

Washington University in St. Louis

Washington University Open Scholarship

Center for Public Health Systems Science

Brown School

1-1-2014

2013 Evaluation Report

Center for Public Health Systems Science

Follow this and additional works at: <https://openscholarship.wustl.edu/cphss>

Recommended Citation

Center for Public Health Systems Science, "2013 Evaluation Report" (2014). *Center for Public Health Systems Science*. 74.

<https://openscholarship.wustl.edu/cphss/74>

This Report Tool is brought to you for free and open access by the Brown School at Washington University Open Scholarship. It has been accepted for inclusion in Center for Public Health Systems Science by an authorized administrator of Washington University Open Scholarship. For more information, please contact digital@wumail.wustl.edu.

**HEALTHY & ACTIVE
COMMUNITIES**



MFH
MISSOURI FOUNDATION FOR HEALTH

Healthy & Active Communities 2013 Evaluation Report



KEY FINDINGS TO DATE

About This Report

This report provides a summary of key to date findings for the **Healthy & Active Communities (H&AC) initiative**. This report draws on data collected from 2007-2013 in connection with an external evaluation of three of the four funding approaches of the H&AC initiative (see below for more details on [Model Practice Building](#), [Innovative Funding](#), and [Promising Strategies](#) funding approaches). The design of the evaluation was informed by an initiative-level logic model ([Appendix A](#)), and seeks to answer a set of prioritized evaluation questions using a mixed-methods approach. Evaluation methodology details are found in [Appendix B](#).

The report incorporates interactive elements that allow readers to engage with the findings and explore additional sources or details.

1. Clicking on [underlined maroon text](#) will open a new document/source or link to an appendix or reference.
2. Clicking on a [blue information icon](#) will open a pop-up box with additional information or definition.
3. Clicking on a [green star](#) will open a pop-up box with a H&AC project-specific example/outcome.
4. The headings below and at the top of each page can be clicked on to navigate directly to each section of the report.

In order to access all interactive material, the report should be viewed on a computer using Adobe Reader (which can be downloaded for free at <http://get.adobe.com/reader/>). Linked material and interactive elements will not be accessible when the report is printed.

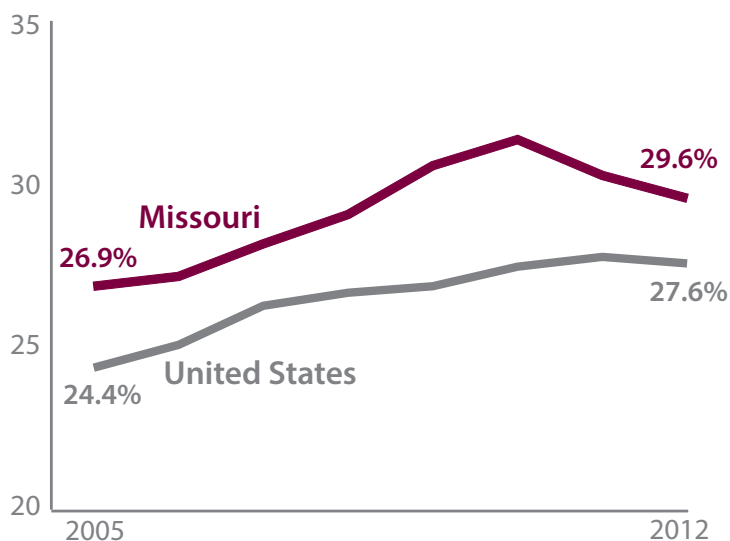
Readers can access other reports related to the H&AC initiative developed by the evaluation team at <http://cphss.wustl.edu/Projects/Pages/HAC-Evaluation-Products.aspx>.

Overview

Missouri Obesity Environment

In the last few decades, the United States has seen a steady increase in the prevalence of obesity. Obesity has been linked to decreased lifespan and leads to significant economic costs to individuals and to states.¹ Several national, regional, and local funding efforts have launched in response to the rising obesity rates. According to the most recent data, **Missouri is the 17th most obese state in the nation.**² Although adult obesity rates are starting to level off, they are still high, signaling a need for a continued focus on obesity prevention in the state.³

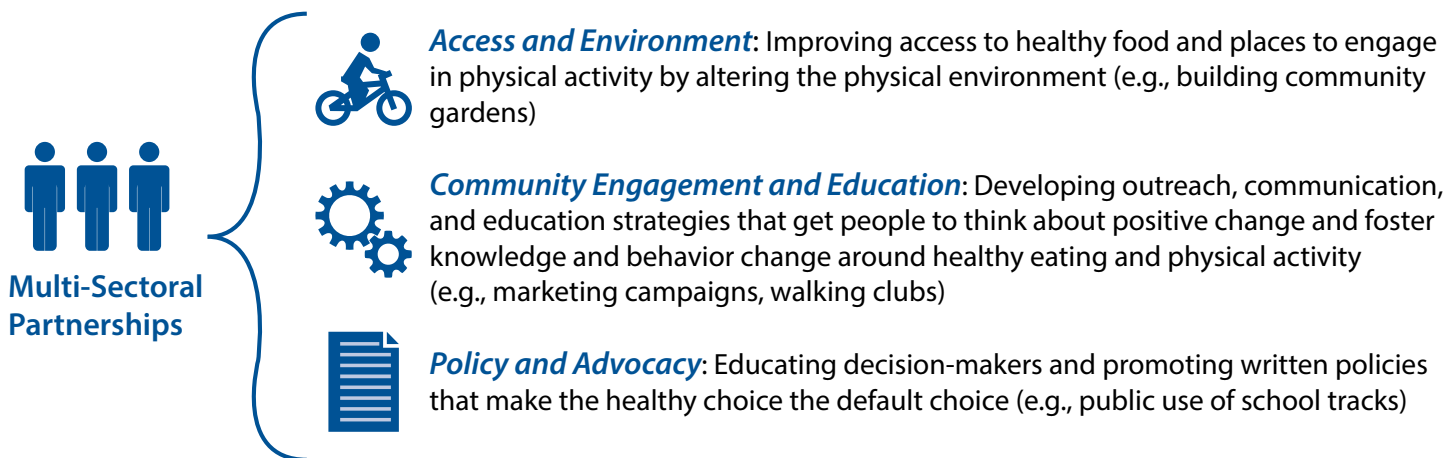
Rate of adult obesity is still high in Missouri* 4



After decades of continued increases in adult obesity rates, Missouri rates have started to level off.

The H&AC Initiative

[Missouri Foundation for Health \(MFH\)](#) established the **Healthy & Active Communities (H&AC)** initiative in 2005 and has invested over \$20 million to support H&AC projects. The initiative-level evaluation began in 2007, therefore data in this report draws on projects implemented from 2007-2013. Since the initiative's inception, MFH has funded projects across Missouri that combat obesity using innovative methods. Projects cultivated multi-sectoral partnerships to help implement and sustain their work across three primary activity categories:



* CDC changed the methodology for measuring obesity rates in states in 2010. [Read more.](#)

Funding approaches of the H&AC initiative

The H&AC initiative has included several funding approaches, Model Practice Building (MPB), Innovative Funding (IF), and Promising Strategies (PS), with primary project activities in each of the funding approaches changing as the evidence around what works for obesity prevention evolved. H&AC projects were typically funded for three years. MPB, IF, and some PS projects have concluded, while other PS projects will continue through the end of 2014.

2007

Model Practice Building (MPB)

2007-2011

Expanded existing H&AC programs through:



Community
Engagement



Access/
Environment

- Projects focused primarily on **community outreach and education activities**. Projects also **increased access to places for healthy living**, with some projects working towards the adoption of healthy living policies.
- Based on recommendations from the Institute of Medicine, MFH provided support aimed at building capacity for internal evaluation, disseminating results, and setting goals around sustaining project efforts.⁵

2008

Innovative Funding (IF)

2008-2011

Implemented strategies to address gaps in access for healthy living through:



Community
Engagement



Access/
Environment

- Projects continued to work on **programming and increasing access** to places for healthy living.
- Emphasis was on trying out more **innovative strategies** (e.g., developing and promoting a skate park) as a means to contribute to the evidence base about promising strategies.

2009

Promising Strategies (PS)

2009-present

Selected strategies from a menu of options, and implemented:



Community
Engagement



Access/
Environment



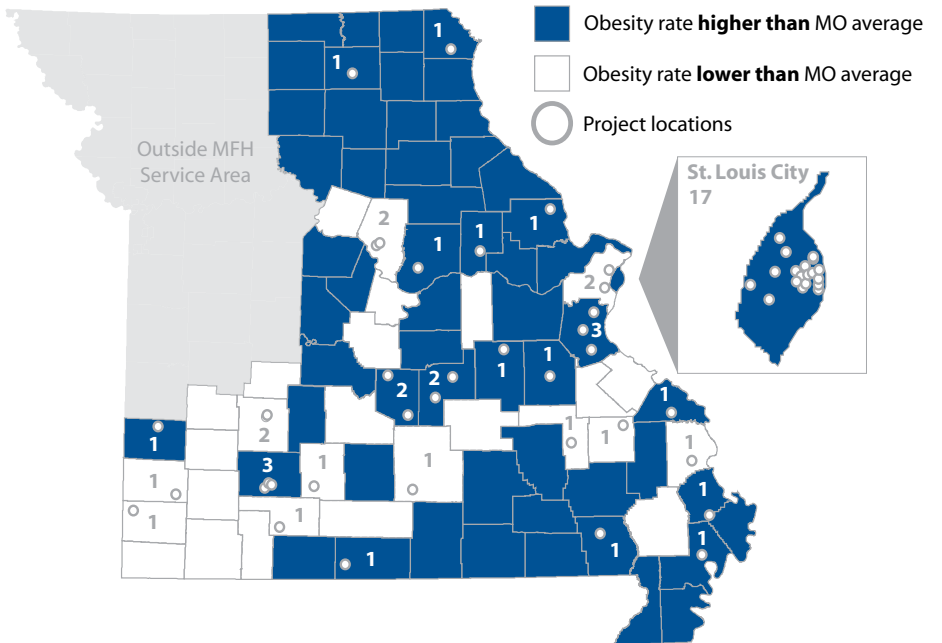
Policy/
Advocacy

- Informed by emerging research suggesting that **programming and education, combined with improved community design/access and public policies** encourages people to eat better and be more active throughout the day.⁶
- Projects were **required** to select at least one promising strategy **from each area**.

Characteristics of H&AC projects

Below is a map of the location of 54 projects that have been implemented since 2007. Also indicated in this map is total number of projects located within each county, and whether each county's adult obesity rate was higher or lower than the Missouri state average in 2007.⁷ Typically, there were one to two projects in any given county, however, St. Louis City had the largest number with 17 projects.

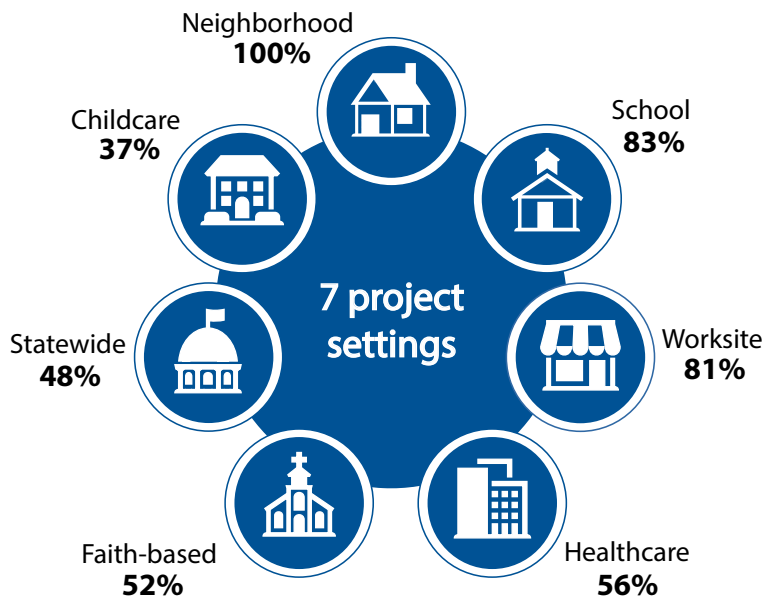
74% of H&AC projects were situated in counties where the adult obesity rate was higher than the Missouri average.



H&AC projects took place in diverse community and organizational settings to carry out physical activity and healthy eating activities, focused primarily on local communities (e.g., neighborhoods, cities). On average, each project implemented projects in five settings.

All H&AC projects implemented activities in neighborhood settings

The majority of projects were situated in urban settings



* Rural vs. Urban classifications were determined using RUCA.⁸

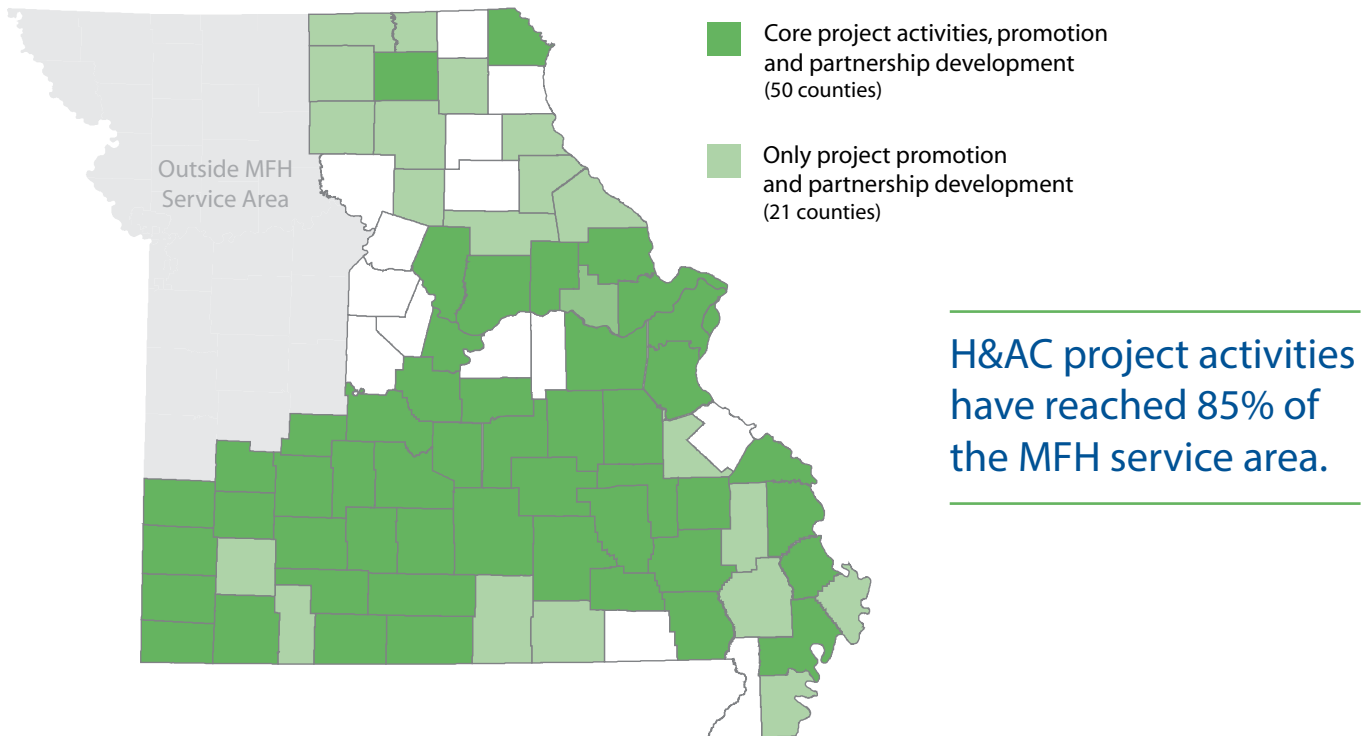
Outcomes & Achievements to Date

Overall H&AC projects promoted healthy and active living in local communities through the implementation of a wide variety of activities that increased opportunities for healthy eating and physical activity. Below is a summary of the key outcomes and achievements of the initiative from 2007-2013, specifically around reach of project activities, partnerships formed, community engagement and education, changing the built environment to improve access to places for healthy living, and policy and advocacy changes. The reader can click on the below icons to navigate to the outcomes for a particular area.

- Reach of Activities
- Partnerships
- Community Engagement & Education
- Improved Access
- Policy & Advocacy Changes

Reach of Activities

Overall, H&AC activities reached **71 out of 84 counties** in the MFH service area. Core project activities, such as direct educational programming, policy adoption, and environment changes, occurred in 50 counties. Project promotion (e.g., marketing, dissemination) and partnership development activities occurred in an additional 21 counties.



Partnerships

MFH emphasized the importance of cultivating partnerships throughout the initiative. Partners were integral to the success of projects, often leading activities, providing access to a target population, and promoting projects. Additionally, as part of the PS funding approach, MFH required projects to establish memorandums of understanding (MOUs) with partners as a means to formalize roles and expectations.

Partnerships formed by all projects	1409
Average number of partners per project	26
Typical number of types of partners engaged per project	6

H&AC projects relied heavily on **partnerships across a wide array of sectors** to support project activities. **Projects with a more diverse set of partners reported higher capacity for garnering support for their projects**, both within their organization and among community members.

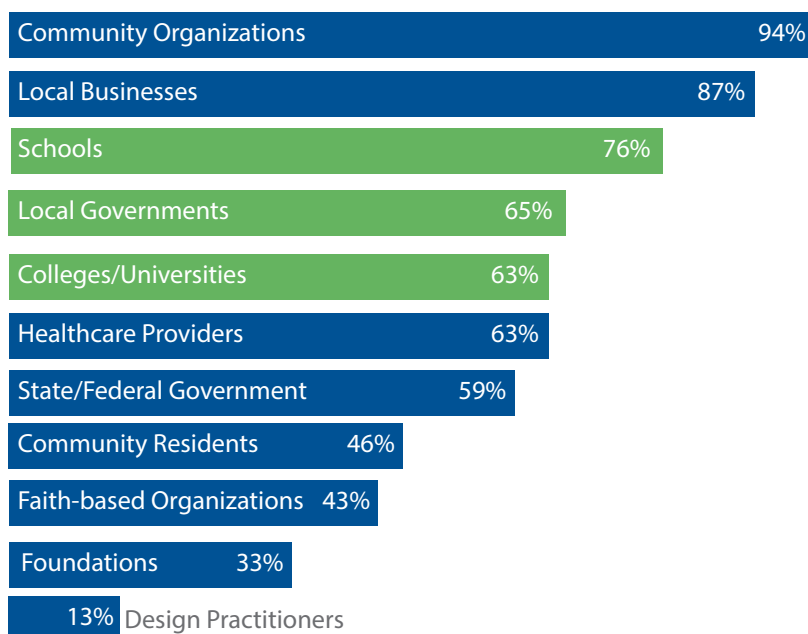
Multi-sectoral partnerships:

- Contributed to **project success and sustainability**
- Cultivated **political and community support**
- Were **expected to continue** beyond H&AC funding

Not only did H&AC projects rely on a diverse set of partners, but they also relied on partners to provide a variety of contributions. **On average, each project relied on partners to contribute six unique types of contributions.** For example, a majority of projects relied on partners to provide people's time, space, or materials to implement activities, market the program, collect or analyze evaluation data, or educate decision-makers about the importance of adopting healthy living policies.

Nearly all H&AC projects partnered with at least one community organization

One-third of H&AC projects partnered with foundations (other than MFH)



Schools, local governments, and colleges/universities were identified most often by program staff as critical types of partners to engage.



Community Engagement & Education

H&AC projects implemented various activities to educate and engage community members. This was typically achieved through education (e.g., nutrition curricula, cooking demonstrations), healthy living opportunities (e.g., walking groups, taste testing), and community outreach.



Education programs

80%

of projects provided education programs

488,942

exposures to educational programs*

“ We implement programs and outreach activities to *engage the community*, to get people to *be more physically active*, or to *eat more healthy foods*. ”



Healthy living opportunities

91%

of projects provided healthy living opportunities

385,366

exposures to healthy living opportunities*

“ It was kind of nice to know...that many people would love the bike lanes, and getting out with their family and walking and...the like. ”



Community outreach

Nearly all projects (98%) conducted at least one type of community outreach activity, however, **nearly half of projects (43%) utilized three different community outreach strategies:** project promotion (e.g., flyers), mass media (e.g., social media, radio), and sharing project results (e.g., presentations).

Approximate potential exposures*

11.3 million

27.7 million

4.0 million

Percent of projects through:

Project Promotion

93%

Mass Media

70%

Sharing Project Results

65%

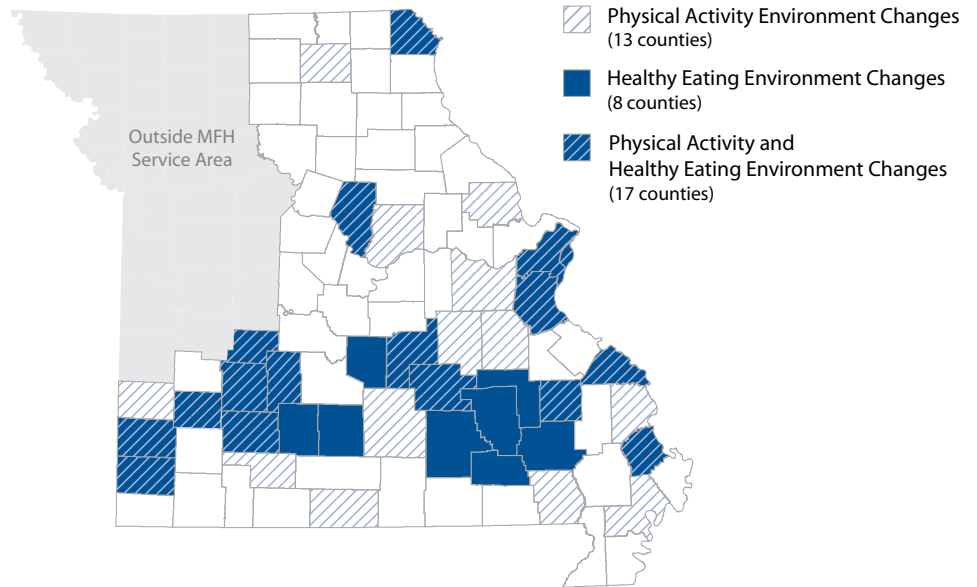
* Exposure numbers represent the potential number of “hits” a message may have had (i.e., an individual may have heard the message more than once). Therefore, the actual number of individuals reached for each activity is unknown.



Improved Access to Places for Healthy & Active Living

Increasing access to places for healthy and active living has been linked with increased consumption of fruits and vegetables and increased levels of physical activity.⁹⁻¹⁰ **Eighty-nine percent of H&AC projects implemented a physical environment change**, with a larger proportion of projects (65%) improving access to places in Missouri to be physically active (e.g., built or improved trails), than places for healthy eating (56%).

Projects improved access to physical activity or healthy eating opportunities in nearly half of the MFH service area.



Built environment changes were consistently noted as a **successful project component**.



Built environment changes **helped expand projects** by raising awareness, reaching additional populations outside original target populations, and leading to additional community efforts.



Projects **relied heavily on volunteers and partners** to implement and maintain built environment changes.



Local governments, in particular, contributed to implementation of environment changes.



Built environment changes were reported as one of the **most sustainable aspects** of projects.



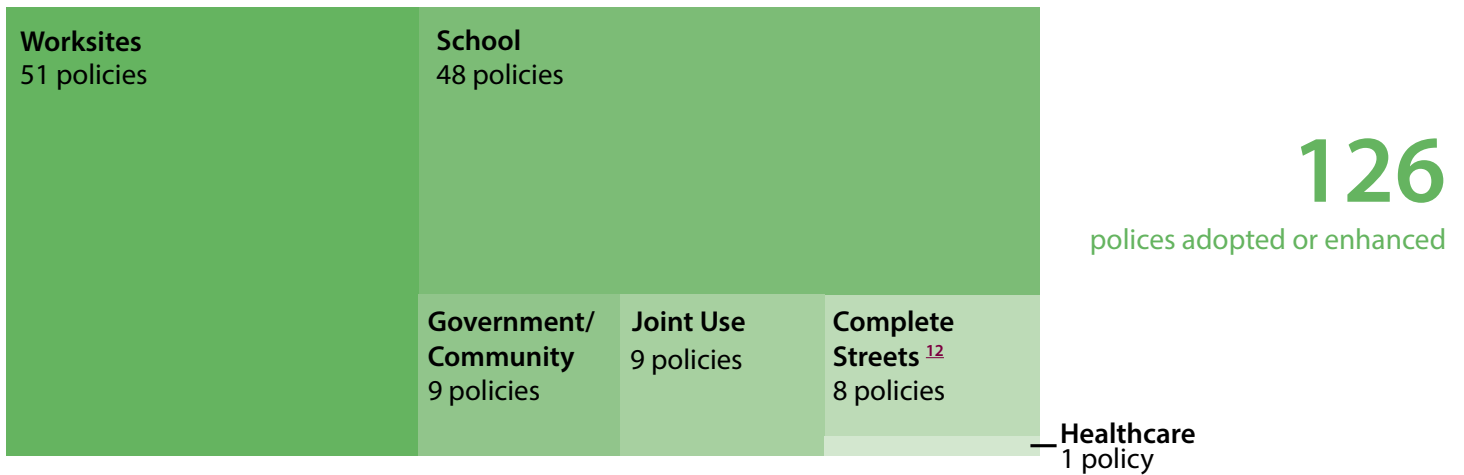
Most projects planned for either their organization or a partner organization to **absorb the costs** associated with the maintenance of environment changes.



Policy & Advocacy Changes

Implementation of policies that promote healthy and active lifestyles has the potential to impact communities on a larger scale and has more permanent effects than other funding-dependent interventions.¹¹ From 2007 through 2013, H&AC projects **adopted 126 local level policies** to improve opportunities for healthy and active living in their communities (Appendix C). **Projects were more likely to adopt or enhance a policy if they had an objective to do so**, suggesting that intentional goal setting helps to support the adoption of healthy living policies.

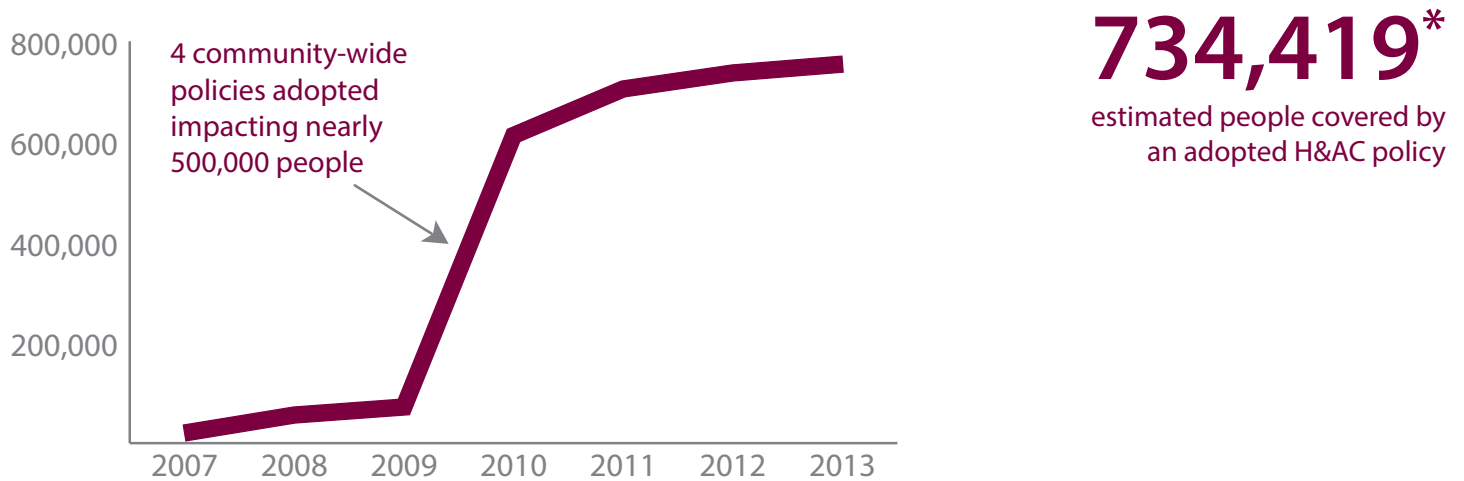
Worksite and school policies account for 79% of adopted H&AC policies



Reach of adopted policies

The greatest number of people reached by H&AC policies were affected by **Complete Streets policies** (over 403,000 people), even though Complete Streets policies only represent 6% of the total adopted policies. **Worksite wellness policies represent the largest proportion of total adopted policies (40%)**, but these policies affected a smaller number of people overall (approximately 2,000 people).

The majority of people covered by H&AC policies were reached by community-wide policies, such as Complete Streets



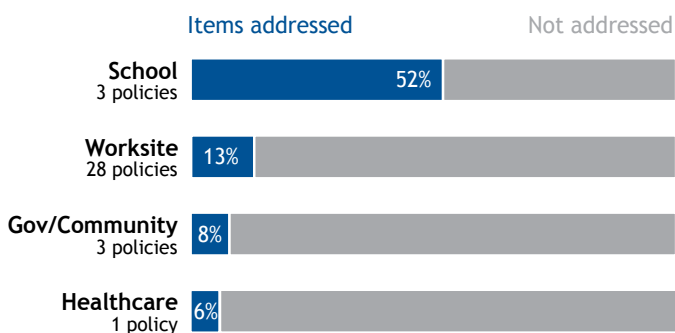
*An estimated 46,000 people could be affected by more than one policy.

Quality of adopted policies

To assess the quality of policies adopted by projects, the evaluation team collected copies of a subset of policies from active projects in 2012, with the largest proportion being worksite wellness policies. As seen below, policies adopted by H&AC projects had **room for improvement with regards to the content** of those policies, including comprehensiveness and strength of language used (e.g., using words such as must or will instead of words like encourage). Please see [H&AC 2012 Evaluation Report](#) for more details.

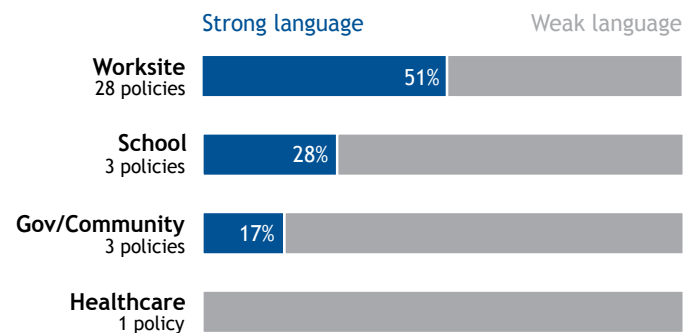
Comprehensiveness of language

School policies addressed the most assessment indicators



Strength of language

Worksite policies used strong language half of the time

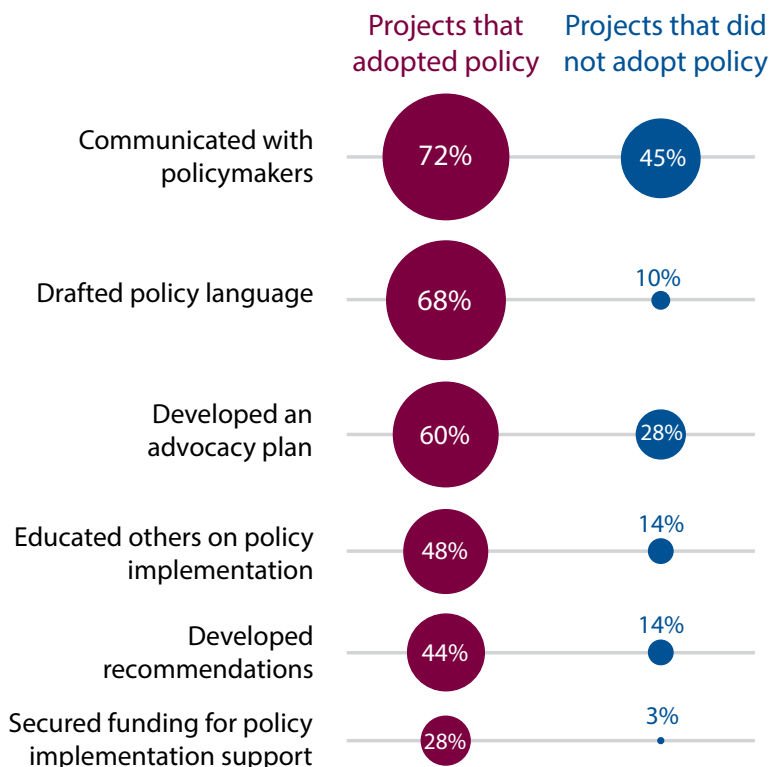


Advocacy activities among projects

In addition to policy work, **78% of all projects conducted advocacy activities**.¹³ Projects that adopted policy were more likely to engage in any advocacy activity, engaging in twice as many activities on average as projects that did not adopt policy. These findings demonstrate that **advocacy was an important step towards policy adoption**. However, project staff often reported challenges in conducting advocacy activities. Projects should be encouraged or required to engage in multiple types of advocacy activities as a strategy to promote policy development and adoption, but may require additional capacity building or partner expertise to complete this type of work.

“You have to have a tremendous number of conversations with a tremendous number of people. You've got to then reach into the community and build the support there.”

Projects that adopted policies engaged in more advocacy activities



Sustainability of H&AC Projects

Capacity for Program Sustainability

Key stakeholders from projects were asked to complete the [Program Sustainability Assessment Tool](#) which is designed to capture information about the capacity for sustainability across eight areas. ¹⁴⁻¹⁵ Below are the average scores for each area across all H&AC projects. Lower scores represent an opportunity for improvement to increase a project's capacity in this area (1= to little extent, 7= to a great extent).

Many structures and processes are in place that increase the likelihood that project components will be sustained



Projects reported the lowest capacity for funding stability and strategic planning, highlighting opportunities for additional support.

On average, completed **H&AC projects* anticipated that 70% of activities would continue after MFH funding ended.** In particular, projects reported that partnerships, built environment changes, and policy changes would continue but in some cases, community engagement and education activities might cease or decrease. It is important to employ multiple strategies to increase the likelihood that activities or efforts continue. **Completed projects indicated that they would employ an average of two sustainability strategies.**

Most common sustainability strategies:

- **Project's funded organization** expected to continue activities
- **Partners** expected to continue activities
- **Secured additional funding** to support continuation or expansion of activities

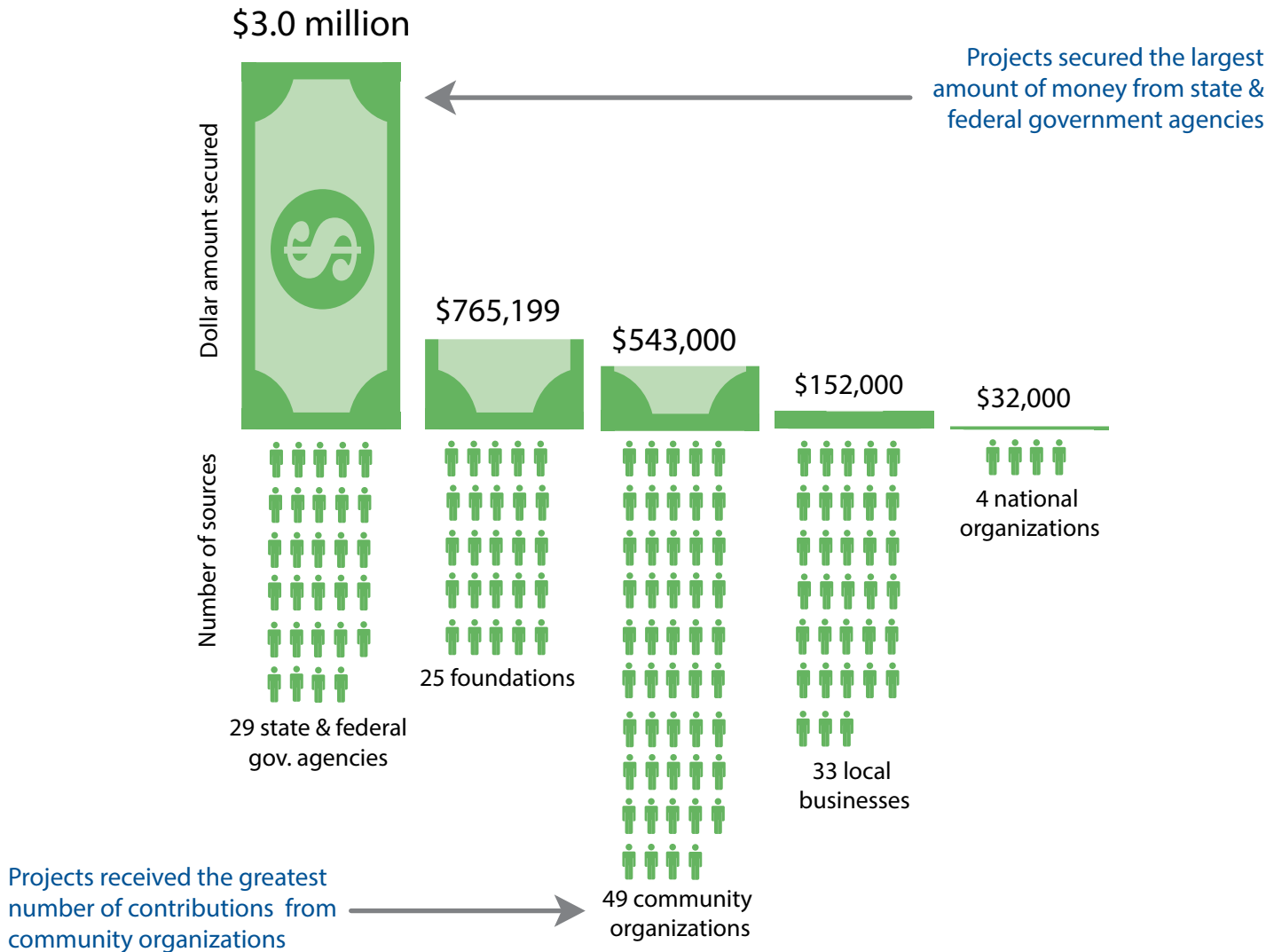
“ [The city government] ...stepping up and saying, yes, we'll maintain these trails is huge ... we know that **they're going to be here for years and years to come.** ”

*The evaluation team received data on the proportion of activities projected to be sustained from 35 of 46 completed projects.

Additional Funds Leveraged

A key element of program sustainability is funding stability. The **majority of projects (57%) secured additional funds** to support H&AC activities. More than two-thirds of the funds leveraged came from state and federal government agencies, yet community organizations and local businesses together accounted for 59% of the number of funding contributions made to H&AC projects.

H&AC projects leveraged \$4.5 million from 140 sources



Increasing projects' capacity to secure state and federal funds through supports like MoCAP is beneficial to Missouri obesity prevention efforts. Furthermore, the **most successful projects were more likely to secure additional funds**. Encourage grant requirements, such as mandating projects to secure matched funds, or similar strategies to promote diverse funding of activities.

Unique Experiences

Projects Situated in Rural Versus Urban Settings

Projects situated in rural (n=22) and urban (n=32) contexts had somewhat unique experiences implementing H&AC projects. **Nearly all rural projects implemented physical activity environment changes and advocacy activities.** Additionally, a larger proportion of rural projects also adopted at least one policy, compared to the proportion of urban projects. **Urban projects, however were more successful at securing additional funds** to support H&AC activities. The context of a project should be considered when identifying the types of support, technical assistance, or capacity-building a project may need.

Rural Projects

Urban Projects

95%

Implemented a Physical Activity Environment Change

56%

When changing the environment for physical activity, both rural and urban projects most often improved access to physical activity equipment. The other most common change was:

- Developed/improved trails

- Designed streets for active transportation

91%

Implemented advocacy activities

69%

Both rural and urban projects communicated with policymakers as their primary advocacy strategy. However, they differed in other types of advocacy activities employed most often:

- Developing an advocacy plan
- Drafting a policy

- Conducting grassroots activities
- Providing community education

59%

Adopted policy

38%

Rural projects passed the majority of policies (104 of 126 policies). Rural and urban projects also adopted different types of policies most often:

- School
- Worksite

- Government/Community
- Complete Streets

45%

Secured at least 1 other funding source

67%

Both rural and urban projects secured additional funds most often from community organizations, however they differed in the next most common funding source:

- Local businesses

- Other foundations

Project Success

The evaluation documented the level of success achieved by each project at the end of their funding cycle and highlighted several highly successful projects as case examples (see [MPB Case Examples](#) and [PS Case Examples](#) for more information). At the time of this report, 46 of the 54 projects included in the evaluation had concluded. Level of success achieved was determined by factors such as partnership diversity, degree to which projects met proposed objectives, capacity for sustainability, and if any positive change in target population was demonstrated. **Ninety-two percent of completed projects were moderately to highly successful.** See [Appendix B](#) for more details on how the level of project success achieved was determined.

Characteristics of highly successful projects

The evaluation team examined the characteristics of the most successful H&AC projects to date. Consider the design of future funding approaches to foster the below characteristics, potentially through grant requirements, training, or other supports.



General

- Valued and fostered **content expertise, communication, and evaluation skills** among staff
- Targeted multiple sources of influence on behavior



Community Engagement

- Implemented **mass media strategies** more often
- Embedded **social support networks in educational activities**



Access/Environment

- Implemented **built environment changes** more often



Policy/Advocacy

- **Adopted or enhanced a policy** twice as often
- Conducted more **diverse set of advocacy activities**



Partnerships

- Engaged nearly twice as many **partners** and a **more diverse set of partners**
- Partnered with **community residents, foundations, and healthcare providers** three times as often



Sustainability

- **Secured additional funds** for project activities twice as often
- Planned to **sustain** project components through **more diverse strategies**

Conclusions

H&AC projects have changed their communities through policies, the built environment, and outreach that increased opportunities to be healthy and active. This report highlights the successes of H&AC projects' obesity prevention efforts from 2007-2013. H&AC efforts, in conjunction with other obesity prevention activities in Missouri, have contributed to changes in local communities. However, obesity rates are still high, thus an opportunity continues to exist to support efforts to improve the health of Missourians. As the remaining H&AC projects come to a close within the next year, the evaluation team will continue to collect and analyze data to examine new and continuing trends.

Providing technical assistance, capacity building opportunities, or setting up funding approaches that support and encourage the characteristics identified of highly successful H&AC projects may contribute to overall project or initiative-level success. While there are a number of successes and challenges highlighted in this report, **key lessons that can inform program design, capacity building opportunities, and grant making efforts in the future are:**

- Provide or foster **individualized capacity-building resources and assistance** to address the diverse needs across project staff.
- Support development of **multi-sectoral partnerships** as these are crucial for project implementation, sustainability, and success.
- Support development, adoption, and implementation of **healthy living policies**, as it is an important and sustainable strategy. However, organizations often lack expertise or knowledge to develop and implement high quality policies and may **require additional support or training**, including how to evaluate the impact of adopted policies.
- Promote development of **multi-faceted sustainability plans**, as these contribute to success and the continuation of efforts. However, projects may need support to develop sustainability action plans, in particular identifying ways to diversify funding and/or effective strategic planning.
- Encourage or require all **project-specific objectives to correspond to intended outcomes** of the overall initiative (e.g., short-term, intermediate outcomes of initiative-level logic model). As seen in [Appendix B](#), a large proportion of project-specific objectives were process related around projects implementing activities, with less emphasis on collecting and reporting data on how such activities affected knowledge and behavior of individuals, organizations, or communities.

References

1. Institute of Medicine (IOM). (2012). *Accelerating progress in obesity prevention: Solving the weight of the nation*. Washington, D.C.: The National Academies Press. Retrieved from http://www.nap.edu/catalog.php?record_id=13275
2. Levi, J., Segal, L. M., Thomas, K., St. Laurent, R., Lang, A., & Rayburn, J. (2013). *F as in fat: How obesity threatens America's future*. Princeton, NJ: Trust for America's Health/Robert Wood Johnson Foundation. Retrieved from <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf407528>
3. Centers for Disease Control and Prevention (CDC). (2012). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, GA: U.S. Department of Human Services, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/brfss/annual_data/annual_2012.html
4. World Health Organization. (2014). *Media centre: Fact sheets*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs311/en/>
5. Institute of Medicine (IOM). *What can foundations do to respond to childhood obesity*. Washington, D.C.: The National Academies Press. Retrieved from http://www.iom.edu/~/media/Files/Report%20Files/2006/Progress-in-Preventing-Childhood-Obesity--How-Do-We-Measure-Up/11722_Foundation_factsheet.pdf
6. Convergence Partnership. (2008). *Promising strategies for creating healthy eating and active living environments*. Prepared by Prevention Institute. Retrieved from http://www.convergencepartnership.org/atf/cf/%7B245A9B44-6DED-4ABD-A392-AE583809E350%7D/CP_Promising%20Strategies_printed.pdf
7. Missouri Department of Health & Senior Services. (2011). *Data and statistical reports: Missouri county-level study*. Retrieved from <http://health.mo.gov/data/cls/data.php>
8. Economic Research Service, U.S. Department of Agriculture. (2012, July 5). *Rural-urban commuting codes*. Retrieved from <http://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx#.U2pkbvldXms>
9. Draper, C., & Freedman, D. (2010). Review and analysis of the benefits, purposes, and motivations associated with community gardening in the United States. *Journal of Community Practice*, 18, 458-492.
10. Rails-to-Rails Conservancy. (2008). *Active transportation for America: The case for increased federal investment in bicycling and walking*. Washington, D.C.: Rails-to-Rails Conservancy.
11. Brownson, R. C., Haire-Joshu, D., & Luke, D. (2006). Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic diseases. *Annual Review of Public Health*, 27, 341-370.
12. Smart Growth America. (2010). *National Complete Streets Coalition*. Retrieved from <http://www.smartgrowthamerica.org/complete-streets>
13. Merriam-Webster, Incorporated. (2014). *Dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/advocacy>
14. Luke, D. A., Calhoun, A., Robichaux, C. B., Elliott, M. B., & Moreland-Russell, S. (2014). The Program Sustainability Assessment Tool: A new instrument for public health programs. *Preventing Chronic Disease*, 11, 130184.
15. Washington University in St. Louis. (2012). *Program Sustainability Assessment Tool v1*. St. Louis, MO: Washington University in St. Louis. Retrieved from <https://sustaintool.org/>

Acknowledgements

We would like to acknowledge the contributions of our project team:

Stephanie Andersen
Rachel Barth
Cheryl Kelly
Nikole Lobb Dougherty
Tanya Montgomery
Sarah Moreland-Russell
Chris Robichaux

We would like to extend our sincere appreciation and thanks to H&AC project staff for their participation in the evaluation of the Healthy & Active Communities initiative.

For more information, please contact:

Nikole Lobb Dougherty, MA
Evaluation Coordinator
Center for Public Health Systems Science
at the Brown School
Washington University in St. Louis
700 Rosedale Avenue, Campus Box 1009
St. Louis, MO 63112
(314) 935-3741
nlobbdougherty@wustl.edu
www.cphss.org

Amy Stringer Hessel, MSW
Program Director
Missouri Foundation for Health
415 South 18th Street, Suite 400
St. Louis, MO 63103
(314) 345-5540
astringerhessel@mffh.org
www.mffh.org



Center for Public Health
Systems Science

GEORGE WARREN BROWN
SCHOOL OF SOCIAL WORK

Funding provided by



Washington University in St. Louis



University of Colorado
Colorado Springs

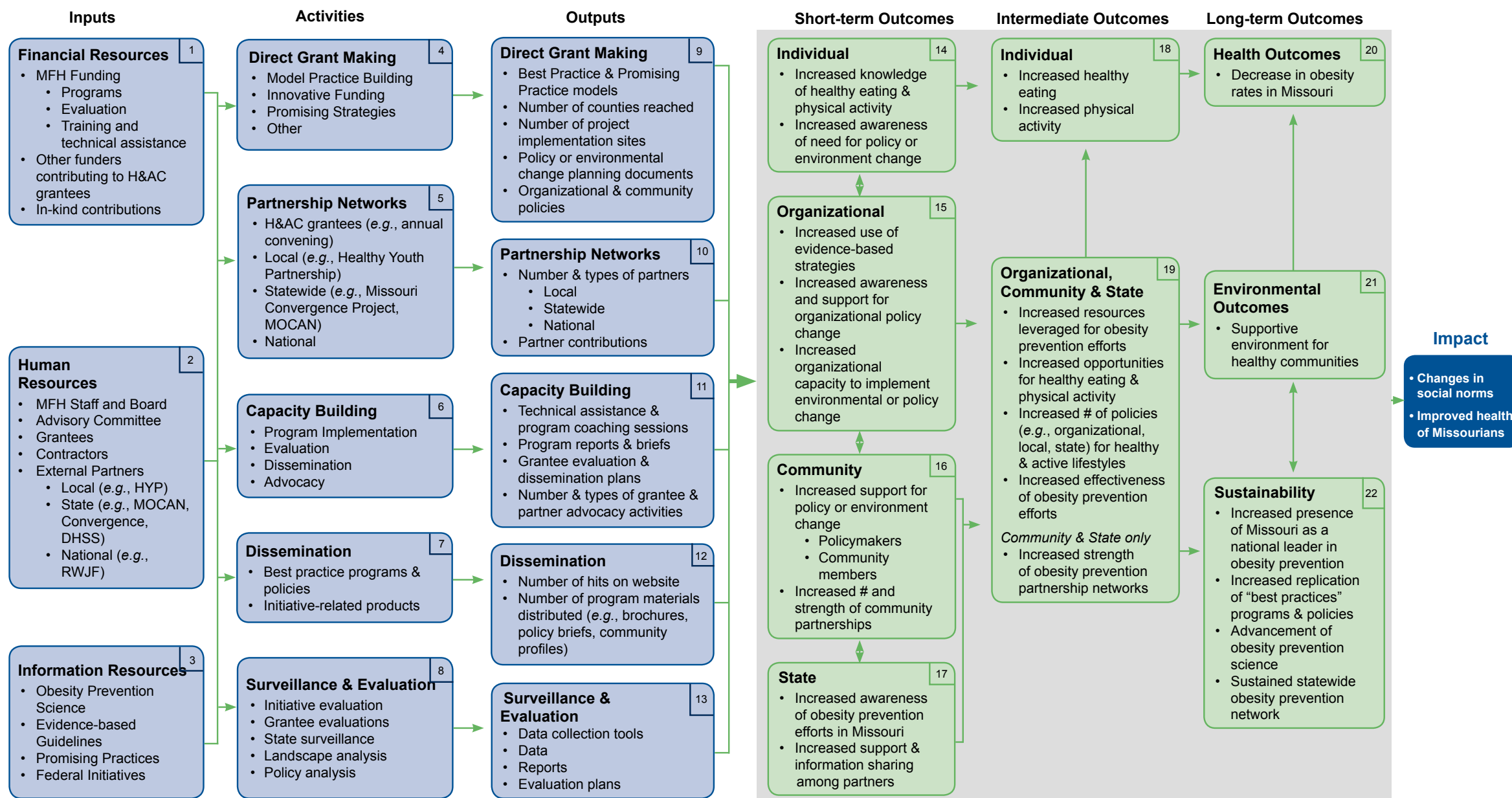
Appendices

Appendix A: *H&AC Initiative Evaluation Logic Model*

Appendix B: *Evaluation Methods*

Appendix C: *Inventory of H&AC Adopted Policies*

Appendix A: Healthy & Active Communities (H&AC) Initiative Evaluation Logic Model



Environmental Influences: Food industry; Federal Initiatives (e.g., Let's Move Campaign)

Appendix B: Evaluation Methods

The evaluation of the H&AC initiative employs a mixed methods approach to answer a set of evaluation questions. Below are the key data sources utilized to answer each evaluation question. Originally, the evaluation plan also included analyses of County-Level Study data to help answer evaluation question four, however, per MFH's request, this source was removed in 2012.

Evaluation Question	HAPPE	Project Staff Interviews	Program Sustainability	Policy Assessment	Objective Reporting
1. What was the reach of the H&AC initiative grantees?	●				
2. How have communities changed because of the H&AC initiative, with regards to:					
Policies	●				
Built environment changes	●	●			
Partnerships	●	●			
3. To what extent do H&AC communities have structures and processes in place to increase the likelihood of sustaining obesity prevention efforts?	●	●	●	●	
4. What changes in public health outcomes* occurred over the course of the H&AC initiative?					●

* Data from objective reporting can only be used to show individual-level behavior or attitude/knowledge change for subgroups of populations that projects target.

Healthy & Active Programs and Policies Evaluation System (HAPPE)

The HAPPE system is an online monitoring system where project staff enter information about project activities on a monthly and quarterly basis. Information is collected about physical activity and nutrition education activities, policy and advocacy activities, changes to the environment, and partnership development activities. Data are aggregated across all H&AC projects. Prior to the launch of HAPPE in September 2009, the evaluation team collected these data through a retrospective survey. To learn more about specific indicators that are collected in the HAPPE system, please refer to the [HAPPE manual](#).

Key Informant Interviews

One to two project staff were interviewed towards the beginning and end of their funding cycle. Interviews were approximately 60 minutes and conducted in person, covering questions about project implementation, partnerships and collaborations, and sustainability. Interviews were transcribed and coded for thematic analysis using NVivo software.

Program Sustainability Assessment Tool

To measure projects' sustainability efforts, the evaluation team administered the [Program Sustainability Assessment Tool](#) near the beginning and end of their funding cycle. The tool is a 40 item self-assessment that program staff and other key stakeholders can take to evaluate the sustainability capacity of a program. The assessment includes multiple choice questions where stakeholders rate their program across eight sustainability components. The tool was administered online to key program staff and leadership for each project (typically two to four persons per grant). The data were first collected in 2010 and each year thereafter. Results across all projects and administrations were aggregated to produce overall scores for each of the sustainability components.

Policy Assessment

The evaluation team collected copies of policies from active projects in 2012, and conducted a one-time assessment of the quality of policies adopted by projects. The evaluation team collected and **assessed 44 of 126 policies adopted** by all H&AC projects, with the largest proportion being worksite wellness policies (n=28).

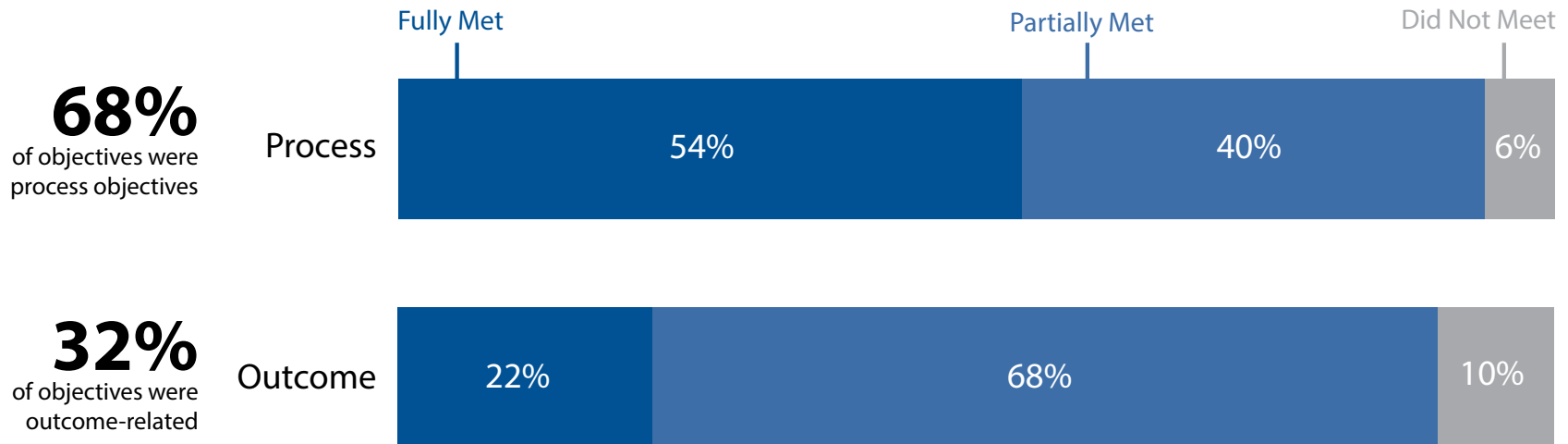
The team modified existing policy assessment tools, such as [PolicyLift](#) and the [National Complete Streets Coalition tool](#) to examine the quality of written policy language. PolicyLift is a ready-made tool for assessing the language of obesity prevention policies and includes a slightly different set of items to be assessed for different policy environments (e.g., worksite, school, healthcare). The assessment items are based on best practices for obesity prevention policies targeting that specific environment.

The tools assess written policy language for **comprehensiveness**, or the percentage of total assessment items included in the policy, and **strength**, or the percentage of assessment items included in the policy with strong language. Strong language is specific and enforceable, clearly stating all required components and using words such as "will" or "require" instead of weaker language such as "may" or "encourage." For example, this language from a worksite policy is considered strong because it is specific and enforceable: "The company *will* provide healthy food *and* beverage items at *all* company sponsored meetings/events."

Objective Reporting Assessment

Each project was required to identify key objectives at the start of their funding period and report biannually on progress towards meeting those objectives. As projects came to a close, the evaluation team looked at final reports submitted to MFH to determine the degree to which each project met their intended objectives. The 314 objectives from completed projects were classified as process (n=68%) or outcome-related (32%). **Process objectives** describe a **task or activity** that will be completed, such as build a trail, and **outcome-related objectives** include a component that specifies a positive **change that is expected** to occur, such as behavior or knowledge change.

Each objective was classified as fully met, partially met, or not met, based on the evidence reported. An objective was considered partially met if it was a multi-component objective and not all components were met, or if the intended amount of change (e.g., 30% increase in trail usage) was not achieved, but some progress towards the objective was demonstrated (e.g., only 20% increase in trail usage reported). The evaluation team then determined the proportion of objectives typically met across all projects (see below). This informed one of the criteria used to assign the overall level of success achieved by completed projects.



Producing Success Ratings

The degree to which projects met objectives is one indicator that demonstrates project success. However, there are other indicators that demonstrate levels of success. In August 2012, MFH staff and the evaluation team jointly identified and prioritized indicators of success, and the evaluation team assessed each completed project (n=46) for the level of success achieved. Overall, **35% of projects were highly successful**, 57% were moderately successful, and 9% achieved a low level of success.

Success Criteria	Proportion of projects that met each criteria	Success level
MPB/IF (23 projects)		
➤ The project demonstrated positive change to any degree.	70%	High = 3 criteria met
➤ The project had a more diverse set of partnerships than was typical.	57%	Moderate = 1-2 criteria
➤ The project met a higher proportion of objectives than was typical.	52%	Low = 0 criteria
PS (23 projects)		
➤ The project demonstrated positive change to any degree.	83%	High = 4-5 criteria met
➤ The project had a more diverse set of partnerships than was typical.	65%	Moderate = 2-3 criteria
➤ The project met a higher proportion of objectives than was typical.	61%	Low = 0-1 criteria
➤ The project led to other obesity prevention projects or efforts (e.g., other policies or built environment changes outside of H&AC project activities).	61%	
➤ The majority of activities would likely be sustained beyond MFH funding.	52%	

Appendix C: Inventory of Adopted H&AC Policies

Project Name	Policy Description	Year Adopted
Complete Streets Policies		
City of Cape Girardeau	City of Cape Girardeau Complete Streets	2011
City of Elsberry	Elsberry Complete Streets	2010
Jefferson County Health Dept (Get Moving Festus)	City of Festus Complete Streets	2010
	Crystal City Complete Streets	2010
Trailnet, Inc.	De Soto Complete Streets	2008
	Ferguson Complete Streets	2008
	St. Louis City Complete Streets	2010
	Vinita Park Complete Streets	2012
Government/Community Policies		
City of Ferguson	City of Ferguson Walkable/Bikeable Master Plan	2011
	City of Ferguson Bicycle Ordinance	2012
	City of Ferguson Form-based Zoning	2013
	City of Ferguson Internal Policy for Building Bike/Pedestrian Facilities	2013
	Preventing Harassment of All Roadway Users (including pedestrian and cyclists)	2013
Gateway Greening	Water Access for Community Gardens Program with City of St. Louis	2012
Missouri Baptist Hospital - Sullivan	St. Matthew Lutheran Church Board of Human Care Wellness Policy	2012
Springfield Urban Agriculture Coalition	Hoop House Guidelines	2010
	Urban Garden Zoning Amendment	2010

Project Name	Policy Description	Year Adopted
Healthcare Policies		
Freeman Health System	Locally Grown Food Purchasing Policy	2011
Joint Use Policies		
Barton County Memorial Hospital	Golden City School Joint Use Agreement	2010
	Lamar Schools Joint Use Agreement	2010
	Liberal Schools Joint Use Agreement	2010
Lutie R-VI School	Lutie R-VI School and First Home Savings and Loans Bank Joint Use Agreement	2010
	Lutie R-VI School and Century Bank Joint Use Agreement	2010
Missouri Baptist Hospital - Sullivan	Temple Baptist Church Joint Use Agreement	2012
Polk County Health Center	Fair Play School Joint Use Agreement	2009
	Hickory County R-I School Joint Use Agreement	2009
	Wheatland R-II School District Joint Use Agreement	2009
School Policies		
America SCORES St. Louis	SCORES included in St. Louis Public Schools Wellness Policy	2010
Lutie R-VI School	Lutie R-VI School District Physical Activity and Nutrition Wellness Policy	2010
Mark Twain Forest Regional Health Alliance	Arcadia Valley R-II School Wellness Policy	2008
	Belleview R-III School Wellness Policy	2008
	Bunker R-III School Wellness Policy	2008
	Centerville R-I School Wellness Policy	2008
	Clearwater R-I School Wellness Policy	2008
	East Carter County R-II School Wellness Policy	2008

Project Name	Policy Description	Year Adopted
School Policies		
Mark Twain Forest Regional Health Alliance (continued)	Eminence R-I School Wellness Policy	2008
	Greenville R-II School Wellness Policy	2008
	Iron County C-4 School Wellness Policy	2008
	Lesterville R-IV School Wellness Policy	2008
	Southern Reynolds County R-II School Wellness Policy	2008
	South Iron County R-I School Wellness Policy	2008
	Van Buren R-I School Wellness Policy	2008
	Winona R-III School Wellness Policy	2008
Missouri Baptist Hospital - Sullivan	St. Anthony of Padua School Improvement Plan Wellness Amendment	2012
Montgomery County R-II Schools	Montgomery County R-II School District Wellness Policy	2008
New Madrid County Health Department	Lilbourn Elementary School Policy on Healthy Eating Environment	2009
	Lilbourn Elementary School Policy on Physical Activity Opportunities	2009
	Matthews Elementary School Policy on Healthy Eating Environment	2009
	Matthews Elementary School Policy on Physical Activity Opportunities	2009
	New Madrid Elementary School Policy on Healthy Eating Environment	2009
	New Madrid Elementary School Policy on Physical Activity Opportunities	2009
PedNet Coalition	Columbia School District School Bus Scheduling and Routing	2013
	Columbia School District Safe Routes Policy	2013
Polk County Health Center	Bolivar School Wellness Policy	2009
	Fair Play School Wellness Policy	2009
	Halfway School Wellness Policy	2009

Project Name	Policy Description	Year Adopted
School Policies		
Polk County Health Center (continued)	OACAC Head Start Wellness Policy	2009
	Pleasant Hope School Wellness Policy	2009
	Dadeville School Wellness Policy	2010
	Dallas County R-I School Wellness Policy	2010
	El Dorado Springs School Wellness Policy	2010
	Everton School Wellness Policy	2010
	Greenfield School Wellness Policy	2010
	Hermitage School Wellness Policy	2010
	Hickory County R-I School Wellness Policy	2010
	Humansville School Wellness Policy	2010
	Lockwood School Wellness Policy	2010
	Marion C. Early School Wellness Policy	2010
	Stockton School Wellness Policy	2010
	Weaubleau School Wellness Policy	2010
	Wheatland School Wellness Policy	2010
	Dallas County R-I School District Wellness Policy	2011
	Humansville R-IV School District Wellness Policy	2012
Pulaski County Health Department	Crocker R-II School Wellness Policy	2011
University of Missouri - St. Louis	Scott County School Wellness Policy	2009

Project Name	Policy Description	Year Adopted
Worksite Policies		
Barton County Memorial Hospital	BCMh Employee Wellness Program	2009
City of Ferguson	City Employee Bike Loan	2011
Community Partnership	Brewer Science Worksite Wellness Policy	2012
	Community Partnership Worksite Wellness Policy	2012
	Dent County Sheltered Workshop Wellness Policy	2013
	Mark Twain Elementary School Staff Wellness Policy	2013
	Truman Elementary School Staff Wellness Policy	2013
	Wyman Elementary School Staff Wellness Policy	2013
Independence Center	Worksite Wellness Policy	2010
Lutie R-VI School	Century Bank of Ozarks Wellness and Physical Activity Policy	2010
	First Home Savings and Loans Bank Wellness and Physical Activity Policy	2010
Mark Twain Forest Regional Health Alliance	Advanced Healthcare Medical Center Employee Wellness Physical Activity Policy	2007
	Carter County Health Center Employee Wellness Physical Activity Policy	2007
	Iron County Health Center Employee Wellness Physical Activity Policy	2007
	Missouri Highlands Healthcare Center Employee Wellness Physical Activity Policy	2007
	Reynolds County Health Center Employee Wellness Physical Activity Policy	2007
	Shannon County Health Center Employee Wellness Physical Activity Policy	2007
	Wayne County Health Center Employee Wellness Physical Activity Policy	2007
	Whole Kids Outreach Employee Wellness Physical Activity Policy	2007

Project Name	Policy Description	Year Adopted
Worksite Policies		
Polk County Health Center	Bank of Urbana Worksite Wellness Policy	2011
	Bill Roberts Chevrolet Worksite Wellness Policy	2011
	Bolivar Area Chamber of Commerce Wellness Policy	2011
	Hickory County Sheriff's Department Wellness Policy	2011
	Hickory County Health Department Wellness Policy	2011
	Medicine Shoppe and Custom Compounding Center Health and Wellness Policy	2011
	Sun Security Bank Wellness Policy	2011
	Applewood Home Health Worksite Wellness Policy	2012
	Bolivar First Assembly of God Church Health and Wellness Policy	2012
	City of Bolivar Worksite Wellness Policy	2012
	City of Pleasant Hope Worksite Wellness Policy	2012
	Dade County Health Department Wellness Policy	2012
	Hickory County Farmers Mutual Insurance Worksite Wellness Policy	2012
	Hickory County Library Worksite Wellness Policy	2012
	Hickory County Social Services Worksite Wellness Policy	2012
	Polk County House of Hope Worksite Wellness Policy	2012
	Southwest Baptist University Residential Director Job Description	2012
	Stepping Stones, Inc. Worksite Wellness Policy	2012
	The Paul Long Agency Worksite Wellness Policy	2012
	U.S. Bank of Humansville Worksite Wellness Policy	2012
	Woods Supermarket Worksite Wellness Policy	2012
	Buffalo Prairie Care Center Worksite Wellness Policy	2013
	Dallas County YMCA Worksite Wellness Policy	2013
	Five Star Supermarket Worksite Wellness Policy	2013

Project Name	Policy Description	Year Adopted
Worksite Policies		
Polk County Health Center (continued)	Friends of Weableau Park Worksite Wellness Policy	2013
	Horses of Hope Worksite Wellness Policy	2013
	Ozark Community Health Center Worksite Wellness Policy	2013
	Weableau School Worksite Wellness Policy	2013
Pulaski County Health Department	Pulaski County Health Department Worksite Wellness Policy	2009
	Bank of Crocker Employee Wellness Policy	2011
Pulaski County Sheltered Workshop	Pulaski County Sheltered Workshop Worksite Wellness Policy	2011
YMCA of Callaway County	Chamber of Commerce Partnership Nursing Home Worksite Wellness Policy	2013

Funding provided by

MFH

MISSOURI FOUNDATION FOR HEALTH

Funding for this project was provided in whole by Missouri Foundation for Health. Missouri Foundation for Health is an independent philanthropic foundation dedicated to improving the health of the uninsured and underserved in our region.