually beneficial relationships with individuals and/or organizations to achieve a common goal.	• Providing or receiving resources • Establish formal agreements

Table 4. Activities implemented by MPB grantees

Activity Category & Description	Number of Grantees n = 19
Marketing & Dissemination	
• Marketing	14
• Dissemination of program results	12
• Dissemination of products	11
• Development of products	9
Nutrition & Physical Activity Education	
• Nutrition education	18
• Physical activity education	14
Nutrition & Physical Activity Program	
• Physical activity program	17
• Healthy eating/nutrition program	14
Healthy Eating Environment Changes	
• Changed cafeteria or vending machine options	7
• Displayed point of purchase prompts	5
• Implemented farm / garden to institution	4
• Developed community gardens	4
• Labeled menus	3
• Improved access to healthy eating facilities or equipment	3
• Conducted farmer's market	1
• Improved access at existing outlets	1
Physical Activity Environment Changes	
• Improved access to physical activity facilities or equipment	9
• Built new, improved existing, or maintained walking trails	5
• Land use changes	2
Partnership Development Activities	
• Recruited new partner	12
• Provided information or financial resources to partner	10
• Provided opportunities for partner to receive training	10
• Provided technical assistance to partner	9
• Received resources from partner	8
• Implementation of program activities by partner	7
• Conducted Train-the-Trainer Activities	7
• Worked with partner to establish formal agreement	6
• Worked with partner on policy issues related to physical activity or nutrition	6
• Received technical assistance from partner	5
• Conducted program evaluation activities with partner	4
Advocacy and Policy Change Activities	
• Communicated with policy makers	8
• Drafted new policy language or enhanced an existing policy's language	8
• Developed advisory / planning committees	7
• Developed recommendations, policy briefs, and / or position statements	6
• Implemented a policy	5
• Developed an advocacy / policy plan	4
• Conducted grassroots activities	3
• Secured funding / rerouted funding for support of policy implementations	3
• Other advocacy and policy change activities[1]	3
• Community education / public awareness on the impact of policy	2

Source: MPB Retrospective Data, 2009

Grantees utilized media and technology (i.e., television, websites) to market their projects and disseminate results and products to a wide audience.

The MPB strategy had a highly programmatic focus.

Grantees leveraged their partnerships for resources and assistance in all aspects of MPB project implementation.

Grantees were actively engaged in the policy process including the adoption of school and worksite policies.

[1]Other *advocacy and policy change* activities reported were assessments of the environment (*e.g.*, school inventories, walkability assessments).

Figure 4. Special populations targeted
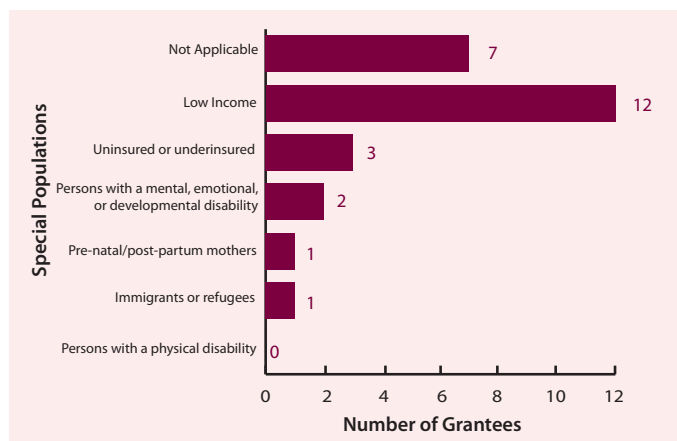
Source: MPB Retrospective Data, 2009

Table 5. Reach of MPB activities

Activity Category	Total Reached
Marketing & Dissemination	
• Marketing	5,863,357
• Dissemination of program results	3,510,937
• Dissemination of products	79,390
Nutrition & Physical Activity Education	
• Nutrition education	217,159
• Physical activity education	10,712
Nutrition & Physical Activity Program	
• Physical activity program	52,346
• Healthy eating / nutrition program	41,250
Advocacy & Policy Change	
• Implemented a policy	4,002

Source: MPB Retrospective Data, 2009
Note: For numbers related to media messages it is an estimate of the maximum number of possible exposures a message may have had (i.e., an individual may have heard the message more than once).

Although grantee activities were distributed throughout the seven categories, fewer grantees implemented activities in the Healthy Eating and Physical Activity Environment Change categories.

Populations Targeted

About half of the grantees (53%) targeted the general population as opposed to an individual age group. Children in the following categories were targeted by the highest percentages of grantees:

➤ Children ages 5-9 years (47%); and

➤ Preadolescents ages 10-14 years (47%).

The majority of grantees (79%) targeted the general population rather than a specific race or ethnic group. The African American population was targeted by the highest percentage of grantees (22%).

Figure 6 presents the special populations (*i.e.*, groups of individuals considered to be "at-risk") targeted by grantees. The low income population was targeted by the highest percentage of grantees (63%).

Reach of Activities

For some of the activity categories, the number of people reached was collected. Table 5 presents the number of people reached during the time period. For marketing and dissemination activities, the reach numbers represent the potential number of exposures or "hits" a message may have had (*i.e.*, an individual may have heard the message more than once). Therefore the actual number of individuals reached for this activity is unknown.

Marketing and Dissemination

Grantees that implemented marketing and dissemination of project results collectively reported over 9 million exposures to project messages or products. The high level of exposure is in part due to grantees' utilization of mass media channels to reach large audiences. For example, grantees utilized:

➤ Television and radio broadcasts;

➤ Newspaper circulation; and

➤ Social networking and organization websites.

Nutrition and Physical Activity Education and Programming

Over 90% of grantees conducted a nutrition education

activity. Nutrition education reached the most individuals out of the education and programmatic activity categories.

One grantee reached a large portion of their population by broadcasting nutrition education shows on local television.
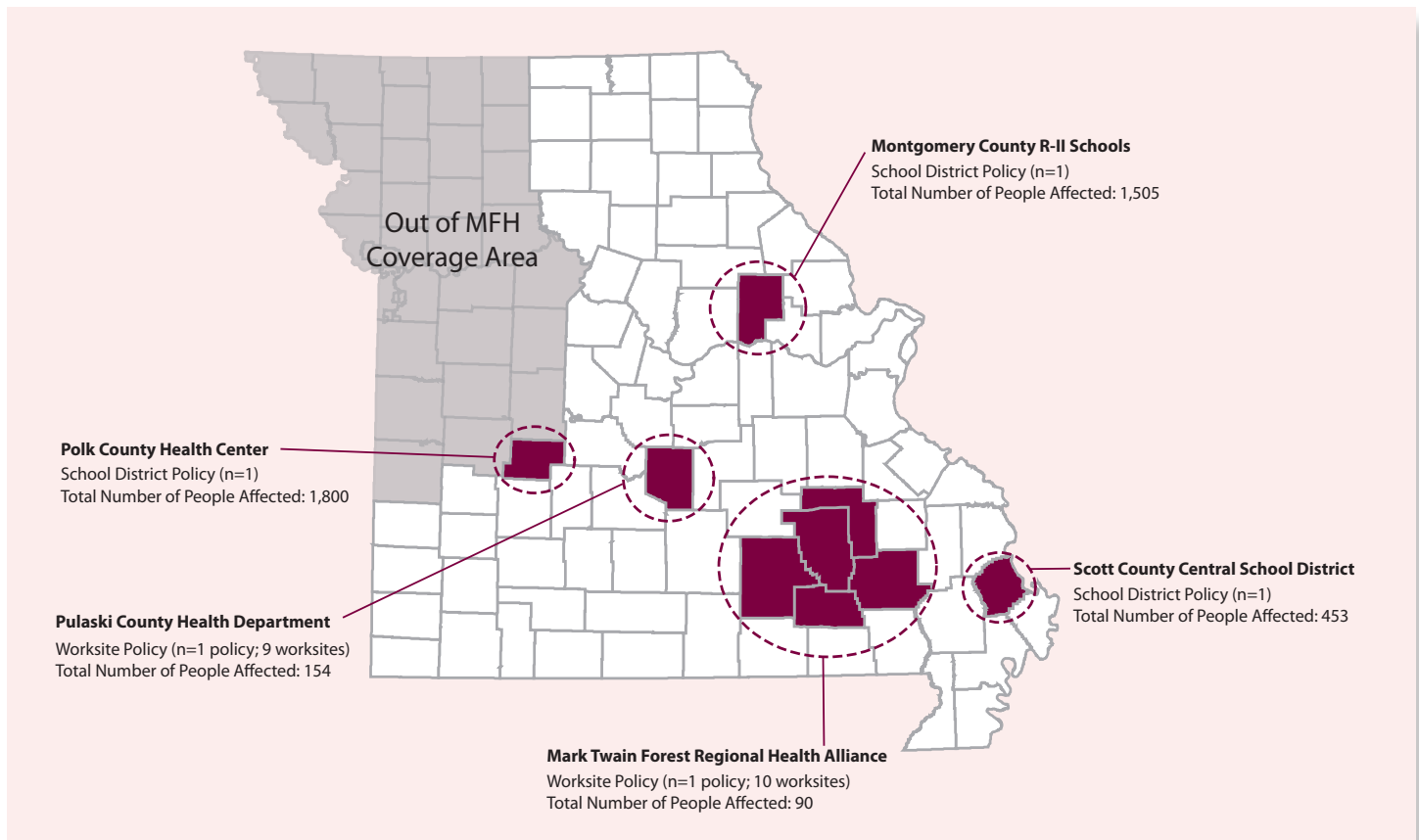
Grantees recruited individuals from their communities to participate in nutrition and physical activity education and programming activities. In general, grantees felt they were successful in their recruitment and retention of participants. They attributed this success to their marketing and dissemination activities.

> I think the website is a huge promoter. When people can visually see…the impact you have, then they're more willing to want to help you. Getting it [website] has definitely helped us…to grow and expand, and reach people.

Other recruitment strategies grantees utilized included:

➤ Catering activities to population interests;

➤ Providing incentives; and

➤ Maintaining relationships with participants.

Figure 5. Reach of policies implemented by MPB grantees

Montgomery County R-II Schools
School District Policy (n=1)
Total Number of People Affected: 1,505

Out of MFH Coverage Area

Polk County Health Center
School District Policy (n=1)
Total Number of People Affected: 1,800

Pulaski County Health Department
Worksite Policy (n=1 policy; 9 worksites)
Total Number of People Affected: 154

Scott County Central School District
School District Policy (n=1)
Total Number of People Affected: 453

Mark Twain Forest Regional Health Alliance
Worksite Policy (n=1 policy; 10 worksites)
Total Number of People Affected: 90

Source: MPB Retrospective Data, 2009

Policy and Advocacy

From 2007 to 2009, five grantees adopted policies within their communities. The five school and worksite policies implemented by grantees affected a collective total of 4,002 individuals (Figure 5). The specific components of the organizational policies varied depending on the setting and MPB project goals. The main components of each policy are listed in Table 6.

Grantees acknowledged the difficulty associated with adoption and implementation of policies. They recognized the long-term nature of the policy process and the challenges associated with adopting effective policies.

> …policy changes and development is very hard to do, and takes some time, and it goes back to that relationship building and the buy-in.

In addition to passing policies, grantees conducted other advocacy activities that are essential to the policy adoption process. Communicating with policymakers was the most prevalent advocacy and policy activity. Grantees provided accounts of efforts to increase awareness among policymakers about issues related to physical activity and nutrition. They utilized evaluation results to present needs within their communities and as a result opened a dialogue between their community organizations and policymakers. For example, grantees conducted audits of the built environment and communicated their observations and other policy agenda items with local policymakers.

> Our city council has done a pretty good job related to physical activity and requiring sidewalks to be built in new subdivisions. There are discussions that we have with them about how wide the sidewalks need to be and that they need to be on both sides of the street, not just one side of the street.

Table 6. Description of policies implemented

Grantee	Setting	Policy Components
Mark Twain Forest Regional Alliance	Worksite	• Permits 30 minutes of flexible work time for physical activity during work day
Polk County Health Center	School	• Permits community use of school facilities and equipment (joint-use agreement)
Montgomery County R-II Schools	School	• Nutritional guidelines for food and beverages sold in school • Guidelines for integration of nutrition education and physical activity into core subjects • Physical activity guidelines (minimum daily requirements) for physical education and recess • Established School Wellness Council
Pulaski County Health Department	Worksite	• Healthy eating guidelines (restrict unhealthy foods provided at worksite) • Permits 20 minutes of flexible work time for physical activity during work day • Provides health insurance credits for physical activity
Scott County Central School District	School	• Nutritional guidelines for food and beverages sold in school • Restricts marketing of food to healthy items only • Physical activity guidelines (minimum daily requirements) for physical education and recess • Guidelines for integration of nutrition education and physical activity into core subjects • Permits community use of school facilities and equipment (joint-use agreement) • Established Staff Wellness Council

For more information about an individual policy, please contact Jessica Drennan.

Where were MPB activities conducted?

The majority of H&AC activities were implemented in the county where the grant originated. Some grantees, however, expanded their geographic reach to other counties within the MFH coverage area (Figure 6). Overall the MPB strategy reached 60% of the MFH coverage area. Partnership development activities were conducted in two counties outside the MFH coverage area because this was where certain partners were located. The areas with the highest levels of activity were St. Louis City and County.

Settings

Grantee activities were implemented in a variety of settings (Figure 7). Schools accounted for 43% of the implementation sites. Grantees reported that schools provided them with a connection to the community at-large.

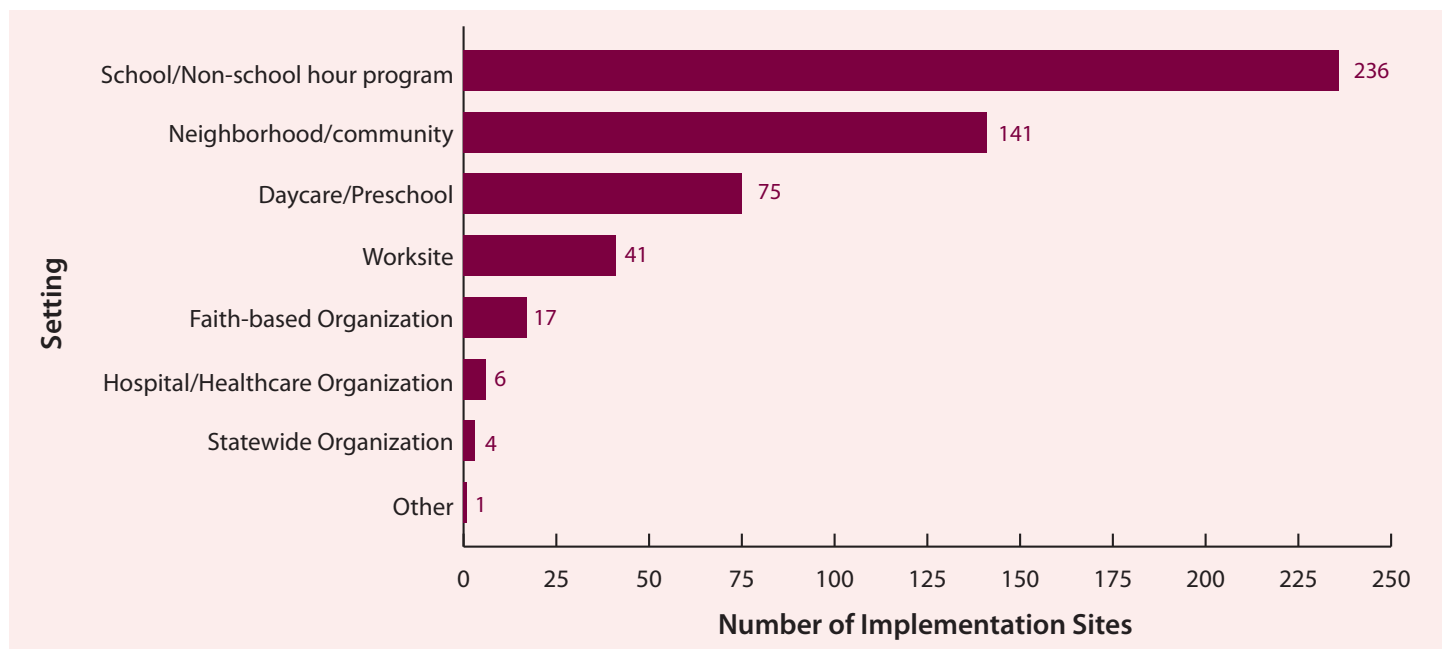> …In some of our counties the only thing in the county, or in the town, is the school. That's the hub of the town, and there's not a lot of businesses or anything else there. So the school is the center of everything.

Figure 6. Geographic reach of MPB activities
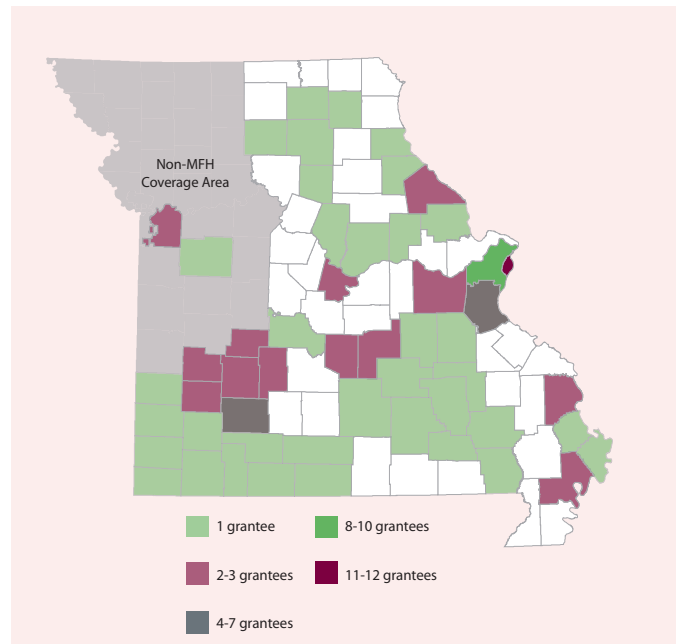
Source: MPB Retrospective Data, 2009

Figure 7. Number of implementation sites by setting type

Source: MPB Retrospective Data, 2009

Organizational Capacity

What was the organizational capacity of the MPB projects?

Capacity has been shown to significantly predict effective implementation of project activities,[1,2] and in turn achievement of outcomes.[3,4] Quantitative data regarding project staffing and funding are included in this section to complement the qualitative findings from grantee interviews. Overall, the MPB grantees reported having the staff and financial resources to implement their programs as they originally planned. While grantees felt there were adequate resources for the current scope of the projects, they were limited in their ability to expand their projects to meet the changing needs of their communities.

Human Resources

Project Staff and Volunteers

In general, staffing and volunteer levels were adequate for grantees to fully implement their projects. Grantees felt that having staff and volunteers who were enthusiastic, dedicated, and passionate contributed to the success of the projects. From December 2007 through September 2009, grantees had an average of 1.72 full-time equivalent (FTE) staff dedicated to their projects. The number of FTEs for the individual projects ranged from 0.5 to 2.3.

Although there was, in general, sufficient staffing resources, some grantees reported a shortage of staff or volunteers. In some cases this was because they underestimated the number of staff needed to implement their project. Even when the number of staff was appropriate for the project, some grantees reported there were gaps in the needed skills of staff and volunteers.

> We've had enough [staff], but…part of it is just having the right combination of skill sets. [There] wasn't always the right mix of skills.

The challenge created by shortages of staff and volunteers was the inability to increase project scope. Grantees felt that increasing staff and volunteer capacity would lead to:

Essential Skills

Grantees described a number of skills that are needed to implement their MPB projects effectively:

➤ Content expertise – knowledge and experience in nutrition and physical activity

➤ Partnership development – ability to build and maintain relationships within the community and among volunteers

➤ Fundraising expertise – ability to secure donors and funding opportunities

➤ Marketing and media knowledge – ability to promote project effectively and produce media

➤ Organization and management – ability to multi-task and coordinate multiple aspects of the project

➤ Evaluation – ability to assess the impact of the project

Baseline Report

➤ Greater impact on project participants;

➤ Increased quality of the projects; and

➤ Increased project reach through the expansion of marketing and outreach activities.

> I think with more staff you could probably reach more kids. The [project staff] would be able to go into more classrooms in the school and reach more of the students. And…I could see a benefit of having more staff members to help with the community outreach [to] get them [the community] more involved.

Turnover

Grantees experienced some turnover in staff and volunteers within their projects. Staff turnover typically occurred at the beginning of the projects and most issues were resolved by the time of the interviews. Volunteer turnover was viewed as a normal occurrence. Grantees compensated for this loss by recruiting from a consistent volunteer base (*e.g.*, a nearby university) and conducting regular volunteer trainings.

Financial Resources

Grantees reported that MFH funding was adequate to implement their projects. It enabled them to build capacity and reach their target populations. MFH was credited with bringing obesity prevention programming to individuals and communities that otherwise would not have the opportunity to participate in healthy lifestyle activities.

> When anybody across the nation wants to know what to do in rural schools… they are calling Missouri. They are looking to us as leaders. We got an early start because of the Missouri Foundation for Health.

"We got an early start because of the Missouri Foundation for Health."

In addition to MFH, grantees had a number of other funding sources for their MPB projects. From December 2007 to September 2009 grantees received a total of $833,422 from non-MFH sources, including:

➤ Other grants and contracts;

➤ Partner donations; and

➤ Fundraising events.

Grantees also reported funding sources such as fee-for-service activities and membership dues, which supported their projects on an on-going basis.

When specific challenges with funding were reported, they were mainly related to budget shortfalls for staffing and project supplies. To overcome these shortfalls, grantees:

➤ Utilized volunteer labor;

➤ Leveraged partners for financial and in-kind support;

➤ Downsized project activities; and

➤ Reallocated funds and project supplies.

At times, the stability of funding was a challenge for grantees. When funding from non-MFH sources ended, grantees were left with less capacity for their project and organization.

> The [other] grant has ended…which is causing us a little bit of stress. On some areas that maybe the MFH dollars didn't cover, the [other grant] dollars did cover, allowing us to do these big events that got us media attention and got us so much more participation. Without those dollars, it's logistically a little more difficult to figure out how to go about doing different events.

Grantees also experienced challenges meeting the demand for additional programming and services beyond their original objectives. For example, there were schools and organizations who were interested in participating in projects, but grantees were unable to meet these requests due to limited financial resources. In addition, they had difficulty expanding beyond their original project plan to initiate new activities such as advocacy.

> The scope of the projects can be somewhat limited based on how much money is coming in the door…We don't have a lot of unrestricted money that we can dedicate to [advocacy], which is frustrating because we really want to be doing advocacy work.

Leadership

Leadership has been recognized as an influential factor in effectively implementing social and health programs.[5,6,7,8] Among all grantees, there was a definite understanding that their leaders have a considerable impact on the quality and efficiency of project implementation. In general, grantees felt their organization's leadership enhanced staff capacity to carry out project activities. Leaders facilitated staff capacity to implement activities by:

➤ Maintaining focus on the organization's vision and mission;

➤ Accepting ideas and input from staff;

➤ Developing external partnerships; and

➤ Communicating with all staff clearly and frequently.

Communication styles especially emerged as an important leadership ability. Communication challenges were a common concern among grantees that expressed dissatisfaction with the quality of leadership within their organization. Grantees reported that their leadership was unclear and infrequent in communication with staff, which left them less informed and made it difficult to coordinate all project activities.

" If we don't have open communication, if [it's] not detailed in expectations, then it will hurt what you want to accomplish."

> The communication [from leadership] is pretty good. Information gets down "the chain". They [leaders] give us the knowledge we need to be successful in the program. The leadership knows how important communication is. If we don't have open communication, if [it's] not detailed in expectations, then it will hurt what you want to accomplish.

Grantees also described ways their leaders demonstrated dedication to the project and overall buy-in to obesity prevention. Grantees observed their organizational leaders:

➤ Actively participating in project activities;

➤ Developing resources necessary to implement activities; and

➤ Planning for sustainability of project activities.

There were grantees that expressed concern over their leaders' lack of buy-in to the MPB project. They voiced concerns about leaders prioritizing the organization's outward appearance above the project itself.

Partnerships

Who were the MPB partners and how did they contribute to the projects?

The MPB strategy recognizes the importance of partners in contributing to successful project implementation and sustainability of efforts. Multi-sectoral partnerships bring valuable resources and expertise to community-based efforts.

Partnerships were critical to the success of MPB projects. Grantees relied heavily on partnerships to implement, promote and support their projects. Partners provided valuable resources that increased the capacity of projects.

> We've kind of adopted "our partnerships are our strength." And I think that's really, really true. If we didn't have all the partners we've had, we wouldn't have reached as many people; we wouldn't have all the extra resources that we could have…

Partner Types

As a whole, grantees mainly established partnerships with traditional types of partners (*e.g.*, schools, nonprofit organizations, community members). There were, however, grantees who established non-traditional partnerships with individuals and organizations, such as:

➤ Policymakers;

➤ Corporations;

➤ Local, for-profit business; and

➤ Design practitioners (*e.g.*, architects, urban planners).

Policymakers were influential in several aspects of grantees' project implementation. Not all grantees had relationships with policymakers. Those that did partner with policymakers reported a variety of contributions made to their projects. These partnerships provided grantees with greater access to resources and led to increased recognition of projects within the community. Policymakers'

Partner Types

The following individuals and organizations were identified by grantees as important partners:

➤ Project implementation sites (*e.g.*, schools, community centers, workplaces)

➤ Coalitions and task forces

➤ Institutions of higher education

➤ Nonprofit organizations

➤ For-profit businesses and corporations

➤ Policymakers (*e.g.*, school board, mayor, county commission)

➤ Health departments and health care providers

➤ Faith-based organizations

contributions to the projects are detailed throughout the remainder of this section.

Partner Contributions

Financial and In-Kind Resources

Financial support from partners came mostly in the form of one-time donations or in-kind goods. The most common in-kind resource grantees received from partners was staff time. This, along with connections to volunteer resources, increased grantees' capacity to implement their projects.

Corporations, local businesses, foundations, and community organizations were reported as sources of financial support for grantee projects. One grantee established a partnership that finances a portion of their MPB activities on an on-going basis, but this was not typical for other grantees. Policymakers had a key role in obtaining financial and physical resources (*e.g.*, land, materials) for built environment activities.

Expertise and Skills

Partners contributed valuable knowledge and experience, especially in the areas of nutrition, physical activity, and evaluation. Universities provided expertise for the development of projects and evaluation. Partners also provided training and technical assistance to grantees.

> We don't have a nutritionist on this staff. We don't have those jobs in this staff, but we found the expertise with the…University of Missouri Extension.

Project Sites and Participants

Partnerships with schools provided implementation sites for grantees targeting children. Implementing projects in schools required buy-in from individuals at several levels of the organization (*i.e.*, superintendent, school administration, teachers, and parents). In addition to the youth participants for their projects, schools provided grantees with a connection to the community at-large.

Other organizations such as local businesses and health departments also provided venues for project activities (*e.g.*, worksite wellness programs, exercise classes). They assisted projects with participant recruitment and project promotion.

Partner Expertise and Skill Areas

The following partners' skills and expertise were identified as key contributions to the MPB projects:

- ➤ Knowledge of nutrition or dietetics
- ➤ Development and implementation of nutrition education curriculum
- ➤ Policy development
- ➤ Construction of walking trails and gardens
- ➤ Health screenings
- ➤ Graphic design
- ➤ Professional development and training (topics: nutrition, media production, parental involvement, wellness policy)

[They've] been a huge [partner] in our program. They had a network of [participants] in place…that we were able to access easily at no cost. They supported our program internally in their communications, in their class books, on their website.

Influence and Credibility

Grantees partnered with community members to plan and implement their projects. Some project models involved the creation of coalitions or task forces with a core group of community members. These partners were often involved in decision-making that shaped the project's activities. Working with groups of community members enhanced project buy-in within the overall community.

[The communities] got to decide what they needed. And that, more than anything else, probably just encouraged them to actively participate. It wasn't us telling them what they needed. It was them getting to decide what was best for them.

Grantees also teamed up with other individuals and organizations (*e.g.*, nonprofits and universities) who were already implementing nutrition education or physical activity projects. Partnerships with community-based nonprofit organizations and universities increased human resources and added credibility to the projects. Grantees utilized their partners' connections to access a greater portion of their target population. Grantees felt that joining forces with other organizations was the best use of resources since it avoided duplication of services.

For us to have gone in and duplicated…what they already do would have been ridiculous. So [partnering] with them and [helping] them to do their program better…has just been a great partnership.

Policymakers also increased community recognition of MPB projects through endorsements and participation in events. They added credibility to the projects, and for some grantees also provided political influence.

Well, with anything in the city…you pretty much have to have political support for things. So getting a letter of support from the alderwoman for the permits and all the other stuff…It's just one of the requirements that you have to have.

There were grantees who partnered with policymakers in an effort to adopt policies supporting healthy eating and physical activity. Bringing a policymaker to the table facilitated those grantees' advocacy and policy efforts.

It's key that they've [policymakers] bought in and they understand it, and they think it's a valuable thing for the community. Then they attend meetings and participate, which says a lot to have the city manager from your town or your alder people coming in and attending the meetings, and really they have invested in its success.

"[The communities] got to decide what they needed. And that, more than anything else, probably encouraged them to participate."

Partnerships between MPB Grantees

Partnerships between MPB grantees were uncommon. Only a few partnerships were established among grantees. The grantees that did form partnerships collaborated by:

➤ Providing programming and education;

➤ Presenting demonstrations during events;

➤ Sharing project information and resources; and

➤ Promoting other MPB projects.

> They [MPB grantee] marketed [our program] through their newsletters, and their websites. Because they have a presence at different locations, they are able to answer questions about the program, since we are not on site all the time. They were kind of like a customer service line for us to their members.

For example, one grantee reported utilizing connections within the MPB strategy to disseminate their project's products, promote their project, and also assist fellow grantees with activities and events. In addition, there were connections made among some grantees because of the overlap in targeted geography and the opportunity to collaborate on outside projects (*e.g.*, Safe Routes to School workshops and Healthy Youth Partnership projects).

Barriers related to developing partnerships among grantees included differences in target populations and uncertainty about which organizations were receiving MPB funding.

Partnership Development

Grantees shared common experiences in successful partnership development. The following strategies were used to develop and maintain partnerships:

➤ Utilizing a liaison between the project and partner organizations;

➤ Connecting with other organizations offering similar services; and

➤ Offering activities and services that were mutually beneficial to partners.

> When we first did it…we had to pay [partners] because we took up some of their time and their resources. And now they're seeing that people want to see the program and they need the programming. [We] no longer have to go and beg…They're seeing us as their resource.

Grantees developed relationships with policymakers through multiple avenues, including:

➤ Participation in their school's Wellness or Health Advisory Councils;

➤ Participation in statewide advocacy organizations; and

➤ Youth advocacy activities.

MPB grantees identified critical partnerships that were missing. Additional partnerships were needed to maintain and increase their project capacity. According to grantees, additional partnerships would contribute to projects by:

"It's key that they've [policymakers] bought into it and understand it, and they think it is a valuable thing for the community."

➤ Providing financial support;

➤ Sharing knowledge and skills;

➤ Increasing project reach by providing implementation sites; and

➤ Increasing their project's visibility through media and brand recognition.

> They [corporation] have their reputations and everybody knows them and so, if they promoted healthy nutrition and physical activity, people might listen. And also they may sponsor us in special events that we might want to do from time to time.

The extent of non-traditional partnerships was limited. Grantees recognized, however, the need to incorporate non-traditional partners to increase their resources and sustainability.

> One of my goals would be to try and get a big local business…[and] partner with them to help promote healthy living. Hopefully they would be able to put money into the program, but also, having [their] name on some of the things that we do, would be great.

Barriers to Partnership Development

The primary barriers to developing additional partnerships were limited time and resources.

> It's a matter of time. Forming a partnership, takes quite a bit of time, between the meetings…going back and forth, clearing it all with the bosses…It takes time, and we're up against the wall as far as hours go.

The organizations with which the grantees attempted to establish partnerships also had limited time. Schools were especially challenging because of their academic testing requirements and need to coordinate numerous other projects. Sometimes schools could not provide grantees with time to conduct their activities.

> Some schools you have a hard time getting into their classroom, because they are so focused on MAP testing and what they have to accomplish in a day, so giving you 30 minutes to go in has been kind of hard.

Other barriers included the lack of a personal connection to other organizations, and difficulty identifying appropriate partners to benefit the project.

> I'm not naïve enough to think that I just could call and all of a sudden Channel Four is our media partner. There has to be some relationship that makes the introduction for us, and right now, we don't have those relationships.

Barriers related to establishing partnerships with policy makers included instability within policymaking bodies, and limitations set by organizational policies regarding advocacy and political involvement.

"Forming a partnership, takes quite a bit of time… and we're up against the wall as far as hours go."

Conclusions

This report describes findings from baseline qualitative data collected from the 2007 and 2008 MPB grantees. Grantees have been implementing obesity prevention programs throughout the state of Missouri, and there are many lessons learned that will be helpful for the future of the H&AC Initiative. Presented below are the key themes from the grantee interviews and corresponding recommendations for the Foundation. Future data collection activities will monitor changes within the MPB strategy. These recommendations are informed solely by the baseline qualitative and quantiative data.

Grantees implemented a variety of activities with a strong focus on:

- ➤ Education and programming;
- ➤ Marketing and dissemination; and
- ➤ Partnership development.

Compared to other types of project activities (*i.e.,* environmental changes, implementing policies), nutrition and physical activity education and program activities were implemented by the largest number of grantees. Grantees used a variety of methods, such as television, radio, print media, and social networking and organizational websites for marketing and disseminating their project results. Partnership development activities were used to leverage resources and assistance in all aspects of project implementation.

Some success achieved in environmental and policy changes.

Although policy and environmental change was not a major emphasis for the MPB strategy, there were a small number of grantees involved in environmental and policy change efforts. Despite the small number, several of the grantees were successful in achieving policy adoption (five policies) and changes to the environment (*e.g.,* conducting farmer's markets, improving access to facilities or equipment). The policy changes reached approximately 4,000 Missourians. These types of efforts have been shown to have the most substantial effects on obesity prevalence.

Recommendations:

- Continue to focus on policy and environmental change strategies in future funding efforts.
- Incorporate advocating for policy change into all programs and strategies.

Grantees need resources to meet the expanding needs of their communities.

Overall, grantees felt their financial and staffing resources were adequate for implementing their projects. They struggled, however, to find additional resources

for expanding their activities to meet the increasing needs of their target populations. Grantees received requests for additional services but because of limited resources were unable to meet   these requests.

Recommendations:

- Provide trainings on how projects can sustain their efforts including how to diversify funding.
- Continue to disseminate new funding opportunities.

Ineffective communication from leadership was a challenge.

While strong organizational leadership was recognized as critical to project success, ineffective communication from their leadership was a concern for many grantees. Open, direct, and frequent communication with staff was identified as the most important characteristic of leadership within the projects. Many grantees experienced challenges related to unclear or infrequent communication from their leadership. Grantees reported that poor communication led to a lack of awareness among staff about their organizations' activities. Grantees also attributed a leader's incompetency in conflict resolution to poor communication.

Recommendation:

- Identify opportunities to provide leadership development trainings for grantees possibly through the Nonprofit Services Center.

Partnerships were key to successful implementation.

Grantees relied heavily on project partners to implement, promote and support their projects. They had a substantial number of traditional partnerships that provided resources, expertise, influence, and access to project sites and participants. These partnerships contributed to successful project implementation.

Expanding partnership networks is important.

Grantees reported that expanding partnership networks would increase the resource base and sustainability of MPB projects. Additional partners could fill in gaps in resources such as additional funding, shared knowledge and skills, and increased project reach and visibility. Grantees recognized that the recruitment of more non-traditional partners, such as policymakers and faith communities, should be a priority. In particular, partnerships with policymakers would facilitate policy and environmental change supporting healthy eating and physical activity. Grantees credited policymakers with providing influence and credibility to project activities.

Recommendations:

- Continue to provide guidance specifically around strategies for successful partnership development, including the identification of non-traditional partners.
- Continue to provide basic and advanced training of how to establish and maintain relationships with policymakers.

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