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Healthy & Active Communities Final Evaluation Report

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Healthy & Active Communities

Final Evaluation Report

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Key findings from the H&AC initiative evaluation

Acknowledgements

Center for Public Health
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GEORGE WARREN BROWN
SCHOOL OF SOCIAL WORK

Missouri *Foundation*
for **Health**

Washington University in St. Louis

About This Report

This report provides a summary of findings for the **Healthy & Active Communities (H&AC) initiative**. This report draws on data collected from 2007-2015 in connection with an external evaluation of three of the four funding approaches of the H&AC initiative (continue reading for more details on Model Practice Building, Innovative Funding, and Promising Strategies funding approaches). The design of the evaluation was informed by initiative-level and funding-specific logic models (Appendix A), and sought to answer a set of prioritized evaluation questions using a mixed-methods approach. Evaluation methodology details are found in Appendix B. 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.

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.**

This 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, details, or definition.

3. Appendices are referenced and hyperlinked throughout the report and are located at the end of the report. Appendices provide additional details and supporting information, with **key information included in the report itself which goes through page 31.**

4. The headings below and at the top of each page can be clicked on to navigate directly between each section of the report.

Projects are highlighted throughout the report for their successes and innovation in specific areas (e.g., advocacy, built environment changes, sustainability, utilizing partnerships).

Missouri Foundation for Health

Healthy & Active Communities
Final Evaluation Report
Executive Summary

Missouri Foundation for Health (MFH) established the Healthy & Active Communities (H&AC) initiative in 2005 to promote healthy living projects in Missouri. Currently, Missouri is the 20th most obese state in the nation[1]. Since 2005, adult obesity rates in Missouri have increased at a slower rate than rates in the U.S. overall. However, prevalence of obesity is still high, signaling a need for a continued focus on obesity prevention in Missouri. The initiative-level evaluation conducted by the Center for Public Health System Science (CPHSS) began in 2007. The evaluation utilized a logic-model driven mixed methods approach to focus on what was and was not working throughout the initiative in order to promote continuous improvement and document outputs of program activities. For more information about the evaluation approach, see Appendix B.

Below are the key lessons learned from the evaluation. For more information on potential strategies to promote or enhance future efforts, see Conclusions.

1   Policy and systems changes are crucial

2   Relationships with stakeholders matter

3   Creating change, building infrastructure, and building capacity takes time

4   Planning for sustainability is essential

H&AC Initiative

From 2007-2015, MFH funded 54 projects across three funding approaches:

- Model Practice Building
- Innovative Funding
- Promising Strategies.

Projects implemented activities across three primary activity categories:

- Policy & Advocacy
- Access & Environment
- Community Education & Engagement.

The most successful H&AC projects:

- Targeted multiple sources of influence on behavior
- Engaged a diverse set of partners
- Improved community education and engagement through multiple strategies
- Conducted a diverse set of advocacy activities
- Valued capacity building and sought to increase content expertise, communications, and evaluation skills
- Secured additional funds and used diverse sustainability strategies.

KEY OUTCOMES & ACHIEVEMENTS

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. They changed their communities through the adoption of policies, changes to the built environment, and outreach that increased opportunities to be healthy and active.

Policy & Advocacy Changes

- Projects facilitated the adoption of 127 local-level policies, including eight Complete Streets policies, reaching an estimated 736,419 people.
- Projects were more likely to adopt or enhance a policy if this goal was explicit.
- H&AC policies had room for improvement with regards to their written content, but six of the eight Complete Streets policies scored higher than the national average.
- Projects that adopted policies engaged in more advocacy activities, demonstrating that advocacy was an important step towards policy adoption.

Community Education & Engagement

- Nearly half of projects utilized all three outreach strategies: project promotion, sharing results, and mass media.
- Almost all projects engaged in project promotion activities, but nearly twice as many people were potentially exposed to mass media activities.

Knowledge & Behavior Change

- There was great variability in types of positive changes demonstrated from projects' internal evaluations.
- Nearly a quarter of project-specific objectives successfully demonstrated changes in program participants' behavior or attitude/knowledge.

Improved Access

- Ninety-one percent of H&AC projects implemented a physical environment change.
- Project staff improved access to physical activity or healthy eating opportunities in almost half of MFH service area.
- Project staff relied heavily on volunteers and partners to implement and maintain built environment changes.
- Built environment changes were consistently noted as successful project components and one of the most sustainable aspects of projects.

Partnerships

- H&AC projects formed 1,452 partnerships in all, averaging about 27 partners and about 6 partner types per project.
- Projects with a more diverse set of partners reported higher capacity for garnering support.
- Project staff relied on partners across a wide array of sectors.
- Partners were integral to the success of projects.
- On average, each project relied on partners to contribute six unique types of contributions, and the vast majority of projects received partners' time to help implement projects.

Reach of Activities

- H&AC project activities reached 85% of MFH service area.
- Core project activities, such as direct educational programming, policy adoption, and environment changes, occurred in 60% of MFH service area.

CAPACITY

A variety of organization types were funded to implement H&AC projects, resulting in diverse levels of knowledge and expertise around the skills needed to conduct project activities. Recognizing projects' needs, MFH provided critical supports by facilitating capacity building and training opportunities for project staff. In addition to these funder-provided supports, projects sought out additional supports to increase their capacity to implement healthy living projects.

Funder Supports

- Implementation support was available and provided resources, coaching, and printed materials.

- Dissemination support through skill-building workshops, dissemination product templates, and developing dissemination plans, helped projects engage a broader audience about the work they were doing and effectively communicate with others about their successes.

- Convenings provided important opportunities for project staff to network and participate in skill-building workshops, plenaries, discussions, and presentations.

- Through skill-building workshops, site visits, and tailored technical assistance, evaluation support was integral to increasing projects' abilities to conduct their internal program evaluations.

Additional Supports

- Three-quarters of projects had staff attend at least one external training, the majority of which were to support programming-related activities.

- Projects supplemented the support provided by internal staff by relying heavily on partners and volunteers.

SUSTAINABILITY

H&AC projects had many structures and processes in place to increase the likelihood that project components would be sustained after MFH funding concluded. Projects reported the lowest capacity for funding stability and strategic planning, highlighting opportunities for additional support in the future. Project staff anticipated that approximately 70% of H&AC related activities would continue after MFH funding ended.

Most Common Sustainability Strategies

- Project's funded organization was expected to absorb the cost of continuing some H&AC activities while partners would continue some activities as well.

- Additional funding secured to support continuation or expansion of some activities.

Additional Efforts and Funds Leveraged

- The majority of Promising Strategies projects led to additional or expanded efforts, such as other healthy living environment changes.

- The majority of projects secured additional funds, totalling $4.6 million across all projects expanding the ability to sustain components of their project overtime.

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.[2] 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 20th most obese state in the nation.**[1]

Missouri's adult obesity rate (2014)[3]

30.2%

Adult obesity rates in Missouri have increased at a slower rate compared to rates in the United States overall* [3]

	2005		2014
Missouri	26.9%	3.3% ↑	30.2%
United States	24.4%	10.5% ↑	34.9%
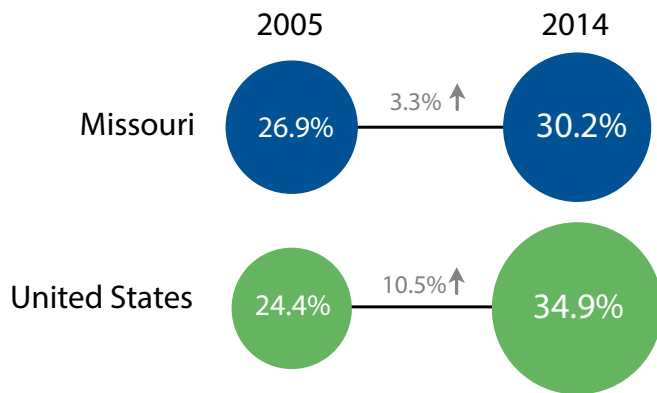
Adult obesity rates are still high, signaling a **need for a continued focus on obesity prevention in Missouri.**[3] Additionally, as seen below, adult obesity rates for certain sub-populations (e.g., adults between 45-64 years of age and African Americans) are higher than other sub-groups, making these populations potential candidates to target future activities.

Obesity rate by age (2014)[3]

65+	28%
45-64	34%
26-44	33%
18-25	19%
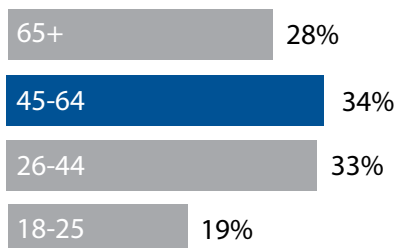
Obesity rate by race (2014)[3]

African American	40%
Latino	36%
White	29%
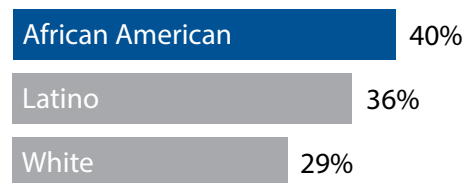
> " Over the past 35 years, **obesity rates have more than doubled.**....The average American is **more than 24 pounds heavier** today than in 1960.[2]

* CDC changed the methodology for measuring obesity rates in states in 2010. Read more.

The H&AC Initiative

[Missouri Foundation for Health (MFH)](#) established the **Healthy & Active Communities (H&AC)** initiative in 2005, as a long-term targeted funding portfolio and has invested over $20 million over roughly 10 years to promote healthy living projects in Missouri. Although the initiative launched in 2005, the initiative-level evaluation conducted by the [Center for Public Health System Science (CPHSS)](#) began in 2007. Data in this report draws on projects implemented from 2007-2015. Overviews of each project can be found in [Appendix C](#). Since the initiative's inception, H&AC projects have worked to combat rising obesity rates using innovative and diverse methods across Missouri. Projects cultivated multi-sectoral partnerships to help implement and sustain their work across three primary activity categories:

Community Education & Engagement
Developing education and outreach strategies that foster knowledge and behavior change around healthy eating and physical activity (e.g., walking clubs, marketing campaigns)

Multi-Sectoral Partnerships

Policy & Advocacy
Educating decision-makers and promoting written policies that make the healthy choice the default choice (e.g., public use of school tracks)

Access & Environment
Improving access to healthy food and places to engage in physical activity by altering the physical environment (e.g., building community gardens)

> "This project helped our communities to become **more active** and to **eat more nutritious foods**. It created environments and policies that are **sustainable over time** to help **reduce the rates of obesity** in our communities.
>
> — Project Staff Member

H&AC funding and capacity-building supports

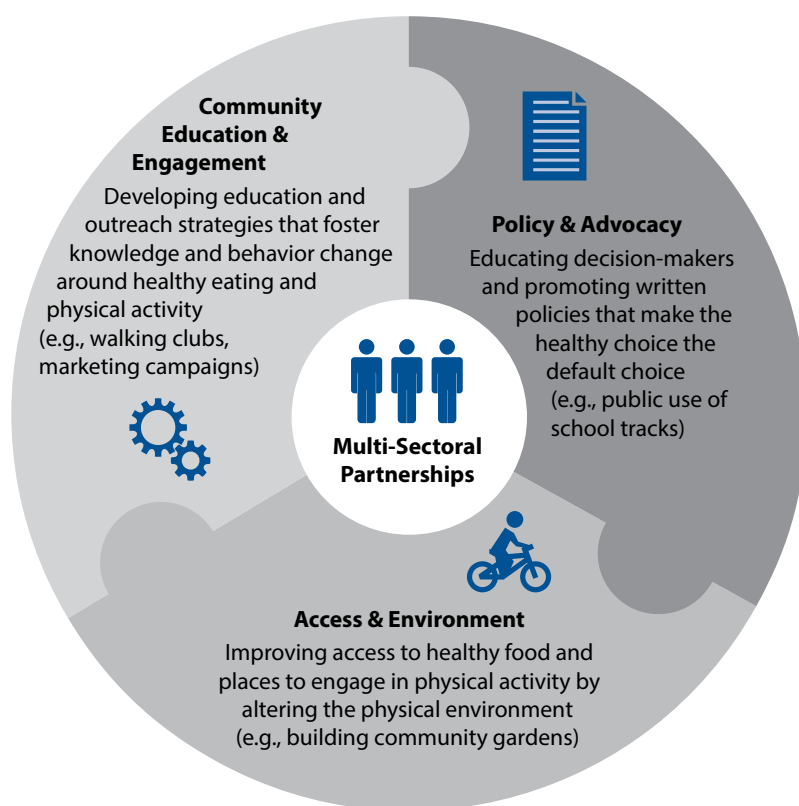The funding structure of H&AC evolved over time, but individual projects were typically funded for three years. The H&AC initiative included several **funding approaches** including **Model Practice Building (MPB)**, **Innovative Funding (IF)**, and **Promising Strategies (PS)**, with primary project activities in each of the funding approaches changing slightly as the evidence evolved around what works for obesity prevention. Beyond providing direct funding to organizations to implement projects, MFH provided several capacity-building supports at different points throughout the initiative, such as technical assistance around evaluation, dissemination, and implementation. MFH also provided opportunities for project staff to convene on occasion to learn more about what others were doing across the state.

Below is a timeline of the **funding approaches** and **capacity-building supports** provided to H&AC projects. In addition to these supports, MFH also contracted with an external partner to evaluate a sample of local healthy eating and physical activity policies across the state (see PolicyLift for more details).

Funding Approaches

Model Practice Building (MPB) — 2007-2011

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. The intention of this strategy was to refine programs that could be replicated.

Innovative Funding (IF) — 2008-2011

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.

Promising Strategies (PS) — 2009-2015

Informed by emerging research suggesting that **public policies and improved community design/access, combined with programming and education** encourages people to eat better and be more active throughout the day, projects were **required** to select at least one promising strategy **from each category**.[4]

2007   2009   2011   2013   2015

Capacity-Building Supports

Implementation — 2008-2011

MFH contracted with an external partner, to provide **implementation assistance** and **coaching** to MPB projects (e.g., engaging parents, recruiting participants, fostering organizational buy-in and support, designing strategies to build community-partnerships to ensure program sustainability). They also facilitated development and sharing of H&AC newsletter.

Dissemination — 2008-2011

MFH contracted with an external partner to help project staff **create plans for sharing programmatic successes** (e.g., dissemination plans, success stories).

Convenings — 2008-2013

MFH **brought together key staff** of active projects approximately once a year. These convenings were usually half-day to two-day gatherings, providing opportunities for project staff to **participate in workshops**, **network**, and **learn from one another**.

Evaluation — 2008-2015

MFH contracted with an external partner to provide evaluation **capacity-building** and **technical assistance** (e.g., provide information, resources, one-on-one coaching) to support project staff in conducting internal evaluations of their projects and activities.

Characteristics of all H&AC projects

Below is a map of the locations of the 54 projects that were 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.[5] Typically, there were one to two projects in any given county, however, St. Louis City had the largest number with 13 projects.

Nearly 70% of H&AC projects were situated in counties where the adult obesity rate was higher than the Missouri average[5]
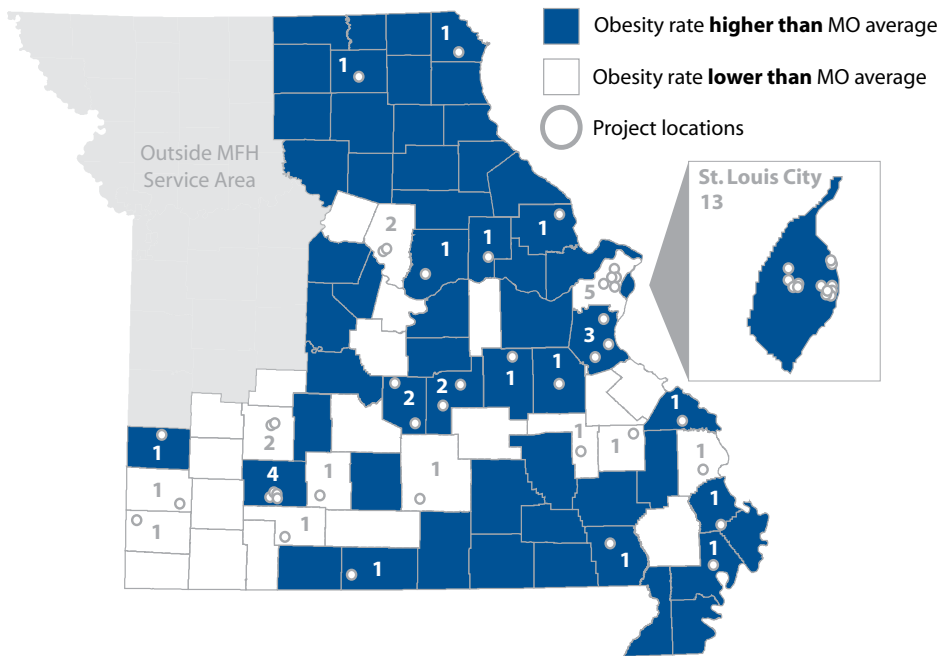
Obesity rate **higher than** MO average

Obesity rate **lower than** MO average

Project locations

Outside MFH Service Area

St. Louis City
13

The majority of H&AC projects were situated in urban settings.* Projects situated in rural or urban settings often encountered different successes and challenges surrounding project implementation and outcomes. More details around these unique experiences are described later in this report.

The majority of projects were situated in urban settings

59% Urban

41% Rural

* Rural and urban classifications were determined using RUCA.[6]

A diverse set of organizations were funded to implement H&AC projects. Each project's organization type can be found in its overview page in Appendix C.

The majority of organizations implementing H&AC projects were community/neighborhood organizations and healthcare providers

35%	Community/Neighborhood Organization
35%	Healthcare Provider (e.g., health departments, hospitals)
17%	Local Government
7%	College/University
4%	School
	Foundation (2%)
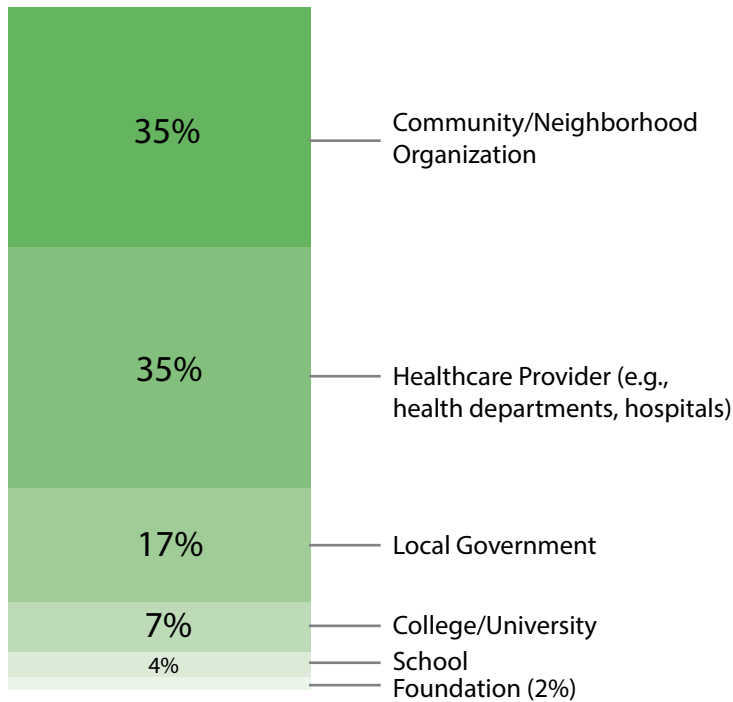
H&AC physical activity and healthy eating activities took place in a range of settings but focused primarily on local communities and organizations (e.g., neighborhoods, schools). On average, **each project implemented activities in five unique settings** (of 7 possible settings). For more information on the settings where each project worked, see Appendix D.

Few H&AC projects implemented activities in childcare settings

7 project settings

Neighborhood **100%**
Childcare **37%**
School **85%**
Statewide **50%**
Worksite **81%**
Faith-based **52%**
Healthcare **56%**

Characteristics of highly successful H&AC projects

As each funding cycle concluded, the evaluation team documented the level of success achieved by each project. 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. See Appendix B for more details on how the level of project success achieved was determined. **Ninety-three percent of projects were moderately to highly successful**. The evaluation team examined the characteristics of the most successful H&AC projects, as described below.

Outcomes & Achievements of Successful Projects

- Targeted **multiple sources of influence** on behavior

Partnerships

- Engaged twice as many and a **more diverse set of partners**
- Partnered with **schools**, **colleges/universities**, and **foundations** at least twice as often

Community Education & Engagement

- Implemented **mass media strategies** more often
- Embedded **social support networks in educational activities**
- Provided **education programs** and **healthy living opportunities** more often

Policy & Advocacy Changes

- Conducted more **diverse set of advocacy activities**

Capacity

- Valued and fostered **content expertise**, **communication**, and **evaluation skills** among staff
- Participated in a greater number and a **more diverse set of trainings**

Sustainability

- **Secured additional funds** for project activities more often and more funds per project on average
- Secured **funds from state/federal sources**
- Planned to **sustain** project components through **more diverse strategies**

The Community Partnership's Fit Helps project promoted healthy eating and active living among low-income residents in Phelps and Dent Counties by cultivating strong local and regional partnerships and by supporting environmental and policy changes that would lead to a reduction in obesity rates. The Fit Helps project had 78 total partners, both private and public, across a variety of partner types (e.g., schools, faith-based organizations, healthcare providers). Partners, such as the health department, university, Chamber of Commerce, childcare organizations, local government, and local businesses supported the implementation of the project through a variety of activities. For example, the Parks and Recreation Department installed signs and bike racks and the university provided training to childcare facilities to prepare healthy foods). Fit Helps received support from many stakeholders including city government, area schools, and local businesses, many of whom developed their own internal health initiatives.

Outcomes & Achievements

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. H&AC projects have changed their communities through adoption of policies, changing the built environment, and outreach that increased opportunities to be healthy and active. Below is a summary of the key outcomes and achievements of the initiative from 2007-2015, specifically around policy and advocacy changes, changes to the built environment to improve access to places for healthy living, community education and engagement, demonstrated individual knowledge and/or behavior change, partnerships formed, and reach of project activities. The reader can click on the subheadings above to navigate to the outcomes for a particular area.

Policy & Advocacy Changes

Implementing 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.[7] **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. Throughout the initiative, H&AC projects **facilitated the adoption of 127 local-level policies** to improve opportunities for healthy and active living in their communities (Appendix E). Additionally, five projects established formal agreements to sustain built environment changes through ongoing maintenance.

Project staff identified a number of strategies that contributed to the success of their policy work. Projects:

- Made policies **site specific**
- **Engaged stakeholders** through education and inclusion in the process
- Relied on **partners** and **external expertise**
- Utilized **established relationships**

Project staff described barriers that made policy work challenging. Project staff:

- Found policy work to be a **lengthy process** (e.g., extended beyond funded period)
- Encountered **sites that were not ready** for policy change
- Struggled with **limited human resources**
- Found the high **cost of implementation** prevented policy adoption

Polk County Health Center's Healthy and Active Workplaces project targeted workplaces in 15 communities across four Missouri counties. The project implemented an environment change at each worksite with an agreement that each change be supported by a workplace policy that promotes healthy eating and/or physical activity. For example, when fitness equipment was provided to a business, the business was required to identify a policy regarding the times that the staff could use the equipment during the day. Because many businesses lacked policy expertise, the project also provided individual technical assistance for drafting, adopting, and implementing workplace wellness policies.

"You realize we have to go through this person, that person, this hoop and that hoop…**It takes a lot longer to get them on board than I realized**. And then once you have them on board it takes a while to get to the point where you're ready to actually develop and implement a formal policy.

— Project Staff Member

H&AC projects facilitated adoption or enhancement of 127 policies
Worksite and school policies accounted for roughly three-quarters of all adopted H&AC policies

Worksites
51 policies

School
48 policies

Gov/ Community
9 policies

Joint Use
9 policies

Complete Streets [12]
8 policies

—— **Healthcare** (1)

After-school/Childcare (1)

There were differences in the types of policies adopted by project context. Rural projects were much more likely to adopt policies at a single- or multi-site level, such as school or worksite. However, urban projects tended to adopt policies that affected entire communities, such as Complete Streets and government.

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 represented 6% of all adopted policies. **Worksite wellness policies represented the largest proportion of total adopted policies** (40%), but these policies affected a smaller number of people overall (approximately 2,000 people).

H&AC policies reached an estimated 736,419* people
The majority of people covered by H&AC policies were reached by community-wide policies, such as Complete Streets

4 community-wide policies adopted impacting nearly 500,000 people

736,419*
estimated people reached

800,000
600,000
400,000
200,000

2007 2008 2009 2010 2011 2012 2013 2014 2015

> "…Bank [employees] had to **improve the scores on their annual health and wellness screenings**, and [the bank] gave them **cash incentives** if they didn't miss any time off work. So I think it made a difference in their work place…because if we got healthy employees they're not going to miss work, and so you don't have to worry about giving sick time and all that. So I think that **made a big difference**.
>
> — Project Staff Member

*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 adopted 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

Items addressed   Not addressed

School
3 policies   52%

Worksite
28 policies   13%

Gov/Community
3 policies   8%

Healthcare
1 policy   6%
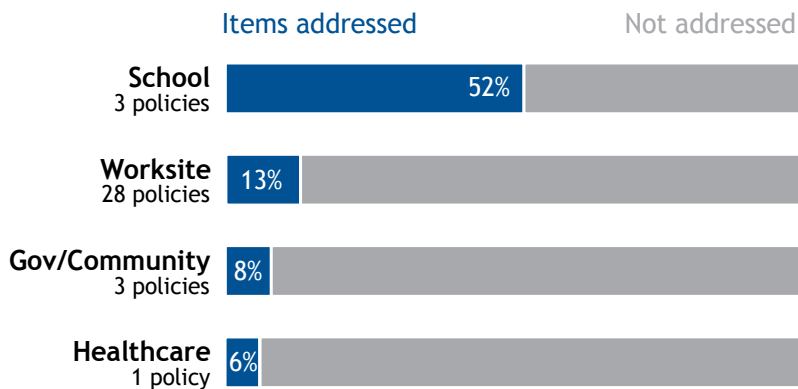
Strength of language
Worksite policies were most likely to include strong language

Strong language   Weak language

Worksite
28 policies   51%

School
3 policies   28%

Gov/Community
3 policies   17%

Healthcare
1 policy
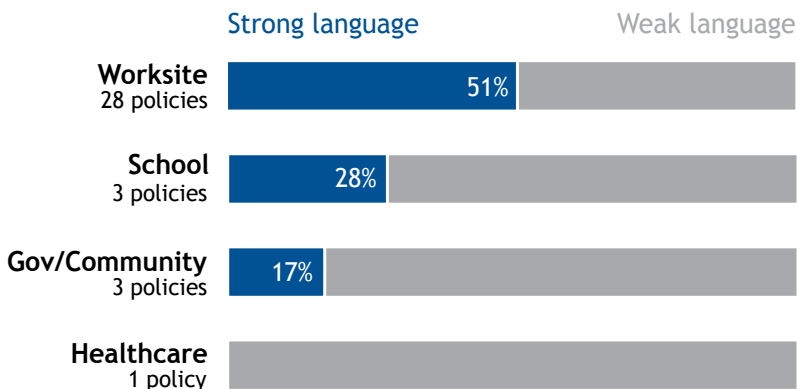
As a part of the Better Lifestyles, Exercise and Nutrition Daily (BLEND) project, Barton County Memorial Hospital (BCMH) in Lamar County implemented an employee wellness program and constructed a walking trail around the perimeter of the hospital to increase physical activity. BCMH developed a worksite policy to increase physical activity by allowing employees to walk before work, during breaks, and after work using the walking trail. Initially, the policy allowed employees to earn paid time off for walking three times per week, but the policy was later amended to award cash as an incentive for engaging in regular physical activity.

Policy & Advocacy
Changes | Improved
Access | Community Education
& Engagement | Knowledge/
Behavior Change | Partnerships | Reach of
Activities

Complete Streets policies

Complete Streets is a transportation and urban design approach that requires streets to be planned, designed, operated, and maintained to enable safe, comfortable, and convenient travel—whether walking, driving, bicycling, or taking public transportation. Complete Streets promote increased physical activity by making streets safer and more accessible for all users. **H&AC projects facilitated the adoption of eight of Complete Streets policies.** An additional four policies were attempted but were not adopted by the end of the funding period due to challenges encountered.

The National Complete Streets Coalition inventories adopted policies and scores them based on policy strength.[8] **Six of the eight policies by H&AC projects scored higher than the national average** (46%), and **Crystal City scored higher than 96%** of all Complete Streets policies in the nation. See Appendix F for information on the scoring methodology.

H&AC projects facilitated the adoption of 8 Complete Streets policies
Three-quarters of H&AC policies scored higher than the national average

Legend:
- ★ Adopted policy, higher than average score (6 policies)
- ★ Adopted policy, lower than average score (2 policies)
- ▲ Attempted policy (4 policies)

Outside MFH Service Area

*Click on the icons in the map for more details on each policy
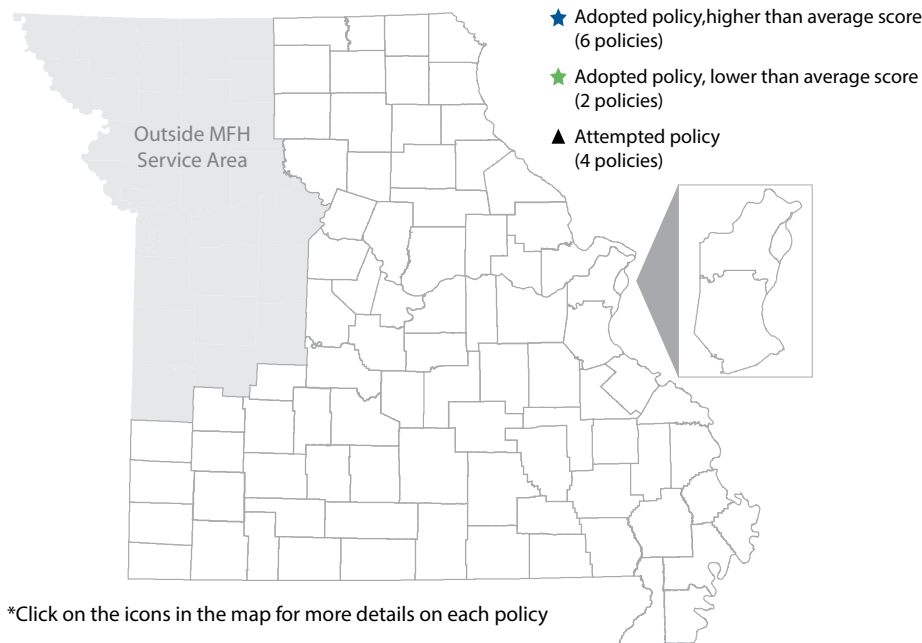
> "Complete Streets was a challenge. We're rural and **our community leaders don't think like they think in the metro areas** in the city.
>
> - Project Staff Member

When comparing projects that attempted to get a Complete Streets policy adopted, those that were successful:

- Engaged a **greater number of partners** on average, most commonly community organizations and local governments
- Secured **more funding** to support their projects
- Conducted a **greater number of advocacy activities** on average
- Attempted the policy in an **urban area** more often

Advocacy activities among projects

In addition to policy work, **85% of all projects conducted advocacy activities**.[9]   Projects that adopted policy were more likely to conduct 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 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. See Appendix G for more information on the specific advocacy and policy activities each project conducted.

Projects that adopted policies engaged in more advocacy activities

Projects that adopted policy / Projects that did not adopt policy

Communicated with policymakers — 69% / 50%

Drafted policy language — 65% / 14%

Developed an advocacy plan — 58% / 32%

Educated others on policy implementation — 46% / 14%

Developed recommendations — 42% / 14%

Secured funding for policy implementation support — 27% / 4%
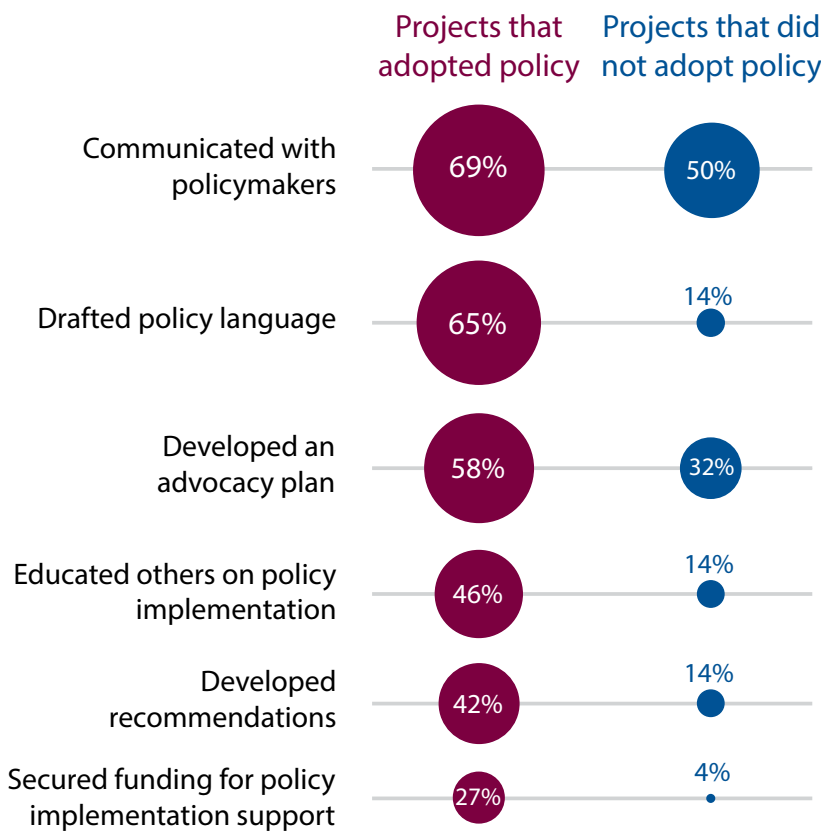
> "You have to have a **tremendous number of conversations with a tremendous number of people**. You've got to then reach into the community and build the support there.
>
> — Project Staff Member

PedNet's Healthy and Active Public Housing Community Project formed a multidisciplinary advocacy committee, including members of the city council, community leaders, Board of Education, and policymaking entities to pursue various policy-based strategies to create an environment that supported healthy behaviors. More than 40 agencies, including city government, public schools, universities, and private non-profit and business entities also partnered with the project on policy initiatives through six Unite 4 Healthy Neighborhood action policy teams to advocate for built environment changes and accessible transportation. The environment changes increased access to active living opportunities and encouraged intergenerational physical activity among public housing residents, especially children and youth.

Policy & Advocacy
Changes

**Improved
Access**

Community Education
& Engagement

Knowledge/
Behavior Change

Partnerships

Reach of
Activities

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.[10-11] **Ninety-one percent of H&AC projects implemented a physical environment change**, with 67% of projects improving access to places in Missouri to be physically active (e.g., built or improved trails) and 57% establishing places for healthy eating. For more information on specific physical activity or healthy eating environment changes each project implemented, see Appendix H and Appendix I.

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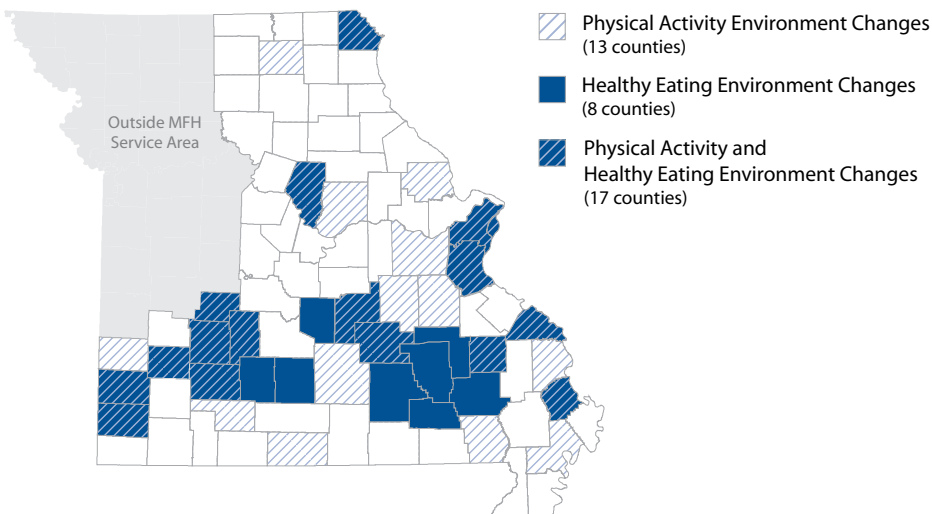
Outside MFH Service Area

Physical Activity Environment Changes (13 counties)

Healthy Eating Environment Changes (8 counties)

Physical Activity and Healthy Eating Environment Changes (17 counties)

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

Local governments often contributed to implementation of environment changes.

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

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

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

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

Poplar Bluffs Parks and Recreation constructed a skate park to increase the number of youth participating in regular physical activity. The skate park provides excellent cardiovascular health benefits, as well as a social outlet for area youth who are interested in nontraditional athletic activities. Community members were actively involved in the planning for the skate park through meetings, web interactions, and surveys. Additionally, youth voted on the skate park design. The skate park was viewed as a positive addition to the community and has served as an attraction for youth throughout the region, including skate contests and skills clinics.

" One of the greatest successes is that once the **trail was in** and the **exercise stations were there**, it's gotten **a lot of use** and it has turned a lot of people's minds around.

— Project Staff Member

Community Education & Engagement

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

740,696
exposures to educational programs*

> Students have learned the **importance of trying new and healthier food** items during breakfast and lunch, and they have discussed ways to **eat healthier at home** with their parents as well.
>
> - project staff member

Healthy living opportunities

93%
of projects provided healthy living opportunities

496,831
exposures to healthy living opportunities*

> **There has truly been a culture change**…[The project] has paid for a Zumba instructor to teach classes each week after school, and they are having so much fun that teachers, staff, and their children will change meeting times so they can attend the classes.
>
> — Project Staff Member

> 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.
>
> — Project Staff Member

St. Louis County Department of Health's Hip Hop for Health program adapted a national model to integrate nutrition education curriculum into middle schools' health education classes to reduce childhood obesity and increase the intake of healthier food options. The curriculum utilized a color coding system based on traffic signals to assist youth in choosing more nutritious foods. Foods were classified based on nutritional value according to the food pyramid: GO foods as green (foods to be consumed most often, such as vegetables, fruit, and whole grains), SLOW foods as yellow (foods to be consumed some of the time), and WHOA foods as red (foods to be consumed least often, such as foods high in fat or sugar).

The Forest Institute of Professional Psychology's 3V's-Vitality, Vim and Vigor for Life program successfully implemented Health Parties and Fitness in Training (FIT) Teams, which provided opportunities for children, youth, and adults to adopt healthy lifestyle behaviors related to physical activity and healthy eating. At Health Parties, participants learned about healthy eating and physical activity. FIT teams provided opportunities for families to engage in regular physical activity (e.g., walking, biking, dancing, family activities). The success of these programs was due in part to including the whole family in the behavior change, as well as adapting the programs to fit the needs of participants (e.g., providing program materials in Spanish, holding health parties in locations outside of the home).

* 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.

Community Outreach

Nearly all projects (98%) conducted at least one type of community outreach activity, however, **nearly half of projects (44%) utilized all three strategies**: project promotion (e.g., flyers), sharing project results (e.g., presentations), and mass media (e.g., social media). For more information on the outreach activities conducted by each project, see Appendix J.

A number of project staff produced publicly available promotional materials (e.g., toolkits, YouTube videos, resources). These items can be found in Appendix K and in the project overviews when applicable.

Nearly all projects engaged in project promotion activities
However, nearly twice as many people were potentially exposed* to mass media activities

Project Promotion
94%
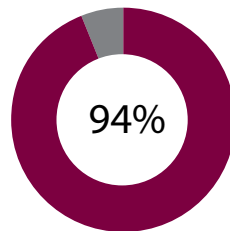
17.2 million exposures*

Sharing Project Results
81%
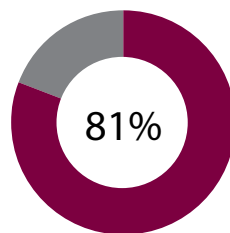
7.5 million exposures*

Mass Media
72%
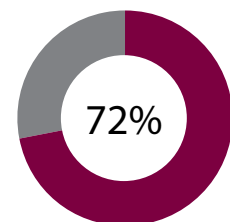
33.3 million exposures*

Citizens for Modern Transit's Ten Toe Express project linked older adults (i.e., over 65) with transit to increase their mobility, access to the community, and connectivity to neighbors. The project distributed walking kits to participants and held weekly walking groups that utilized the transit system and walking to area destinations. Using St. Louis MetroLink stations as a hub, the project developed walking maps as a part of the walking kit to highlight opportunities for residents to incorporate walking into their daily lives. Maps provided suggested walking routes, points of interest, and level of difficulty.

Trailnet's Healthy Active and Vibrant Communities (HAVC) Initiative developed a HAVC Toolkit, a resource guide of ideas and recommendations for assisting local decision makers in developing an action plan to promote healthy eating and active living in their communities. The Toolkit contains case studies of model programs, success stories, and practical tools, such as a bikeability and walkability checklist. The toolkit was disseminated locally, regionally, and nationally and is now used by organizations across the country.

The Ride the City project of Cape Girardeau aimed to increase the bike-ability of the city by improving safety of bicyclists, developing bike routes, and educating the community on cycling to encourage active lifestyles. As a part of their educational campaign, a series of online YouTube videos were created highlighting safety factors for bicyclists and its benefits for a healthy lifestyle. The videos covered topics such as bike maintenance, helmet fitting, road rules, local opportunities, health benefits of cycling, and registering a bicycle with the local police department. These videos were viewed over 1,000 times.

* 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.

Policy & Advocacy
Changes

Improved
Access

Community Education
& Engagement

**Knowledge/
Behavior Change**

Partnerships

Reach of
Activities

Knowledge/Behavior Change

There was a wide range in the types of positive changes demonstrated by H&AC projects from their internal evaluations. The vast majority of changes demonstrated were changes in program participants' knowledge and behaviors. The following are examples from specific projects of positive changes demonstrated around attitude/knowledge and behavior:

Attitude/Knowledge

- Ninety-five percent of participants from one project's program reported an increase in their knowledge around healthy eating or physical activity.
- In a sample of residents from one community, the proportion that reported knowing where to buy locally grown produce increased from 60% to 69%.

Behavior

- The percent of students at one school that reported exercising 30 minutes or more each day increased from 49% in year 2 to 60% in year 3.
- EBT[12]   usage at the project's farmer's market increased from $104 in year 1 to $1,207 in year 2.

One of the requirements of H&AC projects' internal program evaluations was the identification of project-specific objectives. In total, all H&AC projects set out to achieve 337 total objectives. One-third of these objectives were around changing individual's knowledge or behavior. The figure below shows that **24% of all objectives successfully demonstrated positive changes**, representing nearly three-quarters of objectives that assessed change. The remaining objectives were process-oriented, which described a task or activity that would be completed, such as building a trail.

HA&C projects set out to achieve 337 objectives

Nearly a quarter of project objectives successfully demonstrated changes in program participants' behavior or attitude/knowledge

337 Objectives

34% Assessed Knowledge or Behavior Change (115 of 337)

24% Demonstrated Knowledge or Behavior Change (80 of 337)
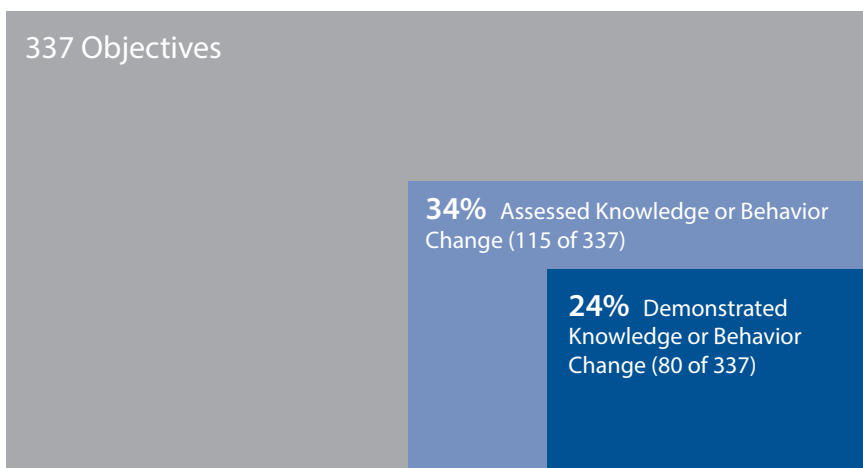
The Fired Up and Fit Program of the Pulaski County Health Department utilized health screenings to evaluate the individual health outcomes of participants in worksite wellness programs. Health screenings were conducted to measure the effectiveness of the program in improving participants' BMI, blood pressure, cholesterol, and blood sugar by the end of the program. Of the 145 participants in 2010,

- 90% maintained consumption of 5 or more fruits and vegetables every day;
- 90% increased daily exercise;
- 61% lowered blood pressure;
- 45% lost inches;
- 45% lowered their BMI;
- 41% lowered blood cholesterol; and
- 32% lowered blood sugar.

Partnerships

MFH emphasized the importance of cultivating partnerships throughout the initiative. Projects with a more diverse set of partners reported **higher capacity for garnering support** for their projects, both within their organizations and among their local communities. Multi-sectoral partnerships:

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

H&AC projects relied heavily on partnerships across a **wide array of sectors** to support project activities. Project staff identified **community organizations**, **local businesses**, **healthcare providers**, and **local governments** as critical types of partners to engage.

Nearly all projects partnered with community organizations

Community Organizations	94%
Local Businesses	89%
Schools	76%
Colleges/Universities	65%
Healthcare Providers	65%
Local Governments	65%
State/Federal Governments	57%
Community Residents	52%
Faith-based	41%
Foundations	33%
Design Practitioners	13%

> "Our involvement with the university…has **helped us accomplish our goals** because they are on the same track as we are promoting healthy lifestyles.
>
> — Project Staff Member

1,452
Partnerships formed by all projects

26.9
Average number of partners per project

6.5
Typical number of partner types engaged per project

Partners were integral to the success of projects, often leading activities, providing access to a target population, promoting projects, and contributing nutrition and physical activity expertise. 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. The types of partners and total number of partners engaged by each project can be found in Appendix L.

Partner Contributions

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. Additionally, projects relied on certain types of partners to consistently provide unique contributions.

The vast majority of projects received partners' time to help implement projects
Projects were less likely to receive technology and funding contributions

82%
Time

74%
Space

72%
Marketing

65%
Nutrition and Physical Activity

35% —Technology

37% — Funding

63%
Materials

56%
Dissemination

57%
Evaluation

59%
Advocacy

Local Governments

Local governments often helped **implement built environment changes**

Schools

Schools were implementation sites, helping projects gain **access to their target populations** and providing a **link to parents**

Universities

Universities provided **nutrition and physical activity expertise**, sometimes delivering educational components

Live Well Ferguson (LWF) was a collaborative initiative between Trailnet and the City of Ferguson with the goal to encourage Ferguson residents to live active lifestyles and eat healthy foods by enhancing the built environment and impacting policy. LWF was particularly successful in developing numerous, multi-sectoral partnerships with over 81 total partners across a variety of partner types (e.g., community organizations, local government, faith-based organizations). The partners provided unique contributions to the project including political and community support, marketing, and in-kind contributions (e.g., bikes, locks, and helmets).

·)) 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.

H&AC project activities reached 85% of MFH service area

Outside MFH Service Area

Core project activities, promotion and partnership development (50 counties)

Only project promotion and partnership development (21 counties)
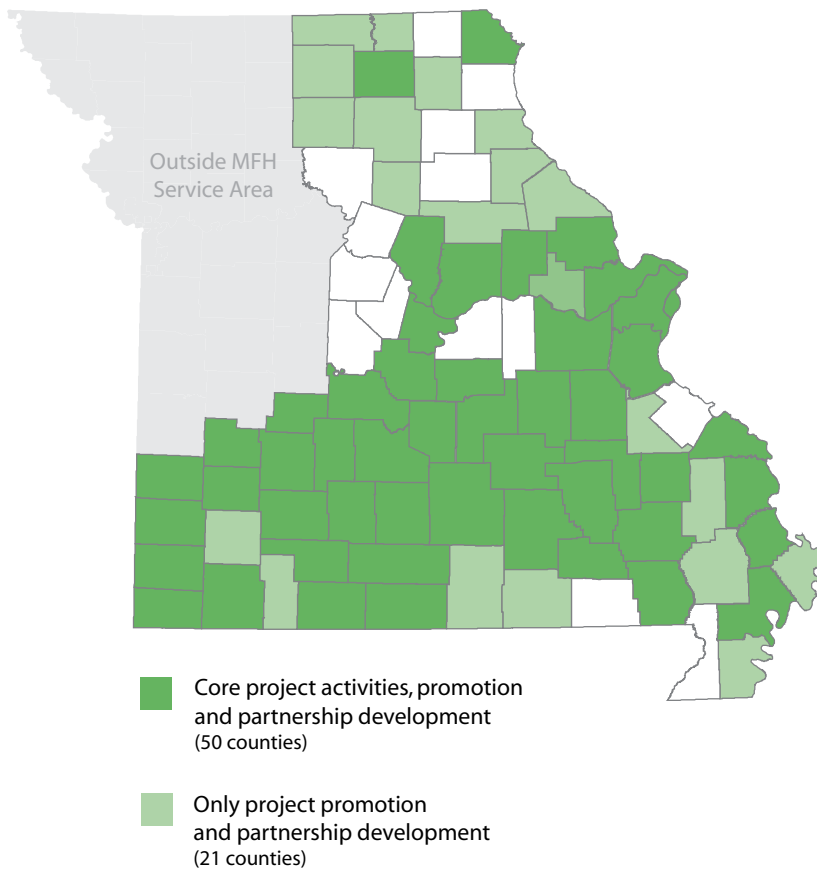
The Independence Center's Take Charge Program was a model program to provide opportunities for physical activity, individualized wellness coaching, and instruction on healthy eating practices to adults who have serious and persistent mental illness. Staff, supervisors, and directors from 29 mental health agencies across Missouri participated in the Take Charge training, learning how to implement obesity prevention services within their organizations. The training taught mental health agencies how to develop a wellness program at their respective agencies, promote the wellness coach model, and establish a healthy worksite. The project worked toward replication by also training clubhouses in 12 additional states and five countries on how to implement the Take Charge program.

Capacity

A lot of different types of organizations with varying staffing levels were funded to implement H&AC projects. Consequently, there was also a **wide variety of previous knowledge and expertise among organizations around the vast skills needed** to implement healthy living related projects.

Funder-Facilitated Supports

Early on, MFH acknowledged the importance of investing in and providing critical supports to the people or organizations that delivered H&AC projects. MFH facilitated a variety of capacity building and training opportunities to H&AC project staff.

The expectation of the capacity building component of the initiative was to build necessary skills needed to implement project and evaluation requirements. These opportunities were aimed specifically at **increasing capacity and skills in the areas of implementation, dissemination, and evaluation, as well as providing networking opportunities, in the form of convenings**. MFH also provided informal opportunities, such as having the evaluation team facilitate an electronic listserv for several years, as a place for projects to share resources and information with one another about project challenges and successes.

Implementation capacity building

From 2008-2011, MFH contracted with Missouri Extension, to provide implementation support and one-on-one coaching around various aspects of implementation of projects. The team was **available by phone, email, and in person to provide program implementation support** to a subset of H&AC grantees (MPB projects). Types of assistance that were available included engaging and recruiting participants, fostering organizational buy-in, designing strategies to deliver program activities, developing strategies to build community partnerships to ensure program sustainability, and more content specific assistance on topics such as building worksite wellness or community gardens.

This support took place in the form of **resource sharing** and **coaching sessions**. The implementation team also developed and shared a monthly newsletter, "The Healthy Communicator" in 2010. These newsletters went out to all active H&AC projects and were a place to share healthy-living and project-specific resources, as well as highlight the work of specific H&AC projects.

> " The most challenging part of this project has been **staff turnover** and **training new staff** on the grant expectations.
>
> — Project Staff Member

Dissemination capacity building

From 2008-2011, MFH contracted with a group at Washington University in St. Louis to help project staff create a plan for sharing programmatic successes (e.g., a dissemination plan, success stories) and other dissemination products. Members of the dissemination team also led **skill-building workshops** that focused on the types of information that resonates with different audiences and how to tailor messages to meet the needs of different audiences. The team also provided **dissemination product templates** (e.g., policy briefs) to project staff. The team wrote about this approach in a manuscript.

Several project staff members reported that **this support helped them to engage a broader audience about the work they were doing and effectively communicate with others about their successes**.

> I think that the **dissemination team** to some degree was very helpful in **helping us get out information to some of the national publications** maybe that we weren't aware of, and that would be interested in a program such as this.
>
> — Project Staff Member

Convenings

From 2008-2013, MFH brought together key staff of active H&AC projects approximately once a year. These convenings were usually half-day to two-day conference style gatherings, providing opportunities for project staff to participate in **skill-building workshops, plenaries, roundtable discussions, and presentations, and to network** and learn from one another. Roundtables and presentations covered topics such as:

- Parental involvement
- Use of evidence-based guidelines
- Expanding your partnership network
- Transforming community health through environmental and policy change
- Communicating with decision makers

Overall, attendees reported satisfaction with the convenings. They **consistently reported that the opportunities to network and "get new ideas" were invaluable and helped to advance their own work**. Additionally, attendees repeatedly reported that they learned new or further enhanced skills that were required to implement project and evaluation activities. MFH providing these formal opportunities for networking was greatly appreciated by project staff.

> The different trainings allowed me to **meet other people** involved in other grant projects and **learn so much about what is going on** throughout the state of Missouri.
>
> — Project Staff Member

Evaluation capacity building

From 2008-2015, MFH partnered with the evaluation team to provide evaluation capacity-builiding opportunities to H&AC project staff members. Evaluation capacity building is an intentional process to increase individual motivation, knowledge, and skills and to enhance a group or organization's ability to conduct or use evaluation.[13] Evaluation capacity building took place in the form of **skill-building workshops and site visits and through project-specific, tailored technical assistance (TA)**. To inform what type of TA would be provided, skill level and need was assessed at the beginning of each project's funding period.

Overall, project staff reported that the support received was integral to increasing their ability to conduct their internal program evaluations. Capacity building activities included facilitating the development of project-specific logic models and evaluation plans, as well as one-on-one TA tailored to implement different components of internal evaluation plans (e.g., data collection, data analysis).

The evaluation TA team responded to **635 evaluation requests for assistance across all projects**. The table below shows the broad domains of evaluation assistance provided, the proportion of overall instances for each assistance type, and overall proportion of time (e.g., hours) spent providing each type of assistance. This demonstrates that H&AC project staff relied on a wide-variety of evaluation technical support to implement their internal evaluations.

> " The evaluation [of our project] was a challenge. I think we **underestimated the level of staffing we needed** to have in order to **really have a robust evaluation**.
>
> — Project Staff Member

> " [The evaluation team] provided us with tools and helped us in creating our logic model so that **we could better understand the information** that we had and that we needed to collect.
>
> — Project Staff Member

> " [The evaluation team] helped us **design our instrumentation**, **create a logic model** for our program, and **answered our questions**.
>
> — Project Staff Member

Evaluation TA was provided to project staff to support growth in four main evaluation areas
Some types of assistance requests were made more often, but the amount of time spent addressing all request types was roughly equal

Type of Evaluation Assistance	% of all requests	% of time spent required to address request
Evaluation Planning (e.g., logic model, plan development)	20%	25%
Data Collection (e.g., tool development)	9%	27%
Management & Analysis (e.g., data cleaning, statistical analysis)	34%	23%
Reporting & Dissemination (e.g., graphic and report development)	36%	25%

Additional Supports for H&AC Projects

In addition to the opportunities provided by MFH, **74% of H&AC projects had staff attend at least one external training** that supported H&AC activities. Each project typically had staff attend three external trainings over the course of their funding period. Trainings covered a wide array of topics, as seen in the figure below. Furthermore, **projects supplemented internal staffing by relying on partners and volunteers**. For example, nearly all H&AC projects (93%) utilized volunteers in some capacity (volunteers were used for a total of 58,200 hours across all projects).

External trainings that supported programming were engaged by largest proportion of H&AC projects

Topic	Percentage
Programmatic	46%
Management	17%
Advocacy	13%
Marketing	9%
Evaluation	8%
Partnerships	7%
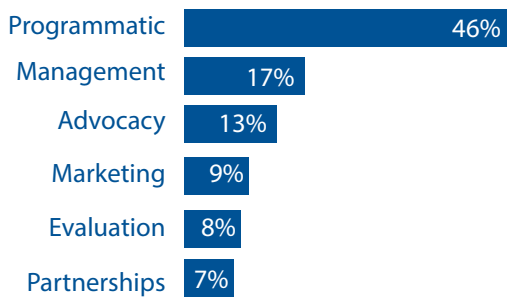
Projects relied heavily on volunteers and partners to contribute to various aspects of their work

Contributions	Partners	Volunteers
Implemented/maintained built environment changes (e.g., built walking trail, maintained gardens)	✓	✓
Assisted with marketing and outreach efforts (e.g., distributed flyers, spoke about activities)	✓	✓
Led program activities (e.g., led cooking demonstrations)	✓	✓
Helped with evaluation efforts (e.g., collected data, conducted assessments)	✓	✓
Assisted with administrative tasks	✓	✓
Provided expertise (e.g., nutrition, policy)	✓	
Involved in project planning and grant writing	✓	
Trained volunteers and staff	✓	
Provided in-kind materials	✓	

> We **relied heavily on volunteers** and wouldn't be able to do half of what we do without them.
>
> — Project Staff Member

> Without critical partners, probably **would not have been able to get project off the ground at all**.
>
> — Project Staff Member

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). See Appendix M for more details on each project's capacity within the eight areas and overall.

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

Organizational Capacity	5.7
Program Evaluation	5.7
Program Adaptation	5.7
Communications	5.6
Partnerships	5.3
Political Support	5.2
Strategic Planning	5.0
Funding Stability	4.4

1
To little or no extent

7
To a great extent
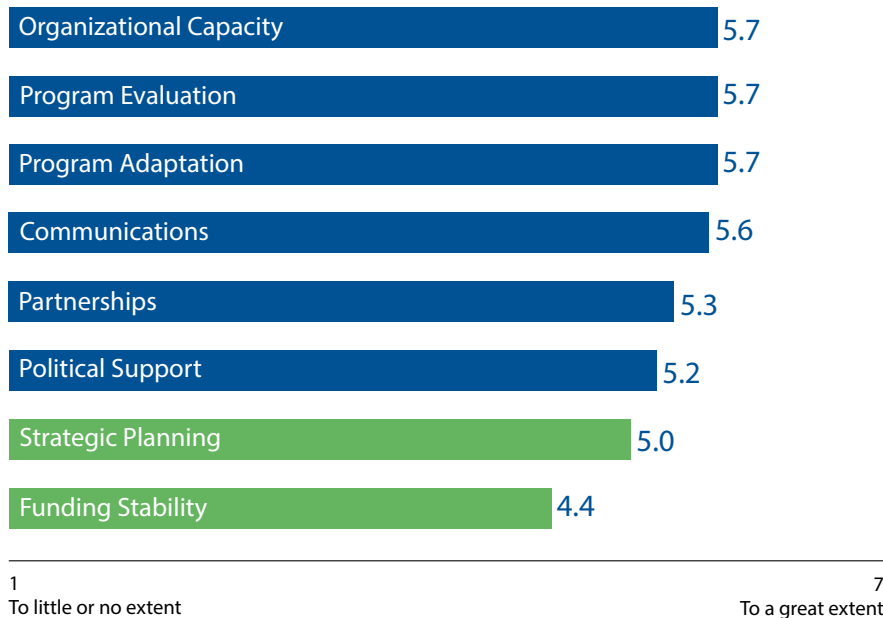
On average, H&AC projects* anticipated that **70% of activities would continue after MFH funding ended**. In particular, projects reported that partnerships, built environment changes, and policy changes would continue but in some cases, community engagement and education activities might cease or decrease. It is important to employ multiple strategies to increase the likelihood that activities or efforts continue. **Projects indicated that they would employ an average of two strategies**. for continuing activities by H&AC funding. The most common strategies were:

- Both the **project's funded organization** and **partners** were expected to continue some activities
- **Additional funding** secured to support continuation or expansion of activities

Polk County Health Center's Obesity Prevention Project aimed to promote healthy eating and physical activity by implementing environmental and policy changes that support healthy behaviors. The Obesity Prevention Project was implemented across 18 rural communities with health disparities to increase opportunities for physical activity and healthy eating (e.g., walking trails, worksite wellness policies, exercise rooms, healthy vending machine options). The Obesity Prevention Project was sustainable across several domains including funding stability, and partnerships. The project demonstrated funding stability by securing over $450,000 in additional funding for project activities. Also, 12 community leaders and 12 superintendents learned about creating environmental and policy changes to sustain support for physical activity and healthy eating in their communities beyond the life of the project.

> "Eleven out of thirteen… partners have submitted a **written sustainability plan** with strategies for **sustaining wellness programs** and **maintaining new physical activity equipment** after the grant period ends.
>
> — Project Staff Member

> "Project **partners will provide sustainability** of the project in the future…The project is an **extension of the goals and work [our partners] have been doing** for years.
>
> — Project Staff Member

* The evaluation team received data on the proportion of activities projected to be sustained from 43 of the 54 projects.

Additional Efforts and Funds Leveraged

The majority (61%) of PS projects led to additional or expanded efforts. Projects led to other environment changes, additional funding, coalitions/groups, or community engagement opportunities. The most common of these were additional or expanded environment changes, such as additional community gardens, new playground equipment, or farm-to-school initiatives in new schools.

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

H&AC projects leveraged $4.6 million from 150 sources

$3.1 million

Dollar amount secured

Projects secured the largest amount of money from state & federal government agencies

$765,000

$548,000

$153,000

$38,000

Number of sources

33 state & federal gov. agencies

25 foundations

51 community organizations

35 local businesses

6 national organizations

Projects received the greatest number of contributions from community organizations

The City of St. Louis Department of Health's Healthy Corner Store Project used a community-based strategy to improve the food retail landscape by working with corner store owners to increase community access to fresh fruit and vegetables and provide opportunities to educate and engage the community. Efforts to improve access to healthy food options in corner stores included: promoting the usage of EBT to purchase healthy food items; increasing the overall marketing of healthy foods; improving point-of-sale marketing for healthy items; using point-of-decision prompts for healthy foods; and initiating campaigns promoting education and awareness of healthy eating practices. The Healthy Corner Store Project used a comprehensive approach to organize community members, neighborhood leadership, store owners, and local youth to engage in community building activities that promoted healthy eating. With funding from the Missouri Department of Health, the project will expand across Missouri with additional pilot communities.

Ozarks Regional YMCA, on behalf of the community collaborative Healthy Living Alliance (HLA), secured a 1.3 million dollar federal grant from Centers for Disease Control and Prevention's Community Transformation Grant (CTG) Program. HLA used the CTG to implement strategies designed to increase healthy eating and active living, such as the Local Sprouts project, which supplies childcare organizations with access to fresh produce. Supplies purchased through the grant were instrumental in sustaining the project beyond the grant window, ensuring that children and youth maintain a consistent level of farm-to-table access and awareness. The MoCAP program, sponsored by MFH, was instrumental in securing this large federal grant. MoCAP assisted Ozarks Regional YMCA in developing a strong application by offering free consultation services, technical assistance, and grant writing resources.

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.

Implemented a physical activity environment change

Rural	91%
Urban	50%

When changing the environment for physical activity, both rural and urban projects most often improved access to physical activity equipment. Rural projects also frequently **developed and improved trails**, whereas urban projects **designed streets for active transportation**.

Implemented advocacy activities

Rural	91%
Urban	81%

Both rural and urban projects communicated with policymakers as their primary advocacy strategy, however, they differed in other types of advocacy activities employed. Rural projects often **developed advocacy plans** and **drafted policies**, but urban projects **conducted grassroots activities** and **provided community education**.

Adopted policy

Rural	59%
Urban	41%

Rural projects passed the majority of policies (104 of 127 policies). Rural and urban projects adopted different types of policies, most often **school** and **worksite** policies by rural projects and **government/community** and **Complete Streets** policies by urban projects.

Secured at least 1 other funding source

Rural	45%
Urban	69%

Community organizations were one of the most common funding sources for both rural and urban projects, however they differed in the next most common funding source. Rural projects frequently secured funds from **local businesses**, whereas urban projects secured funds from **other foundations**.

> "I think about the overall program, what do I think is most successful about it? **I think it's the environmental changes that we've made** in each of the communities. I think that we have **positively impacted all [the] communities** by improving access to physical activity and nutrition.
>
> — Project Staff Member

Evolution of H&AC Funding Approaches

The funding structure of H&AC evolved over time and included several **funding approaches**, including **Model Practice Building (MPB)**, **Innovative Funding (IF)**, and **Promising Strategies (PS)**, with primary project activities in each of the funding approaches changing slightly as the evidence evolved around what works to support the prevention of obesity. This evolution is further captured in the logic models for the different funding approaches found in Appendix A.

Model Practice Building

MFH established the MPB funding approach in 2007 to support healthy eating and physical activity programs that showed **potential for becoming sustainable, long-term programs**. Nineteen organizations were funded (starting in 2007 or 2008) to implement environmental changes (e.g., building community gardens), policies to encourage healthy eating and physical activity (e.g., public use of athletic facilities), and programs targeting individual knowledge and behaviors (e.g., bike skills).
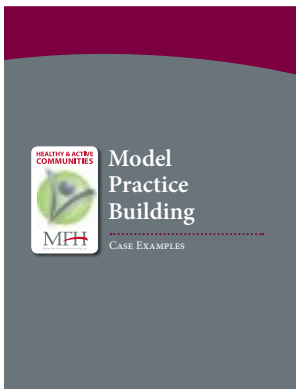
Drawing from evidence-based literature, a team of Foundation staff and other content experts developed an approach for identifying projects that had the potential for dissemination and replication. Projects were assessed on **innovation**, **effectiveness**, and **sustainability**. See the manuscript published in Preventing Chronic Disease for more information on the selection criteria and process. The result of this process was the development of five MPB Case Examples.

Innovative Funding

In 2008 MFH added the IF funding approach to the initiative to focus on **identifying community gaps** in addressing obesity. The four funded projects prioritized **environmental and policy change strategies** based on promising evidence and built upon existing community efforts. For more information on this strategy, see the Innovative Funding Summary Report.

Columbia/Boone County Department of Health implemented a Walking School Bus (WSB) program involving over 400 children in 11 different schools. This project was identified as a Model Practice because of its strong evidence of innovation (e.g., adaptation of an existing WSB program in Kearney, Nebraska, for use in Columbia, MO), effectiveness (e.g., linked to existing evidence that demonstrates WSB programs increase physical activity and decrease BMI), and sustainability (e.g., program sustained by volunteer leaders and schools).

Saint Louis University's Healthy Eating with Local Produce project (HELP) established a local food processing center to bring fresh local food purchased from local farmers to schools in the Maplewood-Richmond Heights school district throughout the year. Over the course of the project, over 47,000 lbs of fresh local food was incorporated into the school lunch program. To increase student buy-in, the project held "Recipes from Home" contests and produce spotlights with local chefs. Additionally, nutrition education was integrated into curriculums and utilized gardens growing at the schools. The project also created a summer training program where high school students were trained to work in food processing kitchens. Several of these students were subsequently hired by the school district to increase food processing in the schools.

Promising Strategies
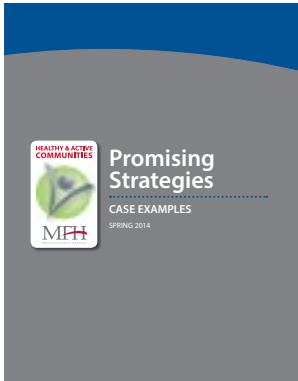
MFH formed the PS funding approach in 2009 based on emerging research that emphasized the need to **expand beyond individual programmatic changes and incorporate more systemic changes**, such as environmental and policy approaches, to more effectively prevent obesity.[7] Appendix O shows example promising strategies for healthy eating and active living projects, how these strategies support positive change in different categories, and the expected healthy living outcomes of implementing a multifaceted approach across the three categories.[4] The PS Case Examples describe two highly successful projects within this strategy. Below are examples of projects that implemented activities across all three categories within single communities.

Gateway Greening's Growing St. Louis, Cultivating Health project sought to improve access to healthy foods for underserved areas in the St. Louis region by strengthening the network of community gardens. The project developed four strategically located Community Resource Gardens (CRGs), which serve as centers of education and leadership on gardening and urban agriculture for other community gardens and gardeners. CRGs increased the region's capacity to provide locally grown, healthy food to its residents. It increased the regions's total number of community gardens by 41% and donated approximately 4,500 pounds of garden produce to local food pantries.

A school-based project:

- Provided nutrition education and motivational speakers.
- Improved the walking trail located behind the school and eliminated vending machines and the sale of unhealthy snacks.
- Implemented a school wellness policy increasing physical education class time.

A small community-based organization:

- Held taste tests and gardening classes for employees.
- Built a greenhouse at its worksite.
- Implemented a worksite wellness policy that removed unhealthy items from its cafeteria and ensured fresh produce options were provided to employees.

A hospital:

- Changed all menus to include nutritional information and labeled healthy foods in coolers, displays, and vending machines.
- Brought weekly farmer's market to its campus.
- Implemented a food purchasing policy to ensure the hospital purchased healthier options (e.g., healthy oils, trans fat free) and gave preference to locally grown produce.

A city

- Created a series of publicly available videos on bike safety and maintenance.
- Installed bike racks and bike lanes throughout the community.
- Adopted a Complete Streets policy outlining standards to make newly developed streets usable for all forms of transportation.

Conclusions

H&AC projects have changed their communities through the adoption of policies, changing the built environment, and outreach that increased opportunities to be healthy and active. This report highlights the achievements of H&AC projects and their healthy living efforts from 2007-2015. 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, indicating more still needs to be done to support efforts to improve the health of Missourians.

Key Lessons Learned and Strategies for Future Grantmaking

Overall, the findings and lessons learned in this report provide insights into the successes and challenges of funding healthy living and obesity prevention type of work, as well as funding a long-term, multi-strategy, grant-making portfolio. The information below can inform future program design, capacity-building approaches, and grant-making efforts. While there are a number of successes and challenges highlighted throughout this report, **below are the overall key lessons. Under each key lesson are potential strategies, activities, or actions that can promote or enhance efforts in the future.**

1   ### Policy and systems changes are crucial

While all projects made important contributions to promoting healthy living, promotion of community-wide and system-based initiatives may be particularly beneficial in future funding strategies. Below are some strategies that can support policy and systems changes in future grant making.

☑ **Promote and support community-wide and system-based initiatives.** Community-wide healthy living policies whose adoption were facilitated by H&AC projects reached a large number of people and had the potential to have a large overall impact. Supporting development, adoption, and implementation of healthy living policies is an important and sustainable strategy.

☑ **Design funding to allow for flexible or dynamic timetables to increase the likelihood that all key steps in the policy process (e.g., planning, adoption, implementation, monitoring, revision, etc.) are supported and executed.** H&AC projects were typically funded for three years, however, the time required to implement policy change efforts varies widely and were greatly influenced on local factors, such as the community's level of readiness for, and investment in, policy change. Little is known about what happened after H&AC policies were adopted. Flexible funding cycles that allow for community-specific timelines for policy and advocacy work is important to an increased likelihood of successful policy implementation.

☑ **Have projects make the desired outcome of policy work explicit.** H&AC projects were more likely to have successfully *adopted* a healthy living policy if they had a project-specific objective to do so. However, policy work does not end with the adoption of a policy, so additional policy goals should be considered that reach beyond the adoption of a policy (including implementation and evaluation).

☑ **Support and promote projects in conducting advocacy activities to enhance their policy work.** H&AC projects that successfully adopted a healthy living policy during their funding cycle were more likely to have *engaged in a more diverse set of advocacy activities*. Therefore, these types of activities contribute to policy adoption and considering ways these may be supported through grant making or capacity building opportunities may increase the likelihood of successful policy adoption.

2 **Relationships with stakeholders matter**

H&AC project staff repeatedly emphasized how important their partners were to implementing project activities and how critical their contributions were to their project's success. Partners were important for contributing resources, providing technical assistance, granting access to target populations, and implementing project activities. H&AC project staff also greatly valued opportunities to learn from others.

☑ **Support projects in the identification and development of multi-sectoral partnerships.** Partners were crucial for project implementation, sustainability, and success.

☑ **Provide opportunities for projects/project staff to strengthen their networks.** Strengthening networks that support project-specific activities proved important to ensure planned activities were implemented or sustained. Furthermore, project staff repeatedly reported that they reaped many benefits from networking opportunities at convenings.

☑ **Require projects to formalize partnership roles and responsibilities.** MOUs proved to be an important mechanism for project staff to clearly outline specific roles and responsibilities. At times, MOUs were tools in helping get activities back on track and re-engaging partner buy in.

3 **Creating change, building infrastructure, and building capacity takes time**

The H&AC initiative funded a wide variety of organizations to implement healthy living project activities. Since healthy living projects were intended to include activities to educate, change to the built environment, and advocate for policy change, a wide variety of skills and knowledge were also required to implement all of these activities. The capacity of organizations to do this work was at times overestimated. Therefore, it became increasingly important to provide targeted capacity building opportunities to projects.

☑ **Assess skill-level and capacity to enable identification of general support as well as individualized technical assistance that best met the needs of projects.** Assessing each project's skill-level and capacity to do different types of work (e.g., internal program evaluation, policy, partnership development) can provide valuable information about the types of capacity building opportunities that would support implementation of the required areas of work. Also, for the majority of projects, several months were needed to get their projects up and running (e.g., hiring staff), which can significantly delay implementation when the funding is only for three years.

☑ **Find a balance between focused and flexible funding approaches.** The H&AC initiative employed several funding approaches over the course of the initiative's evolution, which allowed for innovation and adaptation based on emerging best practices evidence. Project staff greatly appreciated the flexibility afforded to them by MFH to modify project plans when they encountered challenges. However, at times this also limited the amount of time to implement activities, and collect data on their impact. Therefore, internal program evaluation focused primarily on process related outcomes and short-term outcomes.

☑ **Formalize on-boarding process when project staff turn over.** H&AC projects were often greatly impacted by staff turnover and suffered implementation delays or lack of understanding of grant requirements when turnover took place. Establishing a formal on-boarding process, facilitated by MFH (e.g., Program officers), may encourage a smooth transition if and when project staff do turn over.

4 **Planning for sustainability is essential**

The most successful projects used multi-faceted sustainability strategies. In general, projects reported that the most sustainable elements of their projects were the built environment and policy changes because they required the least amount of resources to continue or maintain and were aimed at more system-wide changes.

✓ **Plan for and assess sustainability early, broadly, and often.** Adoption of an approach that assesses sustainability early, broadly, and often can help MFH better understand the effectiveness of certain types of supports and challenges at different points in a grantee's funding cycle. To increase the likelihood of project components being sustained beyond funding, projects should plan for, and assess sustainability on an on-going basis, and track projects' progress towards meeting sustainability goals and plans. One approach may be to require grantees to have sustainability objectives or plans across several domains and report progress towards and achievement of such efforts (e.g., in interim reports to MFH). Ensure projects develop action plans around sustainability that extend beyond securing additional funding.

✓ **Employ grant requirements that promote diverse funding and sustainability strategies.** Increasing projects' capacity to secure state and federal funds through supports like MoCAP is beneficial to Missouri obesity prevention efforts overall. The most successful projects were more likely to leverage additional funds, so finding additional funding is important, however, ensuring projects develop action plans at the beginning, during, and end of their projects around sustainability that extend beyond securing additional funding is equally important.

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Appendices

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

Inputs

Financial Resources [1]
- MFH Funding
  - Programs
  - Evaluation
  - Training and technical assistance
- Other funders contributing to H&AC grantees
- In-kind contributions

Human Resources [2]
- MFH Staff and Board
- Advisory Committee
- Grantees
- Contractors
- External Partners
  - Local (*e.g.*, HYP)
  - State (*e.g.*, MOCAN, Convergence, DHSS)
  - National (*e.g.*, RWJF)

Information Resources [3]
- Obesity Prevention Science
- Evidence-based Guidelines
- Promising Practices
- Federal Initiatives

Activities

Direct Grant Making [4]
- Model Practice Building
- Innovative Funding
- Promising Strategies
- Other

Partnership Networks [5]
- H&AC grantees (*e.g.*, annual convening)
- Local (*e.g.*, Healthy Youth Partnership)
- Statewide (*e.g.*, Missouri Convergence Project, MOCAN)
- National

Capacity Building [6]
- Program Implementation
- Evaluation
- Dissemination
- Advocacy

Dissemination [7]
- Best practice programs & policies
- Initiative-related products

Surveillance & Evaluation [8]
- Initiative evaluation
- Grantee evaluations
- State surveillance
- Landscape analysis
- Policy analysis

Outputs

Direct Grant Making [9]
- Best Practice & Promising Practice models
- Number of counties reached
- Number of project implementation sites
- Policy or environmental change planning documents
- Organizational & community policies

Partnership Networks [10]
- Number & types of partners
  - Local
  - Statewide
  - National
- Partner contributions

Capacity Building [11]
- Technical assistance & program coaching sessions
- Program reports & briefs
- Grantee evaluation & dissemination plans
- Number & types of grantee & partner advocacy activities

Dissemination [12]
- Number of hits on website
- Number of program materials distributed (*e.g.*, brochures, policy briefs, community profiles)

Surveillance & Evaluation [13]
- Data collection tools
- Data
- Reports
- Evaluation plans

Short-term Outcomes

Individual [14]
- Increased knowledge of healthy eating & physical activity
- Increased awareness of need for policy or environment change

Organizational [15]
- Increased use of evidence-based strategies
- Increased awareness and support for organizational policy change
- Increased organizational capacity to implement environmental or policy change

Community [16]
- Increased support for policy or environment change
  - Policymakers
  - Community members
- Increased # and strength of community partnerships

State [17]
- Increased awareness of obesity prevention efforts in Missouri
- Increased support & information sharing among partners

Intermediate Outcomes

Individual [18]
- Increased healthy eating
- Increased physical activity

Organizational, Community & State [19]
- Increased resources leveraged for obesity prevention efforts
- Increased opportunities for healthy eating & physical activity
- Increased # of policies (*e.g.*, organizational, local, state) for healthy & active lifestyles
- Increased effectiveness of obesity prevention efforts

Community & State only
- Increased strength of obesity prevention partnership networks

Long-term Outcomes

Health Outcomes [20]
- Decrease in obesity rates in Missouri

Environmental Outcomes [21]
- Supportive environment for healthy communities

Sustainability [22]
- Increased presence of Missouri as a national leader in obesity prevention
- Increased replication of "best practices" programs & policies
- Advancement of obesity prevention science
- Sustained statewide obesity prevention network

Impact
- Changes in social norms
- Improved health of Missourians

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

10/5/10

Appendix A: Model Practice Building Logic Model

Inputs

MFH [1]
- Funding
- Capacity/Staffing
- Expertise
- Evidence-based practices
- Coordination and guidance
- Organizational support

Grantees [2]
- Capacity
- Organizational support
- Content expertise
- Evidence-based practices
- Community partnerships
- Other financial support
- In-kind resources

Program Sites [3]
- Capacity
- Organizational support
- Community partnerships
- In-kind resources
- Target population

Capacity-building Teams [4]
- Implementation
- Dissemination
- Evaluation

Activities

Program Guidance & Support [5]
- Provide strategic direction and oversight
- Monitor grantees' progress
- Ensure accountability of program implementation, evaluation, dissemination, & sustainability
- Develop and issue RFPs

Programmatic [6]
- Physical activity & nutrition educational programs
- Environmental & policy change activities
- Sustainability strategies

Partnerships [7]
- Build and maintain community relationships

Capacity Building [8]
- Program implementation
- Evaluation
- Dissemination
- Annual convening
- Policy assessments & surveillance

Evaluation [9]
- Data collection plan
- Data collection and analysis

Outputs

Program Guidance & Support [10]
- H&AC strategic plan
- Annual reports of initiative
- Interim & final grantee reports
- Evaluation, dissemination & program implementation reports & plans
- Programs funded

Programmatic [11]
- Physical activity & nutrition curricula
- Environmental & policy change planning documents
- Trainings & meetings held
- Program marketing materials
- Sustainability strategies used

Partnerships [12]
- Names & roles of community partners
- Types of partnerships

Capacity Building [13]
- Peer-to-peer exchange & individual coaching
- Evaluation trainings
- Evaluation technical assistance plans
- Dissemination plans
- Annual convening agenda & materials
- Policy briefs and publications
- Press releases

Evaluation [14]
- Data collection tools
- Data
- Reports

Short-term Outcomes

Institutional [15]
- Improved program implementation to increase likelihood of spread & adoption
- Increased awareness & support for model practices for physical activity and nutrition
- Increased support for change in organizational policies

Individual [16]
- Increased knowledge of physical activity & healthy eating
- Increased awareness about importance of physical activity & healthy eating

Community and Environment [17]
- Increased awareness & support for policies
- Increased # and strength of community partnerships

Intermediate Outcomes

Institutional [18]
- Increased leveraging of resources
- Increased # of model practices or components
- Increased change in organizational policies

Individual [19]
- Increased utilization of physical activity opportunities and healthy foods
- Readiness to change

Community and Environment [20]
- Increased environmental opportunities for healthy eating & physical activity
- Increased # of policies for healthy & active lifestyles
- Increased amount of collaboration among community partners

Long-term Outcomes

Institutional [21]
- MFH viewed as leader in H&AC
- Increased capacity of organizations
- Increased sustainability of model practice programs
- Increased adoption of model practices in other communities

Individual [22]
- Increased physical activity
- Increased healthy eating

Improved health of Missourians

4/16/10

Appendix A: Promising Strategies & Innovative Funding Logic Model

Inputs	Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes

Inputs

MFH [1]
- Funding
- Capacity/Staffing
- Expertise
- Evidence-based practices
- Coordination and guidance
- Organizational support

Grantees [2]
- Capacity
- Organizational support
- Content expertise
- Evidence-based practices
- Community partnerships
- Other financial support
- In-kind resources

Program Sites [3]
- Capacity
- Organizational support
- Partnerships
- In-kind resources
- Target population

Capacity-building Teams [4]
- Implementation
- Evaluation

Activities

Program Guidance & Support [5]
- Provide strategic direction and oversight
- Monitor grantees' progress
- Ensure accountability of program implementation, evaluation, & sustainability activities
- Develop and issue RFPs

Strategies [6]
- Access & environment
- Community engagement
- Policy & economic

Partnerships [7]
- Build and maintain community relationships

Capacity Building [8]
- Program implementation
- Evaluation
- Annual convening

Evaluation [9]
- Data collection plan
- Data collection & analysis

Outputs

Program Guidance & Support [10]
- H&AC strategic plan
- Annual reports of initiative
- Interim & final grantee reports
- Evaluation & program implementation reports and plans
- Programs funded

Strategies [11]
- Access & environmental change planning documents
- Community engagement programs, products & campaigns
- Policy & economic change planning documents
- Trainings & meetings held
- Program marketing & dissemination products

Partnerships [12]
- Names & roles of community partners
- Types of partnerships
- Partner contributions to programs
- Memorandums of Agreement

Capacity Building [13]
- Peer-to-peer exchange & individual coaching
- Program evaluation plans
- Evaluation trainings
- Annual convening agenda & materials

Evaluation [14]
- Data collection tools
- Data
- Reports

Short-term Outcomes

Individual [15]
- Increased awareness of need for policy & environment change
- Increased knowledge of & skills in advocacy
- Increased knowledge of healthy eating & physical activity
- Increased awareness about importance of physical activity and health eating

Community and Environment [16]
- Increased support for policies & environment changes
  - Policy makers
  - Community members

Organizational [17]
- Increased awareness & support for using promising strategies in physical activity and nutrition
- Increased support for change in organizational policies

Intermediate Outcomes

Individual [18]
- Increased utilization of physical activity opportunities & healthy foods

Community and Environment [19]
- Increased environmental opportunities for healthy eating & physical activity
- Increased # of policies for healthy & active lifestyles

Organizational [20]
- Increased leveraging of resources
- Increased change in organizational policies

Long-term Outcomes

Individual [21]
- Increased physical activity
- Increased healthy eating

Organizational [22]
- Increased capacity of organizations
- Increased sustainability of programs

- **Changes in social norms**
- **Improved health of Missourians**

4/26/10

Page A-3

Appendix B: Evaluation Methods

The evaluation of the H&AC initiative employed a mixed methods approach to answer a set of prioritized evaluation questions. The initiative-level evaluation was primarily a process evaluation. Since H&AC utilized multiple funding strategies over 10 years, the evaluation focus was on what was and was not working along the way, in order to make mid-course corrections and promote continuous improvement. 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.

Initiative-level data was collected from five different sources to answer the established evaluation questions

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 entered information about project activities on a monthly and quarterly basis. Information was collected about physical activity and nutrition education and programmatic activities, policy and advocacy activities, changes to the environment, and partnership development activities. Data were 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 primarily 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 cycles. 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 project). 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 127 policies adopted** by all H&AC projects, with the largest proportion being worksite wellness policies (n=28).
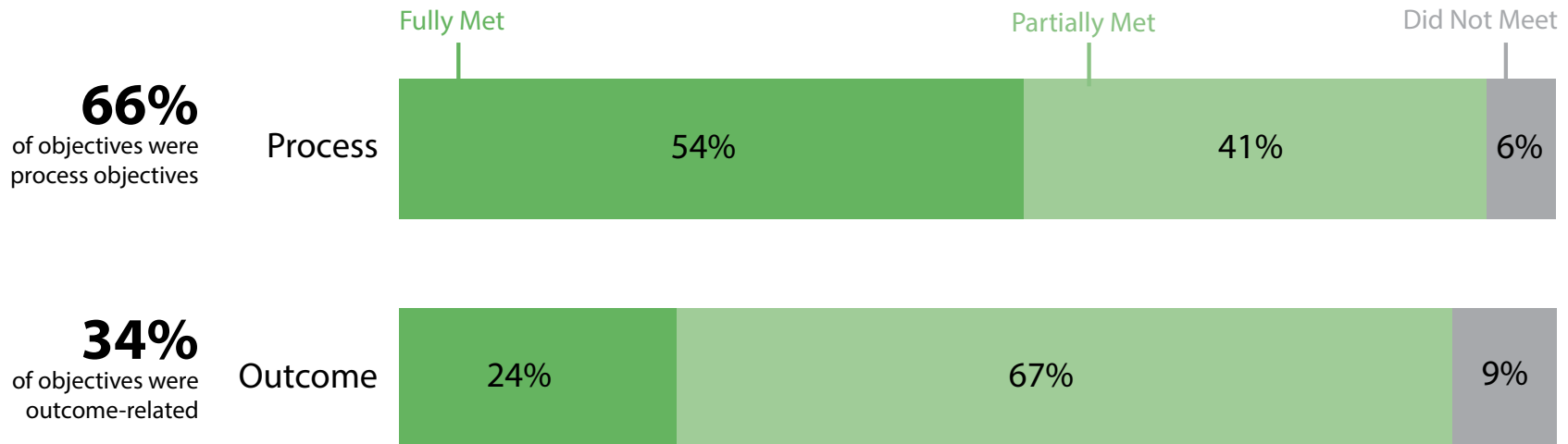
The team modified existing policy assessment tools, such as PolicyLift and the National Complete Streets Coalition tool to examine the quality of written policy language. PolicyLift is a ready-made tool for assessing the language of obesity prevention policies and includes a slightly different set of 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 337 objectives were classified as process (n=66%) or outcome-related (34%). **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.

	Fully Met	Partially Met	Did Not Meet

66%
of objectives were
process objectives

Process | 54% | 41% | 6%

34%
of objectives were
outcome-related

Outcome | 24% | 67% | 9%

Producing Success Ratings

The degree to which projects met objectives was one indicator that demonstrated project success. However, there were other indicators that demonstrated 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 project for the level of success achieved. Overall, **39% of projects were highly successful**, 54% were moderately successful, and 7% achieved a low level of success.

Ninety-three percent of projects were moderately to highly successful

- ● High (21 projects)
- ● Moderate (29 projects)
- ● Low (4 projects)
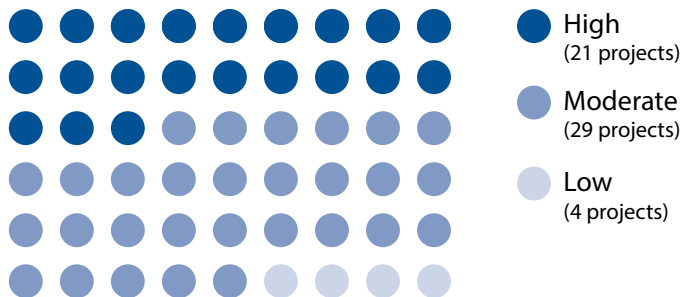
Success Criteria	Proportion of projects that met each criteria	Success level
MPB/IF (23 projects)		
• The project demonstrated positive change to any degree.	70%	High = 3 criteria met
• The project had a more diverse set of partnerships than was typical.	57%	Moderate = 1-2 criteria
• The project met a higher proportion of objectives than was typical.	52%	Low = 0 criteria
PS (31 projects)		
• The project demonstrated positive change to any degree.	81%	
• The project had a more diverse set of partnerships than was typical.	61%	High = 4-5 criteria met
• The project met a higher proportion of objectives than was typical.	65%	Moderate = 2-3 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%	Low = 0-1 criteria
• The majority of activities would likely be sustained beyond MFH funding.	58%	

Appendix C: Project Overviews

Click on the organization name below to be directed to each project overview page or continue scrolling to view all in alphabetical order.

America SCORES St. Louis

American Heart Association

Barton County Memorial Hospital

Child Day Care Association

Citizens for Modern Transit

City of Cabool

City of Cape Girardeau

City of Elsberry

City of Ferguson

City of Kirksville

City of Ozark

City of Perryville

City of Sikeston

City of St. Louis Department of Health

Clark County Health Department

Columbia/Boone County Health Department

Fordland Clinic, Inc.

Forest Institute of Professional Psychology

Freeman Health Systems

Gateway Greening

Independence Center

Jefferson County Health Department (Get Moving Festus)

Jefferson County Health Department (Plan Eat & Play DeSoto)

Jefferson County Health Department (Sow n' Show)

Lutie R-VI School

Madison Medical Center

Mark Twain Forest Regional Health Alliance

Missouri Baptist Hospital-Sullivan

Montomery County R-II Schools

New Madrid County Health Department

Old North St. Louis Restoration Group (Everybody Eats)

Old North St. Louis Restoration Group (Grocery Co-Op)

Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)

Ozarks Regional YMCA (Local Sprouts)

PedNet Coalition

Polk County Health Center (Healthy & Active Workplaces)

Polk County Health Center (Obesity Prevention Program)

Poplar Bluffs Parks and Recreation Department

Pulaski County Health Department

Pulaski County Sheltered Workshop

Saint Louis County Department of Health

Saint Louis University (HELP)

Saint Louis University (HELP SLPS)

Springfield Urban Agriculture Coalition

St. John's Regional Medical Center/Mercy

St. Louis for Kids

St. Louis Regional OASIS

The Community Partnership (Fit Helps)

The Community Partnership (Fit Phelps)

Trailnet, Inc. (Healthy & Active Communities Initiative)

Trailnet, Inc. (Touchstone Project)

University of Missouri - St. Louis

Washington County Health Department

YMCA of Callaway County

AMERICA SCORES ST. LOUIS
America SCORES St. Louis After-School Program

Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

Settings where project worked most often: school, childcare, neighborhood

Primary target populations: elementary and middle school students

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2010

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement

✓ provided education programs (e.g., after-school nutrition education)
✓ provided healthy living opportunities (e.g., after-school soccer program)
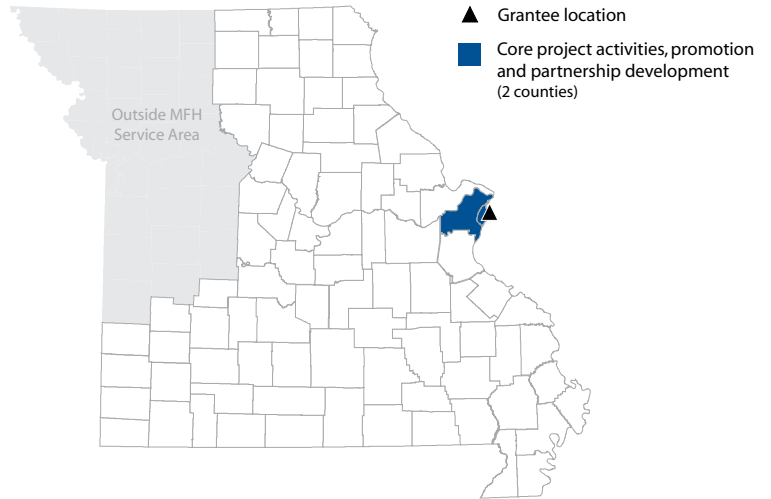
Partnerships

11 partners engaged

6 types of partners

Improved Access

no activities conducted in this category

Policy & Advocacy Changes

✓ conducted advocacy activities

3 types of activities (e.g., educated others on policy)

1 policy adopted

1 type of policy (e.g., school wellness)

25,046 approximate people reached

✓ indicates activity conducted

AMERICAN HEART ASSOCIATION
Healthy Schools Program

Organization type: foundation

Location: St. Louis County

Project context: rural

Setting where project worked most often: school

Primary target population: K-12 school students

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2012

▲ Grantee location

◼ Only project promotion and partnership development (18 counties)

Outside MFH Service Area
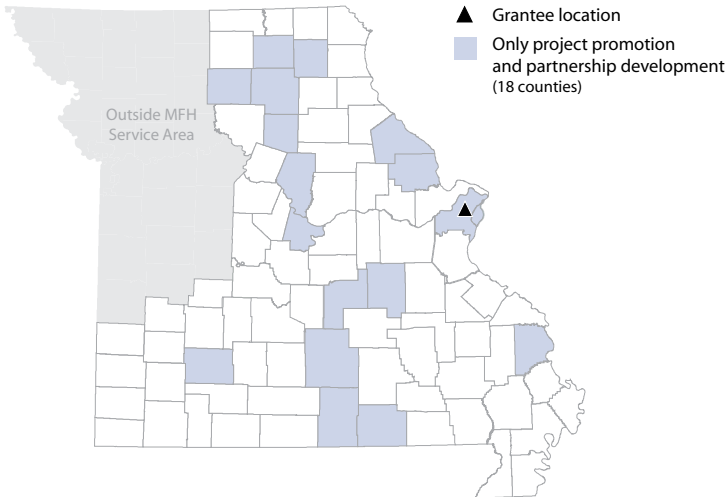
Key project activities across the three primary activity categories:

Partnerships

23 partners engaged

4 types of partners

Community Education & Engagement
- ✓ facilitated education program improvements* (e.g., portion size training for cafeteria staff)
- ✓ facilitated healthy living opportunity improvements* (e.g., physical education aligned with state standards)
- ✓ promoted project
- ✓ shared project results

Improved Access
- ✓ facilitated healthy eating changes*
  - **2** types of changes (e.g., fruit offered at breakfast)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **1** type of activity (e.g., developed advocacy plan)

*Project did not directly implement these activities but provided technical assistance for schools to implement them

✓ indicates activity conducted

BARTON COUNTY MEMORIAL HOSPITAL
BLEND (Better Lifestyle, Exercise & Nutrition Daily)

Organization type: healthcare provider

Location: Barton County

Project context: rural

Settings where project worked most often: school, neighborhood, healthcare

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

□ Only project promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

21 partners engaged

8 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., smoking cessation)
- ✓ provided healthy living opportunities (e.g., 5k walk/run)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., resource guide mailer)
- ✓ shared project results

Improved Access
- ✓ implemented physical activity changes
  - **6** types of changes (e.g., improved or maintained existing parks or playgrounds)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **3** types of activities (e.g., communicated with policymakers)
- **4** policies adopted
  - **2** types of policy (e.g., worksite wellness)
  - **6,491** approximate people reached
- ✓ established maintenance agreement

✓ indicates activity conducted

CHILD DAY CARE ASSOCIATION
Farm To Child Care: A St. Louis Healthy Eating Initiative

Organization type: community/neighborhood organization

Location: St. Louis City

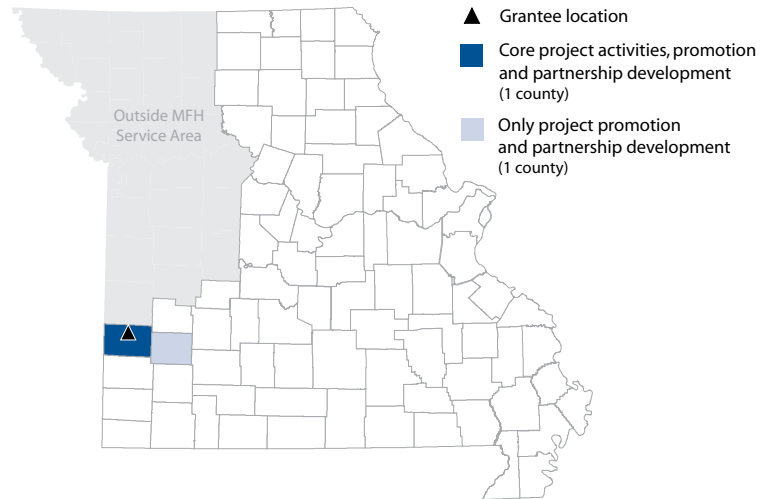Project context: urban

Settings where project worked most often: childcare, neighborhood

Primary target populations: all community members, adults, children, elementary school sudents

Funding Strategy: Innovative Funding

Project timeframe: 2008 - 2011

▲ Grantee location

▦ Core project activities, promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

4 partners engaged
2 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., nutrition education training for childcare providers)
- ✓ provided healthy living opportunities (e.g., healthy eating nutrition program)
- ✓ promoted project
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
  - 4 types of changes (e.g., developed new gardens)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - 6 types of activities (e.g., communicated with policymakers)

✓ indicates activity conducted

CITIZENS FOR MODERN TRANSIT
10 Toe Express & Express Model Walking

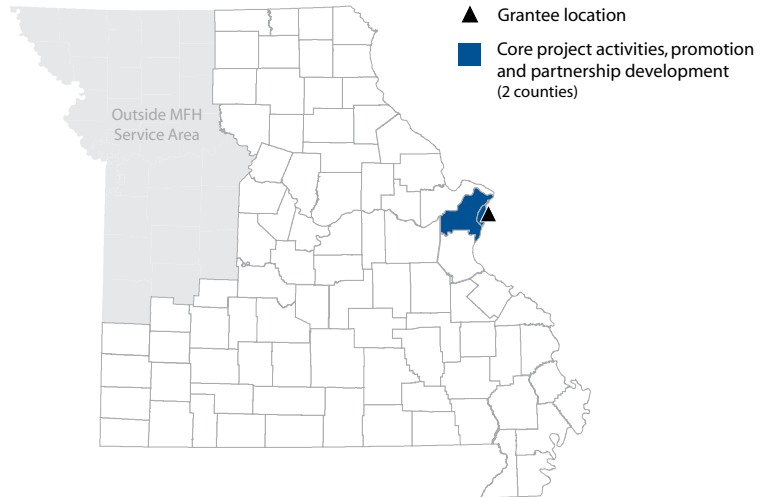Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

Setting where project worked most often: neighborhood

Primary target populations: all community members, older adults (i.e., over 55)

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

□ Only project promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

13 partners engaged

6 types of partners

Community Education & Engagement

- ✓ provided education programs (e.g., physical activity education on walking)
- ✓ provided healthy living opportunities (e.g., walking groups)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., YouTube video)
- ✓ shared project results (e.g., toolkit)

Improved Access

- ✓ implemented physical activity changes
  - **1** type of change (e.g., expansion of transit system)

Policy & Advocacy Changes

- ✓ conducted advocacy activities
  - **7** types of activities (e.g., communicated with policymakers)

✓ indicates activity conducted

CITY OF CABOOL
On the Trail to Fitness

Organization type: local government

Location: Texas County

Project context: rural

Settings where project worked most often: neighborhood, worksite, school

Primary target population: all community members

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2014

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

■ Only project promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

14 partners engaged

8 types of partners

Community Education & Engagement
- ✓ provided healthy living opportunities (e.g., 5K walk/run)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., radio interview)

Improved Access
- ✓ implemented physical activity changes
  - **5** types of changes (e.g., built walking trail)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **1** type of activity (e.g., developed advisory committee)
- ✓ established maintenance agreement

✓ indicates activity conducted

CITY OF CAPE GIRARDEAU
Ride the City Project

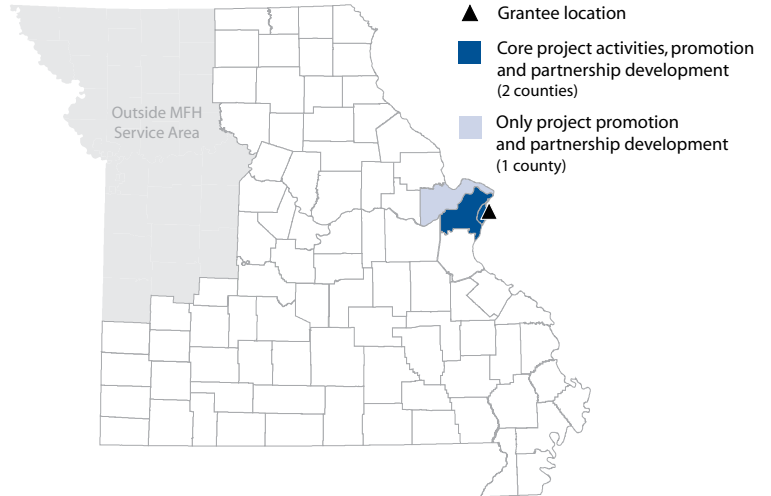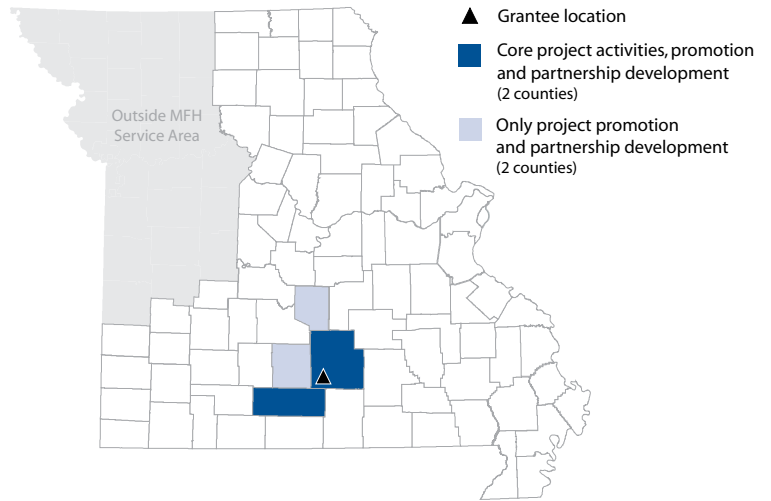Organization type: local government

Location: Cape Girardeau County

Project context: rural

Settings where project worked most often: neighborhood, school

Primary target populations: all community members, adults, elementary and middle school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided healthy living opportunities (e.g., parks and rec day)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., YouTube video)

Partnerships

13 partners engaged

6 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **3** types of changes (e.g., bike lane striping)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **3** types of activities (e.g., educated others on policy)
- **1** policy adopted
  - **1** type of policy (e.g., Complete Streets)
  - **37,941** approximate people reached

✓ indicates activity conducted

CITY OF ELSBERRY
Page Branch Park

Organization type: local government

Location: Lincoln County

Project context: urban

Settings where project worked most often: neighborhood

Primary target populations: elementary and middle school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2011
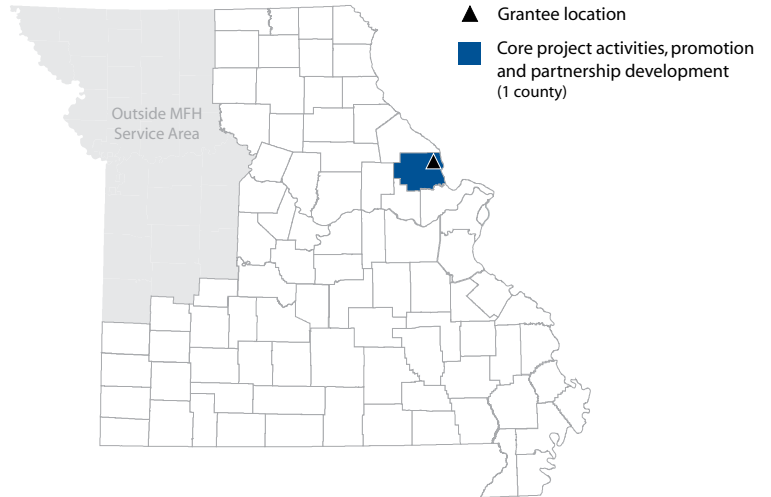
▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided healthy living opportunities (e.g., bike rodeo)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper article)

Partnerships

19 partners engaged

5 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **4** types of changes (e.g., improved parks or playgrounds)

Policy & Advocacy Changes

1 policy adopted

1 type of policy (e.g., Complete Streets)

CITY OF FERGUSON
Live Well Ferguson Livability Project

Organization type: local government
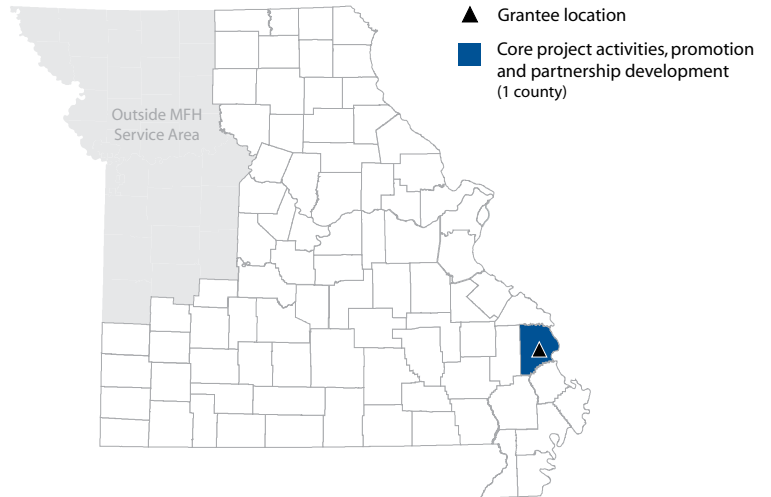
Location: St. Louis County

Project context: urban

Settings where project worked most often: neighborhood, worksite, school

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

▲ Grantee location

◼ Core project activities, promotion and partnership development (3 counties)

◻ Only project promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., wellness fair)
- ✓ provided healthy living opportunities (e.g., youth bike club)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper advertisement)
- ✓ shared project results

Partnerships

81 partners engaged

10 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **4** types of changes (e.g., built walking trail)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **6** types of activities (e.g., communicated with policymakers)
- **6** policies adopted
  - **2** types of policy (e.g., bicycle ordinance)
  - **84,803** approximate people reached

✓ indicates activity conducted

CITY OF KIRKSVILLE
Get Active Kirksville

Organization type: local government

Location: Adair County

Project context: rural

Settings where project worked most often: neighborhood, school

Primary target population: all community members

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

Outside MFH Service Area

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

■ Only project promotion and partnership development (5 counties)

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., bike safety education)
- ✓ provided healthy living opportunities (e.g., program to utilize new bike lanes and bike routes)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., blog post)
- ✓ shared project results

Partnerships

15 partners engaged

7 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **7** types of changes (e.g., installed bike lanes)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **6** types of activities (e.g., educated others on policy)

✓ indicates activity conducted

CITY OF OZARK
Healthy Community Project

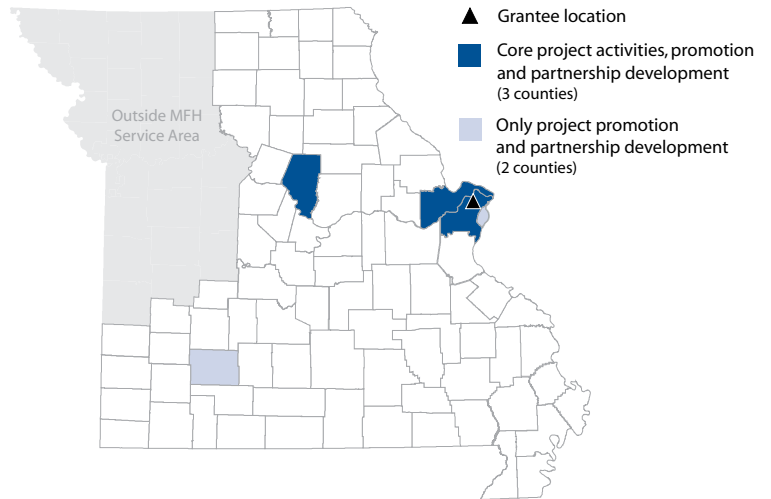Organization type: local government

Location: Christian County

Project context: urban

Settings where project worked most often: school, worksite, neighborhood

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

■ Only project promotion and partnership development (4 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

20 partners engaged

7 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., healthy eating classes)
- ✓ provided healthy living opportunities (e.g., day of health event)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper article)
- ✓ shared project results

Improved Access
- ✓ implemented physical activity changes
  - **5** types of changes (e.g., built walking trail)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **6** types of activities (e.g., letters to the editor)

✓ indicates activity conducted

CITY OF PERRYVILLE
Perryville's Action to Health (P.A.T.H.)

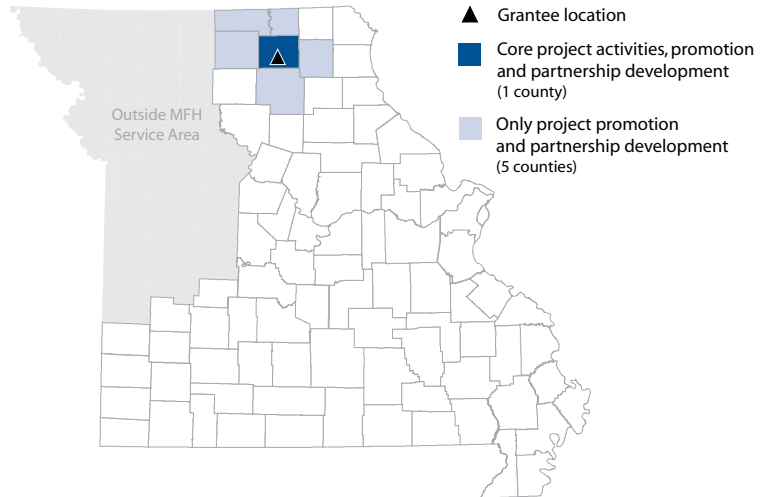Organization type: local government

Location: Perry County

Project context: rural

Settings where project worked most often: neighborhood, healthcare, faith-based

Primary target populations: all community members, adults, high school school students

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

■ Only project promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

18 partners engaged

7 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., food pantry nutrition education)
- ✓ provided healthy living opportunities (e.g., fitness program)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper advertisement)

Improved Access
- ✓ implemented healthy eating changes
  - **4** types of changes (e.g., distributed fresh produce)
- ✓ implemented physical activity changes
  - **6** types of changes (e.g., developed new park or playground)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **1** type of activity (e.g., developed advisory committee)

✓ indicates activity conducted

CITY OF SIKESTON
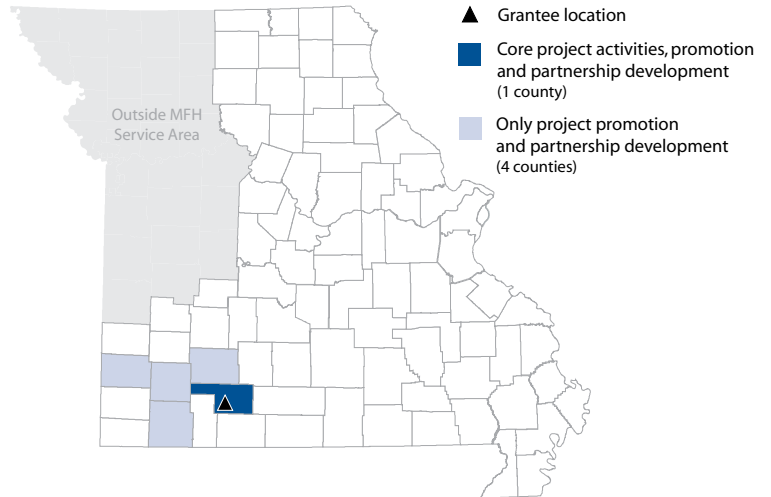Sikeston Walking Trail

Organization type: local government

Location: Scott County

Project context: rural

Setting where project worked most often: neighborhood

Primary target populations: all community members, adults, elementary and middle school students

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2014

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

Outside MFH Service Area
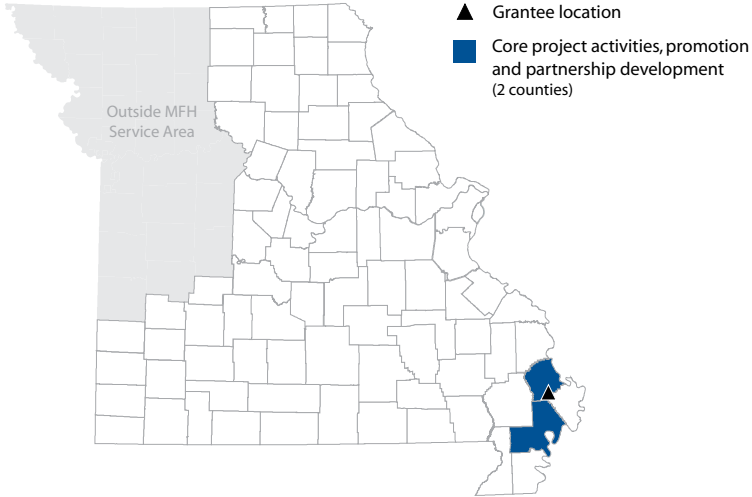
Key project activities across the three primary activity categories:

Partnerships

27 partners engaged

8 types of partners

Community Education & Engagement
- ✓ provided healthy living opportunities (e.g., walking club)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper article)

Improved Access
- ✓ implemented physical activity changes
  - **1** type of change (e.g., built walking trail)

Policy & Advocacy Changes
- ✓ established maintenance agreement

✓ indicates activity conducted

CITY OF ST. LOUIS DEPARTMENT OF HEALTH
The St. Louis Healthy Corner Store Project

Organization type: healthcare provider

Location: St. Louis City
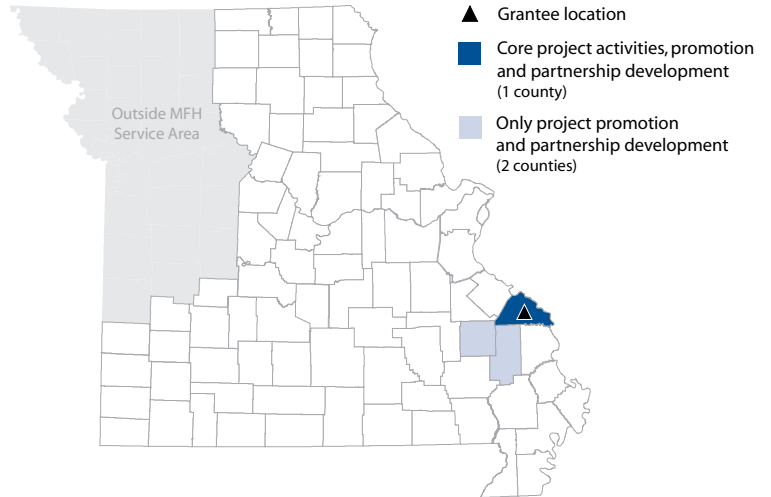
Project context: urban

Setting where project worked most often: neighborhood

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2015

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

▢ Only project promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., healthy food shopping tour)
- ✓ provided healthy living opportunities (e.g., healthy food samplings)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper article)
- ✓ shared project results (e.g., toolkit)

Improved Access
- ✓ implemented healthy eating changes
  - **2** types of changes (e.g., improved access to food outlets)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **1** type of activity (e.g., encouraged EBT access at corner stores)

Partnerships

73 partners engaged
10 types of partners

✓ indicates activity conducted

CLARK COUNTY HEALTH DEPARTMENT
Concrete Solutions for Active Living

Organization type: healthcare provider

Location: Clark County

Project context: rural

Settings where project worked most often: neighborhood, school, healthcare

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2014

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

13 partners engaged

7 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., diabetic support group)
- ✓ provided healthy living opportunities (e.g., walk to school day)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper advertisement)
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
  - **1** type of change (e.g., labeled menus)
- ✓ implemented physical activity changes
  - **3** types of changes (e.g., installed sidewalks)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **3** types of activities (e.g., educated others on policy)

✓ indicates activity conducted

COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT
Healthy and Active Boone County-II

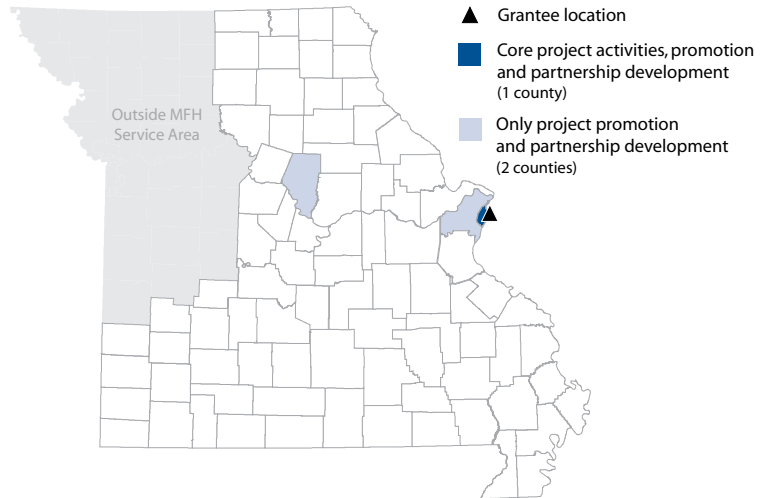Organization type: healthcare provider

Location: Boone County

Project context: urban

Settings where project worked most often: school, neighborhood

Primary target populations: all community members, adults, children, K-12 school students

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2010

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

■ Only project promotion and partnership development (13 counties)

Outside MFH Service Area
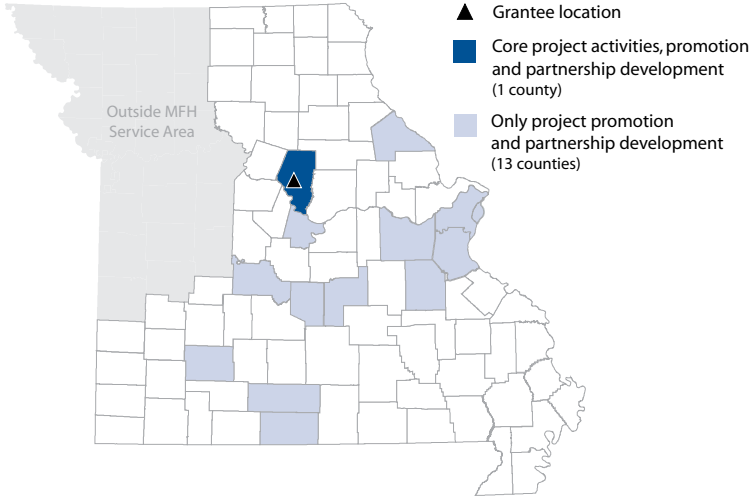
Key project activities across the three primary activity categories:

Partnerships

9 partners engaged

6 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., nutrition education)
- ✓ provided healthy living opportunities (e.g., walking school bus)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., television program)
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
  - **1** type of change (e.g., food samples in lunch program)
- ✓ implemented physical activity changes
  - **3** types of changes (e.g., installed crosswalk)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **1** types of activities (e.g., communicated with policymakers)

✓ indicates activity conducted

FORDLAND CLINIC, INC.
School and Community Gardening Along Route 60

Organization type: healthcare provider

Location: Webster County
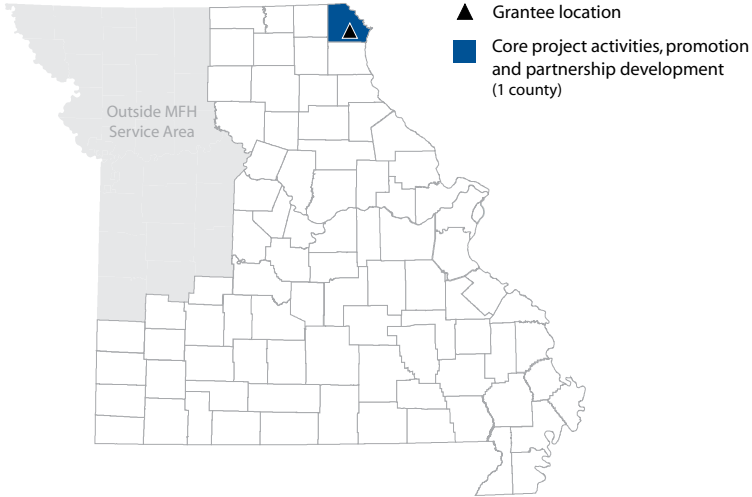
Project context: urban

Settings where project worked most often: school, neighborhood, faith-based

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2013

▲ Grantee location

■ Core project activities, promotion and partnership development (4 counties)

■ Only project promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

62 partners engaged

8 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., gardening education)
- ✓ provided healthy living opportunities (e.g., fresh produce tasting)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper article)
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
  - **5** types of changes (e.g., conducted farmers' market)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **3** types of activities (e.g., communicated with policymakers)

✓ indicates activity conducted

FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY
3Vs: Vitality, Vim and Vigor for Life =3Vs

Organization type: college/university

Location: Greene County

Project context: urban

Settings where project worked most often: school, faith-based, neighborhood, healthcare

Primary target populations: all community members, adults, children, K-12 school students

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2010

▲ Grantee location
■ Core project activities, promotion and partnership development (5 counties)
□ Only project promotion and partnership development (12 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

49 partners engaged

9 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., annual community health celebration)
- ✓ provided healthy living opportunities (e.g., fitness teams)
- ✓ promoted project
- ✓ shared project results

Improved Access
no activities conducted in this category

Policy & Advocacy Changes
no activities conducted in this category

FREEMAN HEALTH SYSTEM
Agent of Food Change in Healthcare

Organization type: healthcare provider

Location: Newton County

Project context: urban

Settings where project worked most often: worksite, healthcare, school

Primary target populations: all community members, adults, high school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2014

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

■ Only project promotion and partnership development (5 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., dietary guidelines education)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., magazine article)
- ✓ shared project results

Partnerships

43 partners engaged

7 types of partners

Improved Access
- ✓ implemented healthy eating changes
  - **7** types of changes (e.g., conducted farmers' market)

Policy & Advocacy Changes
- **1** policies adopted
  - **1** type of policy (e.g., locally grown food purchasing policy)
  - **52,000** approximate people reached

✓ indicates activity conducted

GATEWAY GREENING
Growing St. Louis, Cultivating Health

Organization type: community/neighborhood organization

Location: St. Louis City

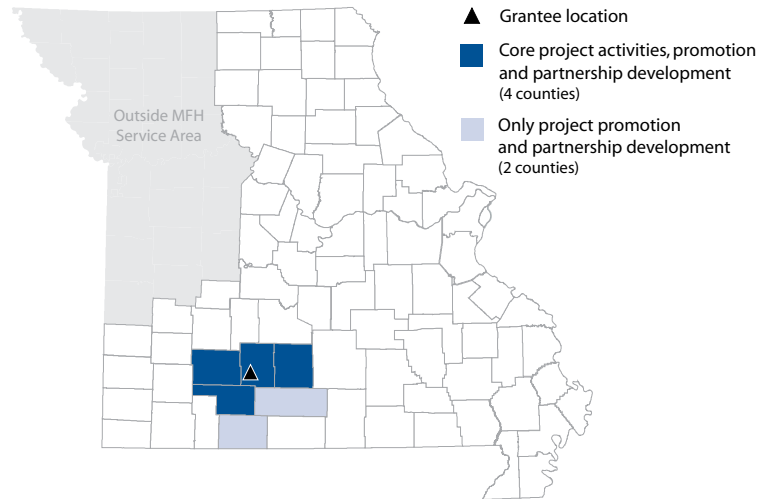Project context: urban

Settings where project worked most often: neighborhood, childcare

Primary target populations: all community members, adults, children, elementary and middle school students

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2013

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

■ Only project promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., cooking demonstrations)
- ✓ provided healthy living opportunities (e.g., kids nutrition classes)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., e-newsletter)

Partnerships

21 partners engaged

7 types of partners

Improved Access
- ✓ implemented healthy eating changes
  - **3** types of changes (e.g., developed new gardens)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **7** types of activities (e.g., communicated with policymakers)
- **1** policy adopted
  - **1** type of policy (e.g., water access for community gardens)
  - **150** approximate people reached

✓ indicates activity conducted

INDEPENDENCE CENTER
Healthy Lifestyle Project

Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

Settings where project worked most often: worksite, healthcare

Primary target populations: all community members, adults

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2011

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

▨ Only project promotion and partnership development (24 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

41 partners engaged
6 types of partners

Community Education & Engagement
✓ provided education programs (e.g., wellness coaching education)
✓ provided healthy living opportunities (e.g., wellness events and competitions)
✓ promoted project
✓ shared project results

Improved Access
✓ implemented healthy eating changes
    4 types of changes (e.g., maintained existing garden)
✓ implemented physical activity changes
    1 type of change (e.g., improved access to physical activity facilities or equipment for staff)

Policy & Advocacy Changes
✓ conducted advocacy activities
    2 types of activities (e.g., developed recommendations)
1 policy adopted
    1 type of policy (e.g., worksite wellness)
    65 approximate people reached

✓ indicates activity conducted

JEFFERSON COUNTY HEALTH DEPARTMENT
Get Moving Festus

Organization type: healthcare provider

Location: Jefferson County
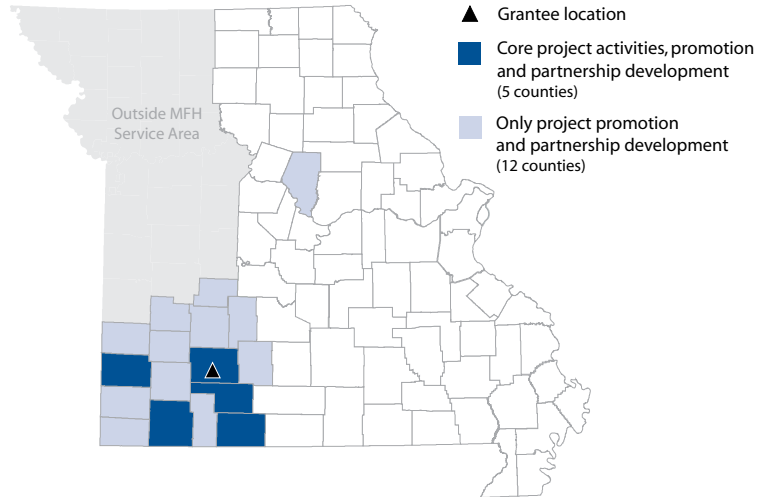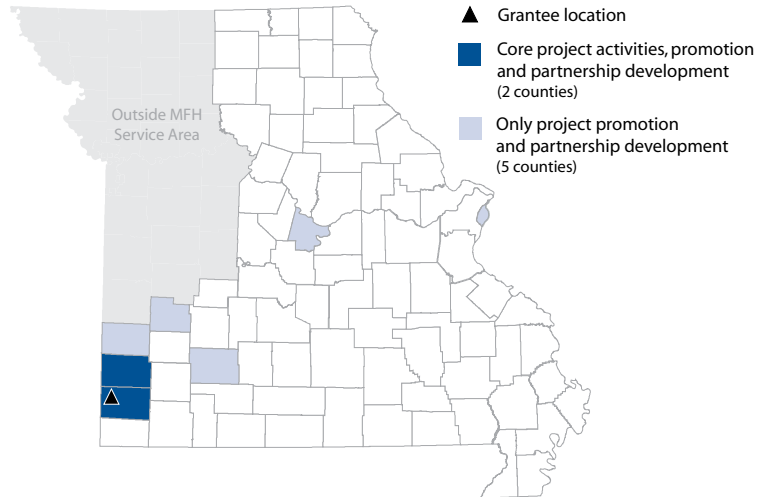
Project context: urban

Settings where project worked most often: school, neighborhood, healthcare

Primary target populations: all community members, adults, elementary and middle school students

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

▲ Grantee location
■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided healthy living opportunities (e.g., bike-to school program)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., print advertisement)
- ✓ shared project results

Partnerships

12 partners engaged

7 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **3** types of changes (e.g., improved or maintained existing parks or playgrounds)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **5** types of activities (e.g., developed advocacy plan)
- **2** policies adopted
  - **1** type of policy (e.g., Complete Streets)
  - **14,500** approximate people reached

✓ indicates activity conducted

JEFFERSON COUNTY HEALTH DEPARTMENT
Plan Eat & Play DeSoto (PEP)

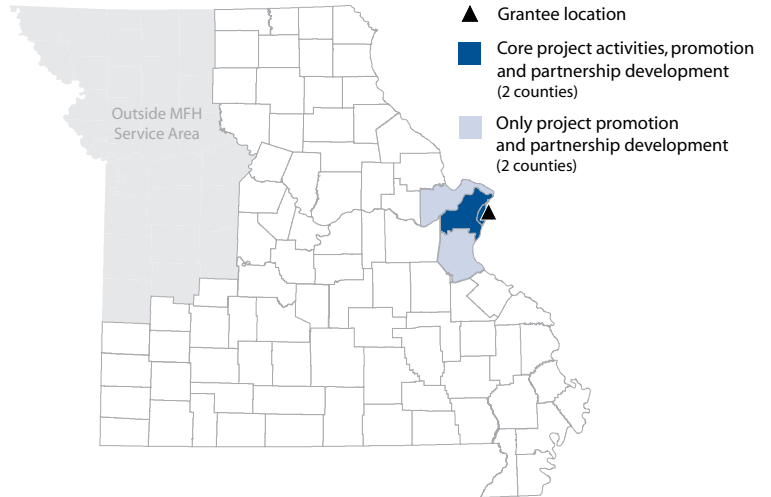Organization type: healthcare provider

Location: Jefferson County

Project context: urban

Settings where project worked most often: school, neighborhood, healthcare, worksite

Primary target populations: all community members, adults, middle and high school students
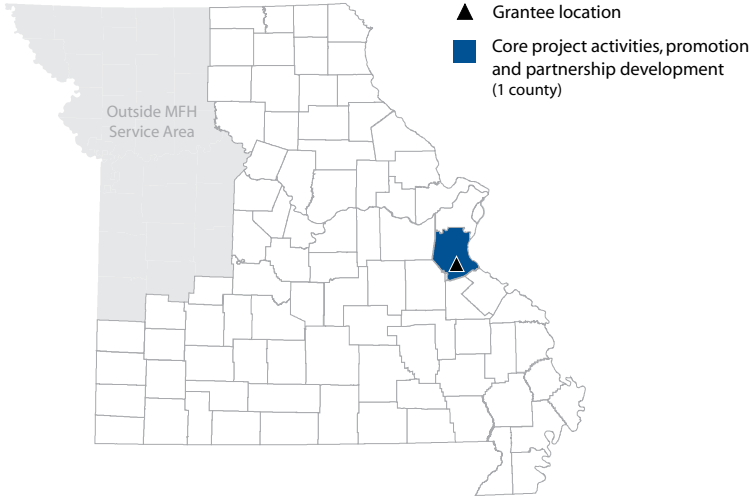
Funding Strategy: Innovative Funding

Project timeframe: 2008 - 2011

▲ Grantee location
■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., gardening education)
- ✓ provided healthy living opportunities (e.g., gardening activities)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper article)
- ✓ shared project results

Partnerships

23 partners engaged

5 types of partners

Improved Access
- ✓ implemented healthy eating changes
    - **6** types of changes (e.g., labeled menus)
- ✓ implemented physical activity changes
    - **2** types of changes (e.g., developed and improved walking trail)

Policy & Advocacy Changes

no activities conducted in this category

✓ indicates activity conducted

JEFFERSON COUNTY HEALTH DEPARTMENT
Sow'n'Show'/DeSoto Farmer's Market

Organization type: healthcare provider

Location: Jefferson County
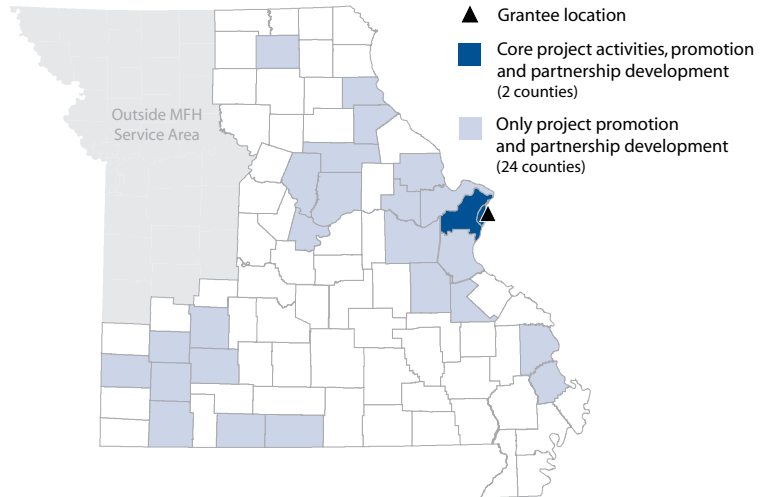
Project context: urban

Settings where project worked most often: neighborhood, faith-based

Primary target population: all community members

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area
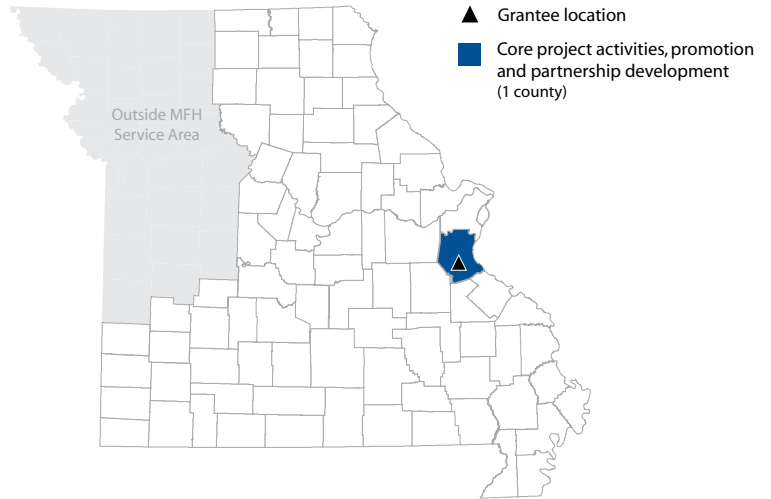
Key project activities across the three primary activity categories:

Partnerships

22 partners engaged

7 types of partners

Community Education & Engagement

✓ provided education programs (e.g., cooking demonstration)
✓ promoted project
✓ utilized mass marketing (e.g., newspaper advertisement)

Improved Access

✓ implemented healthy eating changes
  2 types of changes (e.g., improved access in existing food outlets)

Policy & Advocacy Changes

✓ conducted advocacy activities
  1 type of activity (e.g., encouraged EBT access at farmer's market)

✓ indicates activity conducted

LUTIE R-VI SCHOOL
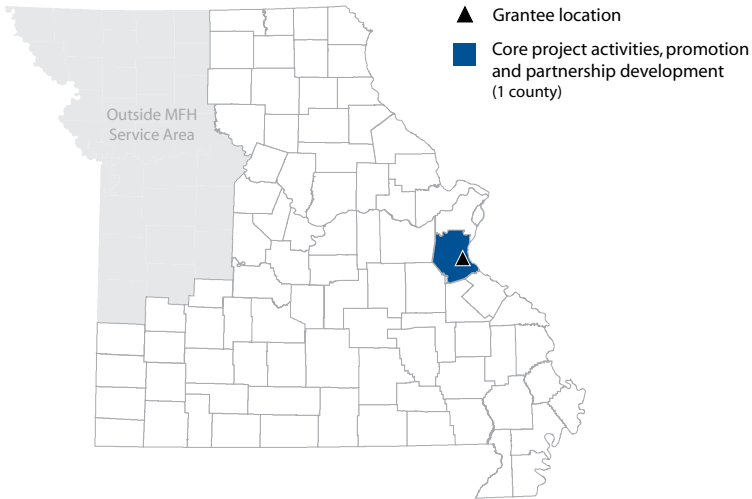### Lutie Memorial Trail

Organization type: school

Location: Ozark County

Project context: rural

Settings where project worked most often: neighborhood, school, worksite

Primary target populations: all community members, adults, children, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area
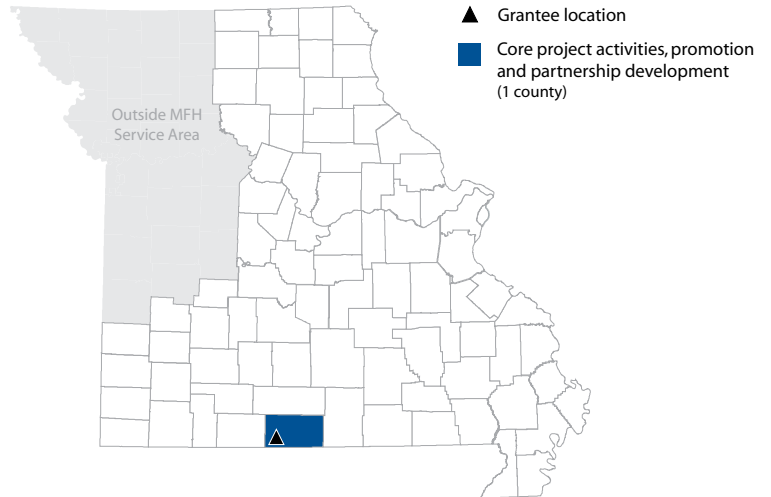
Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., school nutrition education)
- ✓ provided healthy living opportunities (e.g., trail fitness events)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper article)

Partnerships

9 partners engaged
4 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **4** types of changes (e.g., installed bike racks, park benches)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **5** types of activities (e.g., developed advocacy plan)
- **5** policies adopted
  - **3** types of policy (e.g., joint use agreement)
  - **311** approximate people reached

✓ indicates activity conducted

MADISON MEDICAL CENTER
Madison Mobilization

Organization type: healthcare provider

Location: Madison County

Project context: rural

Setting where project worked most often: neighborhood

Primary target populations: all community members, elementary and middle school students

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2014

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

6 partners engaged
5 types of partners

Community Education & Engagement

✓ provided healthy living opportunities (e.g., trips for daycares to use playground)
✓ promoted project
✓ utilized mass marketing (e.g., newspaper article)

Improved Access

✓ implemented healthy eating changes
> **3** types of changes (e.g., displayed point of purchase prompts)
✓ implemented physical activity changes
> **4** types of changes (e.g., built playground)

Policy & Advocacy Changes

✓ conducted advocacy activities
> **2** types of activities (e.g., communicated with policymakers)
✓ established maintenance agreement

✓ indicates activity conducted

MARK TWAIN FOREST REGIONAL HEALTH ALLIANCE
Show Me Healthy and Active Communities

Organization type: healthcare provider

Location: Iron County

Project context: rural

Settings where project worked most often: faith-based, healthcare, neighborhood, school

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2010

▲ Grantee location

■ Core project activities, promotion and partnership development (6 counties)

□ Only project promotion and partnership development (1 county)

Outside MFH Service Area
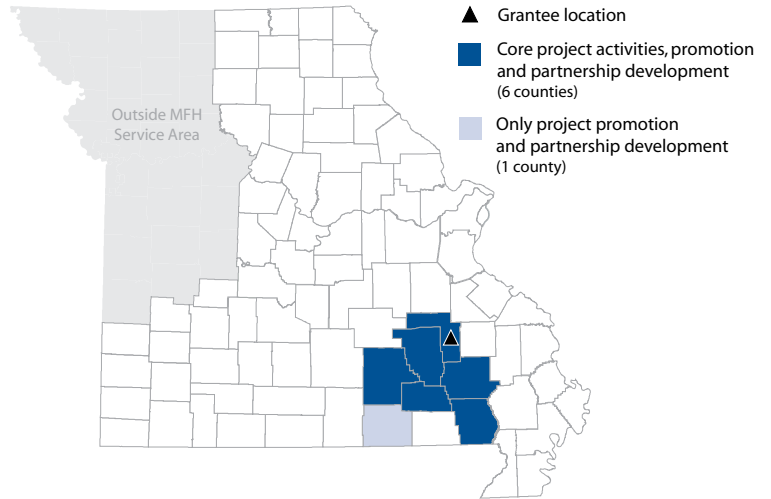
Key project activities across the three primary activity categories:

Partnerships

30 partners engaged

4 types of partners

Community Education & Engagement
✓ provided education programs (e.g., weight loss program)
✓ provided healthy living opportunities (e.g., worksite wellness activities)
✓ shared project results

Improved Access
✓ implemented healthy eating changes
  5 types of changes (e.g., developed community gardens)
✓ implemented physical activity changes
  1 type of change (e.g., improved access to physical activity facilities or equipment)

Policy & Advocacy Changes
✓ conducted advocacy activities
  3 types of activities (e.g., developed advocacy plan)
22 policies adopted
  2 types of policy (e.g., worksite wellness)
  7,024 approximate people reached

✓ indicates activity conducted

MISSOURI BAPTIST HOSPITAL-SULLIVAN
Faithfully Active

Organization type: healthcare provider

Location: Crawford County

Project context: rural

Settings where project worked most often: school, childcare, faith-based, neighborhood

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (3 counties)

■ Only project promotion and partnership development (1 county)

Outside MFH Service Area
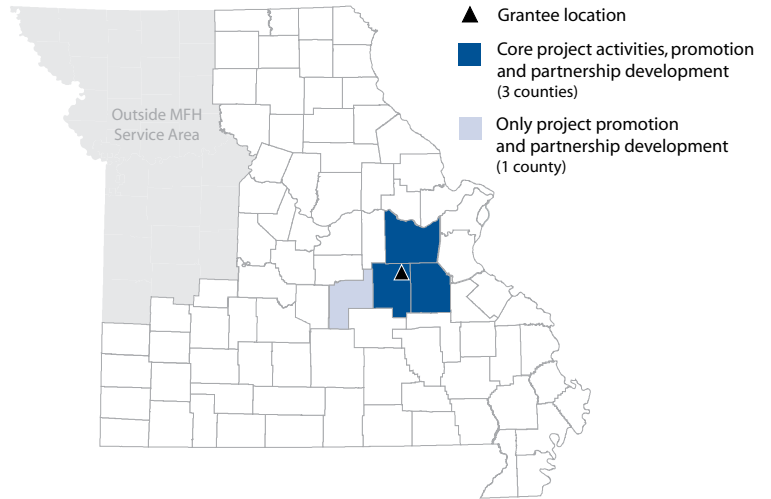
Key project activities across the three primary activity categories:

Partnerships

21 partners engaged

5 types of partners

Community Education & Engagement

✓ provided education programs (e.g., physical activity education for churches)

✓ provided healthy living opportunities (e.g., yoga classes)

✓ promoted project

✓ utilized mass marketing (e.g., radio public service announcement)

✓ shared project results

Improved Access

✓ implemented physical activity changes

   4 types of changes (e.g., improved walking trail)

Policy & Advocacy Changes

✓ conducted advocacy activities

   2 types of activities (e.g., communicated with policymakers)

3 policies adopted

   3 types of policy (e.g., joint use agreement)

   60 approximate people reached

✓ indicates activity conducted

MONTGOMERY COUNTY R-II SCHOOLS
Improving Community Activity and Nutrition (ICAN)

Organization type: school

Location: Montgomery County

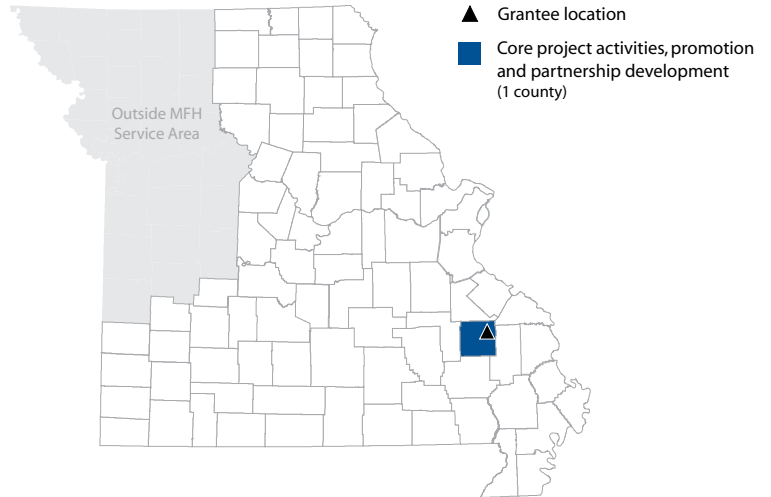Project context: rural

Settings where project worked most often: school, neighborhood

Primary target populations: adults, elementary school students

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

7 partners engaged
6 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., school nutrition education)
- ✓ provided healthy living opportunities (e.g., walking school bus)
- ✓ promoted project
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
  - **1** type of change (e.g., changed cafeteria or vending machine options)
- ✓ implemented physical activity changes
  - **2** types of changes (e.g., developed and improved trails)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **6** types of activities (e.g., educated others on policy)
- **1** policy adopted
  - **1** type of policy (e.g., school wellness)
  - **1,305** approximate people reached

✓ indicates activity conducted

NEW MADRID COUNTY HEALTH DEPARTMENT
Healthy and Active Bootheel Communities

Organization type: healthcare provider

Location: New Madrid County

Project context: rural

Settings where project worked most often: neighborhood, school, faith-based

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2011

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

□ Only project promotion and partnership development (6 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

18 partners engaged

7 types of partners

Community Education & Engagement

✓ provided education programs (e.g., nutrition and physical activity education for churches)
✓ provided healthy living opportunities (e.g., aerobic classes)
✓ promoted project
✓ shared project results

Improved Access

✓ implemented healthy eating changes
  1 type of change (e.g., changed cafeteria food options)
✓ implemented physical activity changes
  4 types of changes (e.g., built new walking trail)

Policy & Advocacy Changes

✓ conducted advocacy activities
  1 type of activity (e.g., developed advisory committee)
6 policies adopted
  1 type of policy (e.g., school wellness)
  663 approximate people reached

✓ indicates activity conducted

OLD NORTH ST. LOUIS RESTORATION GROUP
Everybody Eats

Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

Settings where project worked most often: worksite, neighborhood

Primary target population: all community members, adults, K-12 school students

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2011

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

□ Only project promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

41 partners engaged
11 types of partners

Community Education & Engagement

✓ provided education programs (e.g., gardening education)
✓ provided healthy living opportunities (e.g., planning, maintaining and harvesting garden)
✓ promoted project
✓ utilized mass marketing (e.g., online newspaper)
✓ shared project results

Improved Access

✓ implemented healthy eating changes
  8 types of changes (e.g., improved access in existing food outlets)

Policy & Advocacy Changes

✓ conducted advocacy activities
  2 types of activities (e.g., communicated with policymakers)

✓ indicates activity conducted

OLD NORTH ST. LOUIS RESTORATION GROUP
Old North Grocery Co-Op

Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

Setting where project worked most often: neighborhood

Primary target population: all community members

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

■ Only project promotion and partnership development (7 counties)

Outside MFH Service Area
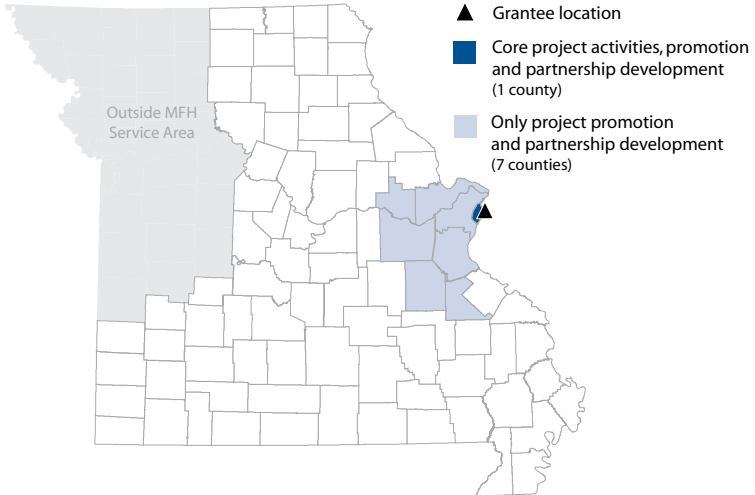
Key project activities across the three primary activity categories:

Partnerships

8 partners engaged
4 types of partners

Community Education & Engagement

✓ promoted project

✓ utilized mass marketing (e.g., radio interview)

✓ shared project results

Improved Access

✓ implemented healthy eating changes

   3 types of changes (e.g., opened co-op)

Policy & Advocacy Changes

✓ conducted advocacy activities

   1 type of activity (e.g., encouraged EBT access at grocery co-op)

✓ indicates activity conducted

OZARKS REGIONAL YMCA
Healthy Lifestyles/Healthy Kids Academy

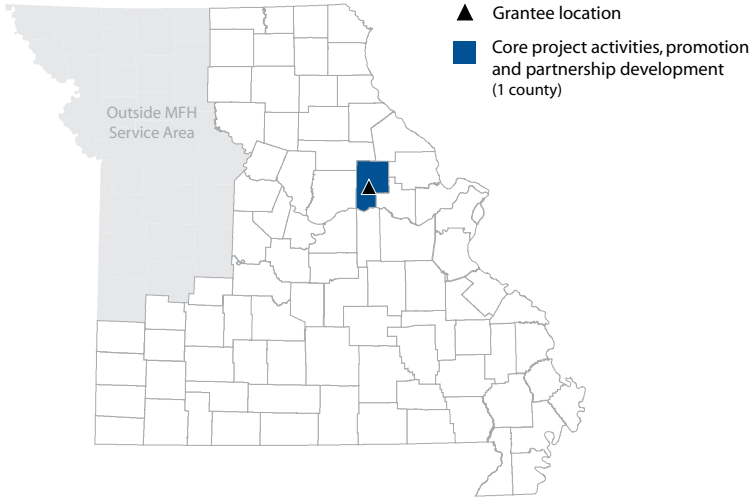Organization type: community/neighborhood organization

Location: Greene County

Project context: urban

Settings where project worked most often: school, neighborhood

Primary target population: elementary school students

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2010

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area
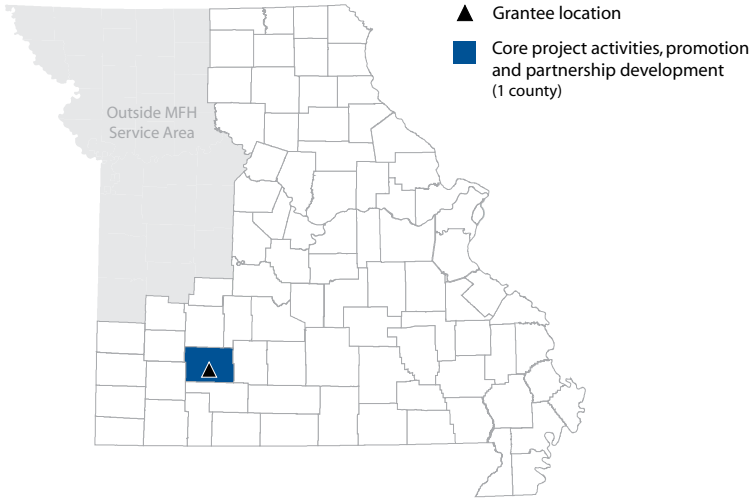
Key project activities across the three primary activity categories:

Partnerships

5 partners engaged
3 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., nutrition education)
- ✓ provided healthy living opportunities (e.g., cooking demonstrations)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., television program)

Improved Access
- ✓ implemented physical activity changes
  - **1** type of change (e.g., improved access to physical activity facilities or equipment)

Policy & Advocacy Changes
no activities conducted in this category

✓ indicates activity conducted

OZARKS REGIONAL YMCA
Local Sprouts: Farm to Child Care Collaborative
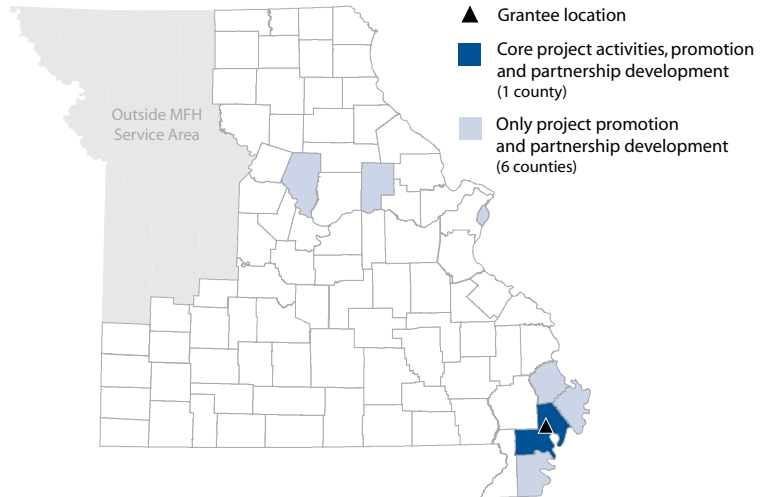
Organization type: community/neighborhood organization

Location: Greene County

Project context: urban

Settings where project worked most often: neighborhood, school

Primary target populations: elementary and middle school students

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2015

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

■ Only project promotion and partnership development (1 county)

Outside MFH Service Area
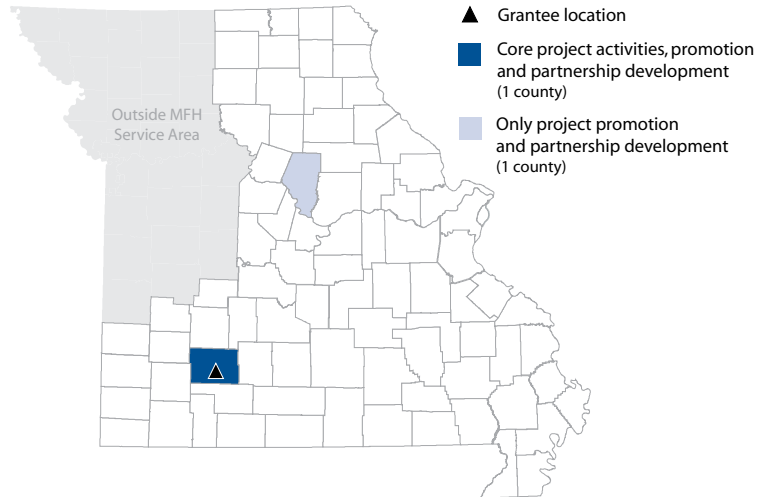
Key project activities across the three primary activity categories:

Partnerships

19 partners engaged

6 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., nutrition education)
- ✓ provided healthy living opportunities (e.g., fresh local food education)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., YouTube video)
- ✓ shared project results (e.g., toolkit)

Improved Access
- ✓ implemented healthy eating changes
  - **3** types of changes (e.g., improved access to healthy eating facilities, equipment or resources)

Policy & Advocacy Changes
- **1** policy adopted
  - **1** type of policy (e.g., healthy eating and physical activity in out-of-school time programs)
  - **2,000** approximate people reached

✓ indicates activity conducted

PEDNET COALITION
A Healthy and Active Public Housing Community: Using the Walking School Bus Program as an Agent of Change

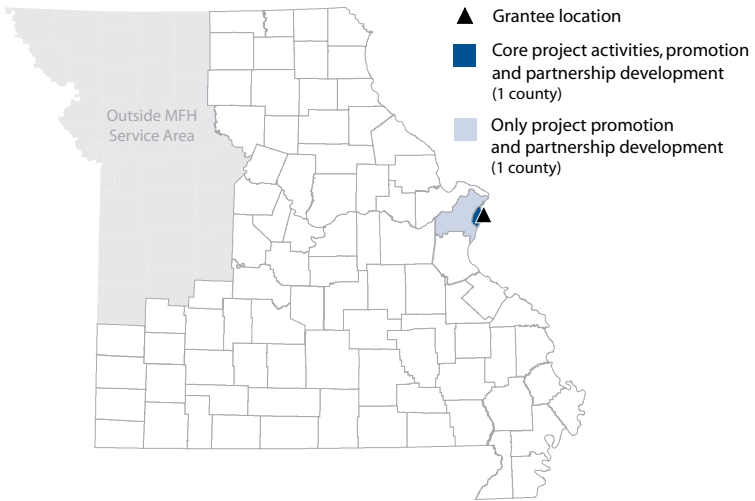Organization type: community/neighborhood organization

Location: Boone County

Project context: urban

Settings where project worked most often: school, neighborhood,

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2013

▲ Grantee location
■ Core project activities, promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

16 partners engaged

6 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., health fair)
- ✓ provided healthy living opportunities (e.g., walking school bus)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., television advertisement)
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
    - **2** types of changes (e.g., developed new gardens)
- ✓ implemented physical activity changes
    - **6** types of changes (e.g., improved access to physical activity facilities or equipment)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
    - **9** types of activities (e.g., letters to the editor)
- **2** policies adopted
    - **1** type of policy (e.g., safe routes to school)
    - **32,782** approximate people reached

✓ indicates activity conducted

POLK COUNTY HEALTH CENTER
Healthy and Active Workplaces

Organization type: healthcare provider

Location: Polk County

Project context: rural

Settings where project worked most often: worksite, school, healthcare, neighborhood

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2014

▲ Grantee location

■ Core project activities, promotion and partnership development (4 counties)

■ Only project promotion and partnership development (3 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

63 partners engaged

9 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., education on food offerings)
- ✓ provided healthy living opportunities (e.g., worksite campaign)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., online nutrition education campaign)
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
  - **5** types of changes (e.g., changed cafeteria or vending machine options)
- ✓ implemented physical activity changes
  - **6** types of changes (e.g., improved walking trail)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **9** types of activities (e.g., educated others on policy)
- **30** policies adopted
  - **2** types of policy (e.g., worksite wellness)
  - **4,652** approximate people reached

✓ indicates activity conducted

POLK COUNTY HEALTH CENTER
Obesity Prevention Program

Organization type: healthcare provider

Location: Polk County

Project context: rural

Settings where project worked most often: school, neighborhood, worksite

Primary target populations: all community members, K-12 school students, adults

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2010

▲ Grantee location

■ Core project activities, promotion and partnership development (5 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., school nutrition and physical activity campaign)
- ✓ provided healthy living opportunities (e.g., physical education activities)
- ✓ promoted project
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
    - **7** types of changes (e.g., conducted farmers' market)
- ✓ implemented physical activity changes
    - **6** types of changes (e.g., built walking trails)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
    - **6** types of activities (e.g., educated others on policy)
- **21** policies adopted
    - **2** types of policy (e.g., school wellness)
    - **22,568** approximate people reached

Partnerships

60 partners engaged

10 types of partners

✓ indicates activity conducted

POPLAR BLUFF PARKS AND RECREATION DEPARTMENT
Poplar Bluff Skate Park

Organization type: local government

Location: Butler County

Project context: rural

Setting where project worked most often: neighborhood

Primary target population: all community members

Funding Strategy: Innovative Funding

Project timeframe: 2008 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area
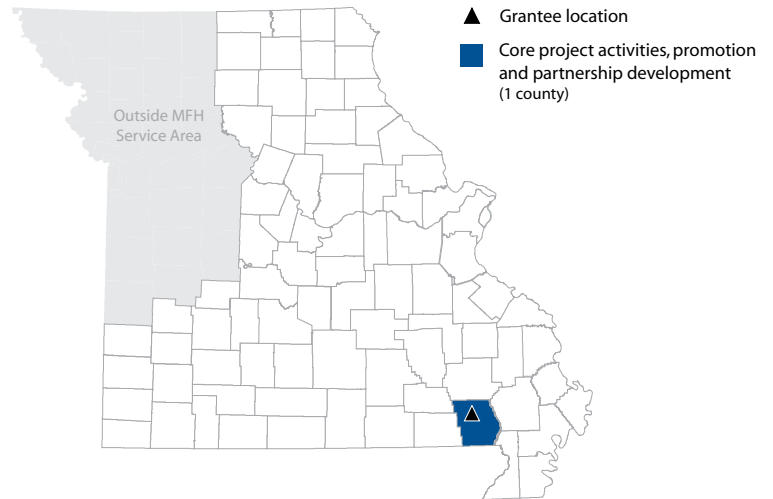
Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided healthy living opportunities (e.g., skate boarding activities)
- ✓ utilized mass marketing (e.g., YouTube video)

Partnerships

12 partners engaged

5 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **3** types of changes (e.g., developed new skate park)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **2** types of activities (e.g., communicated with policymakers)

✓ indicates activity conducted

PULASKI COUNTY HEALTH DEPARTMENT
Fired Up and Fit

Organization type: healthcare provider

Location: Pulaski County

Project context: rural

Settings where project worked most often: school, worksite, healthcare, neighborhood

Primary target population:s all community members, adults, elementary and middle school students

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2011

▲ Grantee location

■ Core project activities, promotion and partnership development (7 counties)

Outside MFH Service Area
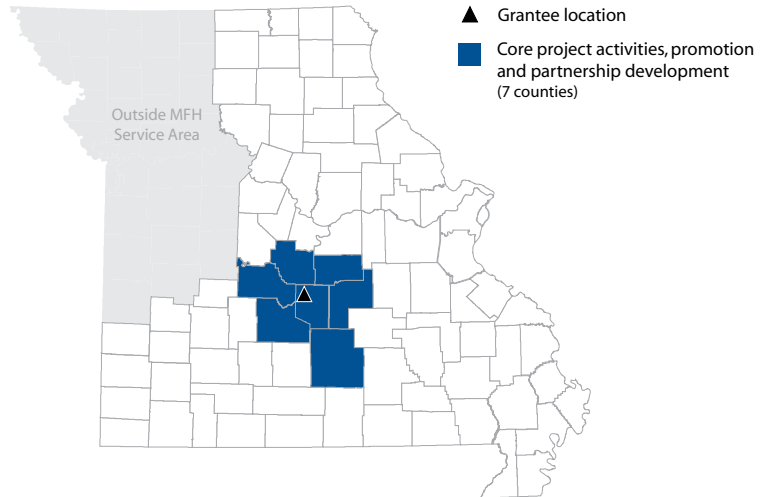
Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., after-school education)
- ✓ provided healthy living opportunities (e.g., walking program)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., radio advertisement)

Partnerships

22 partners engaged

5 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **1** type of change (e.g., installed park benches and water fountains)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **2** types of activities (e.g., communicated with policymakers)
- **3** policies adopted
  - **2** types of policy (e.g., school wellness)
  - **596** approximate people reached
- ✓ established maintenance agreement

✓ indicates activity conducted

PULASKI COUNTY SHELTERED WORKSHOP
Eating Green Year Round: Pulaski County Sheltered Workshop Greenhouse

Organization type: community/neighborhood organization

Location: Pulaski County

Project context: rural

Settings where project worked most often: worksite, neighborhood

Primary target populations: all community members, adults

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2014

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., compost training)
- ✓ provided healthy living opportunities (e.g., taste testings)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., Facebook)

Partnerships

10 partners engaged

6 types of partners

Improved Access
- ✓ implemented healthy eating changes
  - **4** types of changes (e.g., developed new gardens)

Policy & Advocacy Changes
- **1** policy adopted
  - **1** type of policy (e.g., worksite wellness)
  - **63** approximate people reached

✓ indicates activity conducted

SAINT LOUIS COUNTY DEPARTMENT OF HEALTH
Hip Hop 4 Health Program

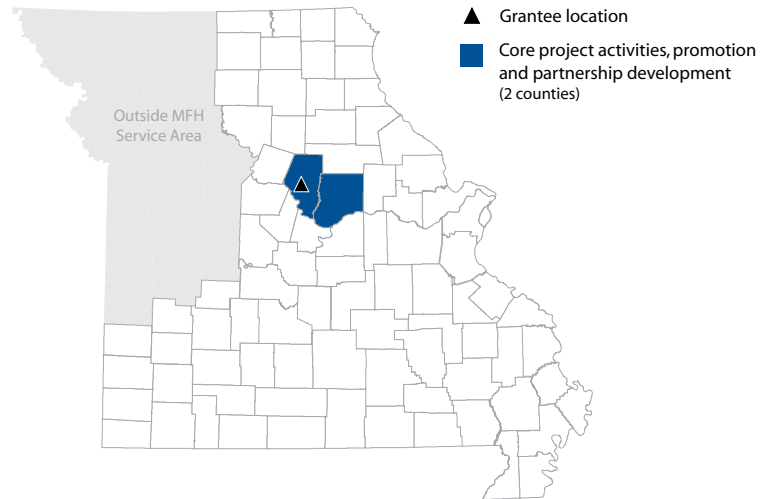Organization type: healthcare provider

Location: St. Louis County
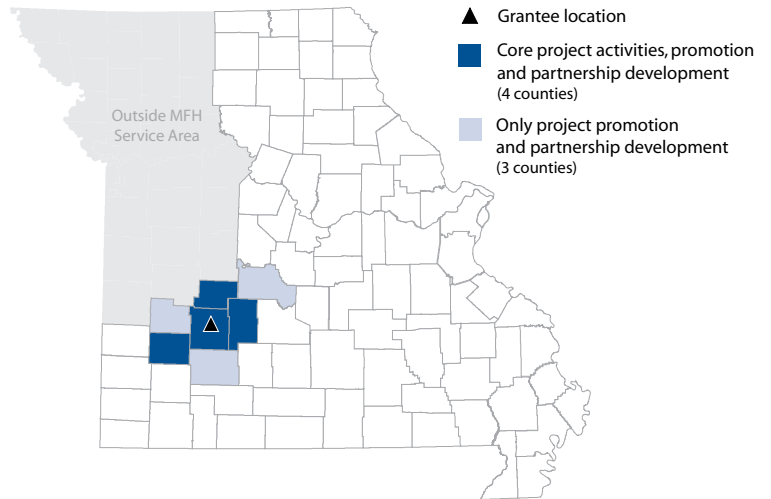
Project context: urban

Settings where project worked most often: school, neighborhood

Primary target populations: all community members, adults, middle school students

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2011

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area
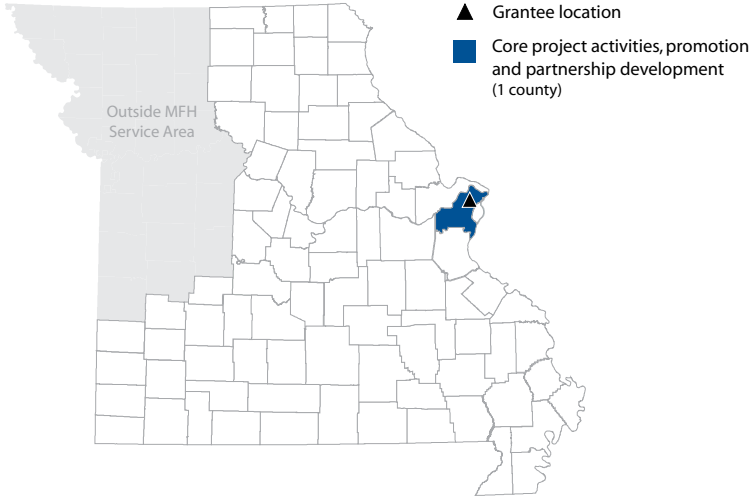
Key project activities across the three primary activity categories:

Partnerships

3 partners engaged
2 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., school nutrition education)
- ✓ provided healthy living opportunities (e.g., physical activity equipment and games)
- ✓ promoted project

Improved Access
- ✓ implemented healthy eating changes
  - **3** types of changes (e.g., developed new gardens)
- ✓ implemented physical activity changes
  - **1** type of change (e.g., purchased dance equipment)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **3** types of activities (e.g., conducted grassroots activities)

✓ indicates activity conducted

SAINT LOUIS UNIVERSITY
Healthy Eating with Local Produce (HELP) Project

Organization type: college/university

Location: St. Louis City

Project context: urban

Settings where project worked most often: school, neighborhood

Primary target populations: all community members, adults, children, K-12 school students

Funding Strategy: Innovative Funding

Project timeframe: 2008 - 2011

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

□ Only project promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

22 partners engaged

5 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., gardening education)
- ✓ provided healthy living opportunities (e.g., family health and fitness night)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper interview)
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
  - **7** types of changes (e.g., changed cafeteria or vending machine options)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **5** types of activities (e.g., developed advocacy plan)

✓ indicates activity conducted

SAINT LOUIS UNIVERSITY
Healthy Eating with Local Produce St. Louis City Schools (HELP SLPS)

Organization type: college/university

Location: St. Louis City
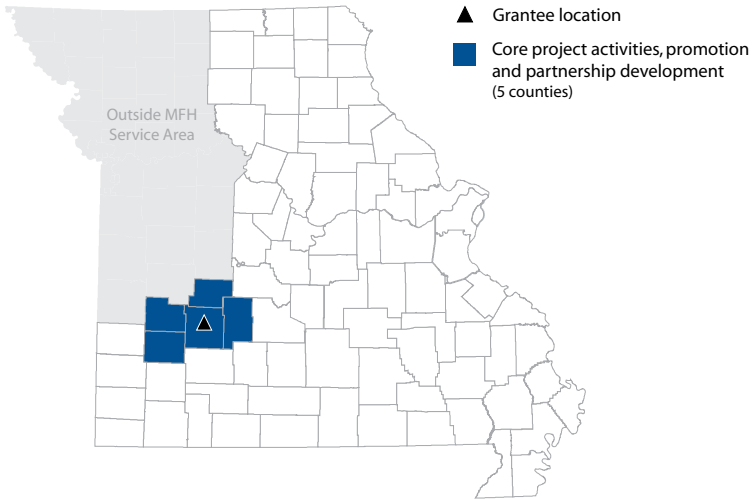
Project context: urban

Settings where project worked most often: school, worksite

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2015

△ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

□ Only project promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., nutrition education staff training)
- ✓ provided healthy living opportunities (e.g., cooking classes)
- ✓ promoted project
- ✓ shared project results

Partnerships

31 partners engaged

6 types of partners

Improved Access
- ✓ implemented healthy eating changes
  - **3** types of changes (e.g., labeled menus)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **6** types of activities (e.g., communicated with policymakers)

✓ indicates activity conducted

SPRINGFIELD URBAN AGRICULTURE COALITION
Fostering Future Farmers and Gardeners

Organization type: community/neighborhood organization

Location: Greene County

Project context: urban

Settings where project worked most often: school, neighborhood, worksite, healthcare

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2014

▲ Grantee location
■ Core project activities, promotion and partnership development (3 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., gardening education)
- ✓ provided healthy living opportunities (e.g., farm internships)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., radio interview)
- ✓ shared project results

Partnerships

39 partners engaged

8 types of partners

Improved Access
- ✓ implemented healthy eating changes
    - **7** types of changes (e.g., labeled menus)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
    - **9** types of activities (e.g., communicated with policymakers)
- **2** policies adopted
    - **1** type of policy (e.g., urban garden zoning amendment)
    - **318,996** approximate people reached

✓ indicates activity conducted

ST. JOHN'S REGIONAL MEDICAL CENTER/MERCY
LiveSmart

Organization type: healthcare provider

Location: Jasper County

Project context: urban

Settings where project worked most often: neighborhood, worksite, school, healthcare

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (3 counties)

Outside MFH Service Area
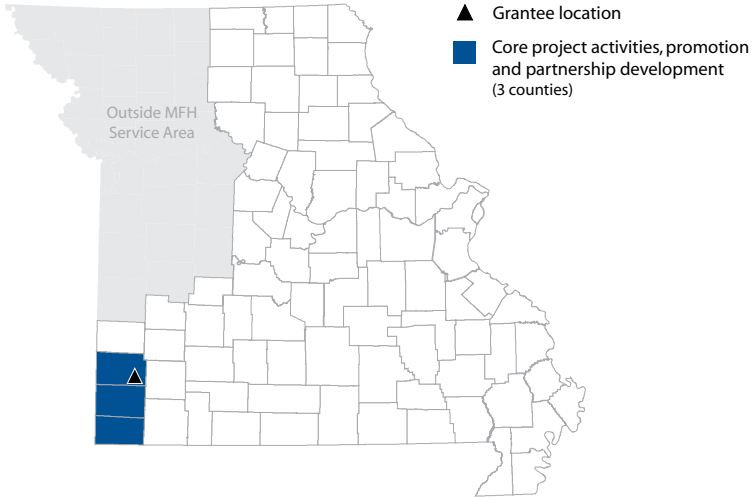
Key project activities across the three primary activity categories:

Community Education & Engagement

✓ provided education programs (e.g., school health fair)
✓ provided healthy living opportunities (e.g., trail walk)
✓ promoted project
✓ utilized mass marketing (e.g., newspaper article)
✓ shared project results

Partnerships

43 partners engaged
9 types of partners

Improved Access

✓ implemented healthy eating changes
　　4 types of changes (e.g., developed community gardens)
✓ implemented physical activity changes
　　1 type of change (e.g., built walking trail)

Policy & Advocacy Changes

✓ conducted advocacy activities
　　4 types of activities (e.g., communicated with policymakers)

✓ indicates activity conducted

ST. LOUIS FOR KIDS
Fit4Fun

Organization type: community/neighborhood organization
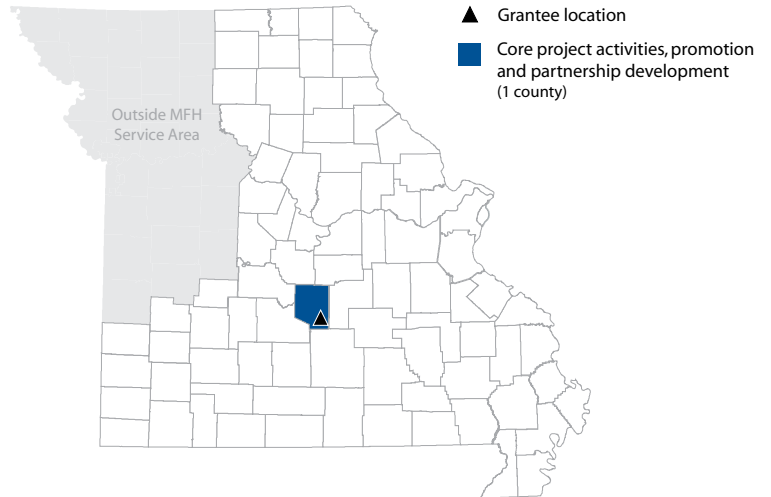
Location: St. Louis City

Project context: urban

Settings where project worked most often: school, faith-based, neighborhood,

Primary target populations: all community members, adults, elementary and middle school students

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Partnerships

42 partners engaged

6 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., educator nutrition training)
- ✓ provided healthy living opportunities (e.g., parent workshops)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., e-newsletter)
- ✓ shared project results

Improved Access

no activities conducted in this category

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **2** types of activities (e.g., communicated with policymakers)

ST. LOUIS REGIONAL OASIS
The OASIS Active Start Sustainability Model

Organization type: community/neighborhood organization

Location: St. Louis County

Project context: urban

Settings where project worked most often: faith-based, neighborhood

Primary target population: older adults (i.e., over 55)

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2010

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

■ Only project promotion and partnership development (3 counties)

Outside MFH Service Area
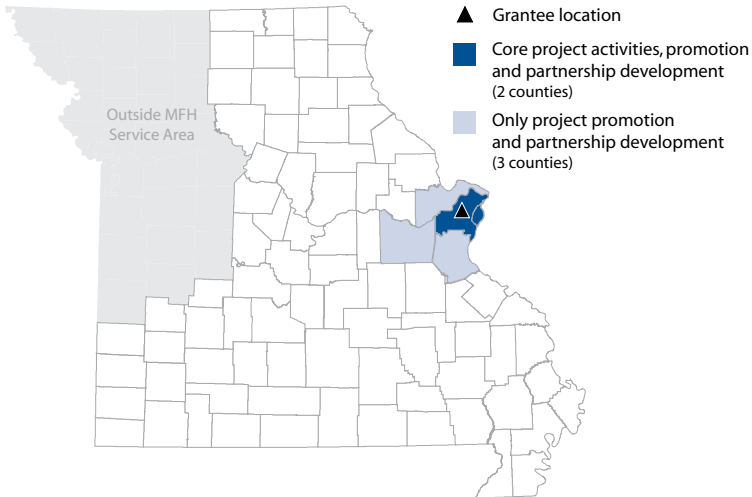
Key project activities across the three primary activity categories:

Partnerships

40 partners engaged

3 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., exercise education course)
- ✓ provided healthy living opportunities (e.g., fitness classes)
- ✓ promoted project
- ✓ shared project results

Improved Access

no activities conducted in this category

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **1** type of activity (e.g., developed recommendations)

✓ indicates activity conducted

THE COMMUNITY PARTNERSHIP
Fit Helps

Organization type: community/neighborhood organization

Location: Phelps County

Project context: rural

Settings where project worked most often: neighborhood, healthcare, worksite, childcare

Primary target populations: all community members, adults, K-12 school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

▲ Grantee location

■ Core project activities, promotion and partnership development (5 counties)

■ Only project promotion and partnership development (2 counties)

Outside MFH Service Area
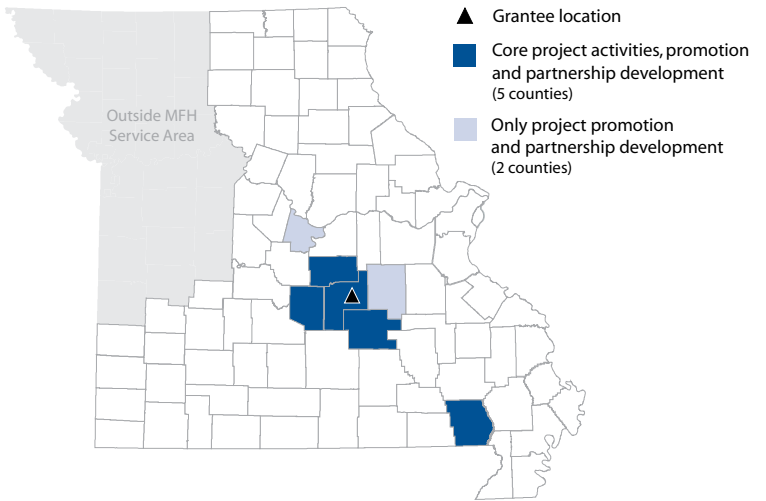
Key project activities across the three primary activity categories:

Partnerships

78 partners engaged
10 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., gardening education)
- ✓ provided healthy living opportunities (e.g., walking program)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., e-newsletter)
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
  - **5** types of changes (e.g., improved access in existing food outlets)
- ✓ implemented physical activity changes
  - **3** types of changes (e.g., improved access to physical activity facilities or equipment)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **7** types of activities (e.g., communicated with policymakers)
- **6** policies adopted
  - **1** type of policy (e.g., worksite wellness)
  - **645** approximate people reached

✓ indicates activity conducted

THE COMMUNITY PARTNERSHIP
Fit Phelps - 5:30 Campaign

Organization type: community/neighborhood organization
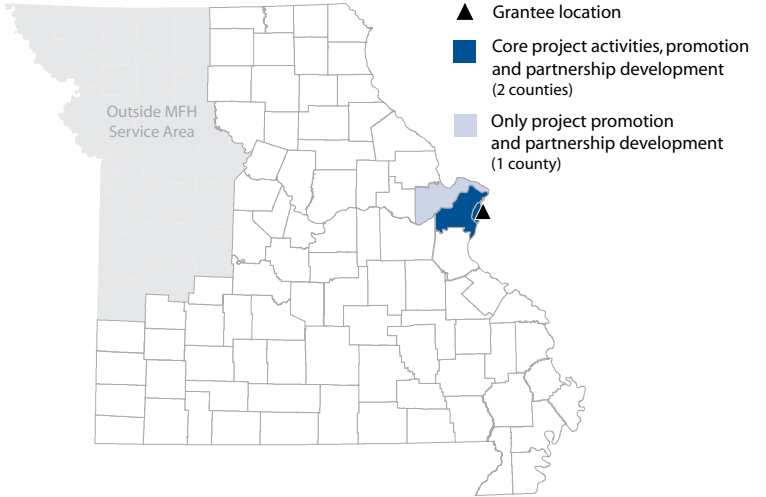
Location: Phelps County

Project context: rural

Settings where project worked most often: neighborhood, school, healthcare

Primary target populations: all community members, adults, children, K-12 school students

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2010

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

■ Only project promotion and partnership development (4 counties)

Outside MFH Service Area
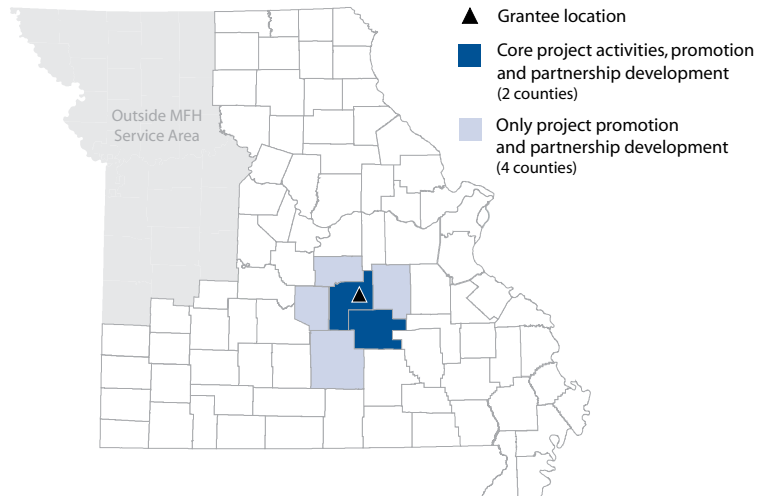
Key project activities across the three primary activity categories:

Partnerships

57 partners engaged

8 types of partners

Community Education & Engagement

✓ provided education programs (e.g., school nutrition education)
✓ provided healthy living opportunities (e.g., senior wellness walks)
✓ promoted project
✓ utilized mass marketing (e.g., e-newsletter)

Improved Access

✓ implemented healthy eating changes
    1 type of change (e.g., developed community gardens)
✓ implemented physical activity changes
    2 types of changes (e.g., developed and improved walking trail)

Policy & Advocacy Changes

✓ conducted advocacy activities
    1 type of activity (e.g., drafted policy language)

✓ indicates activity conducted

TRAILNET, INC.
Healthy & Active Communities Initiative

Organization type: community/neighborhood organization

Location: St. Louis City

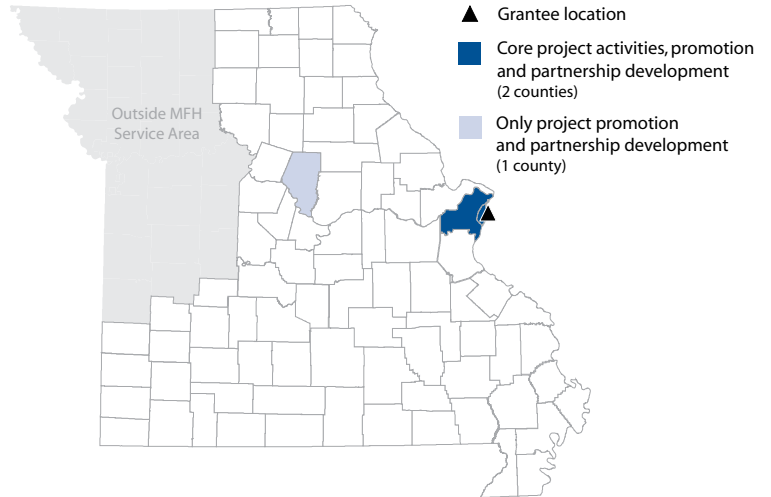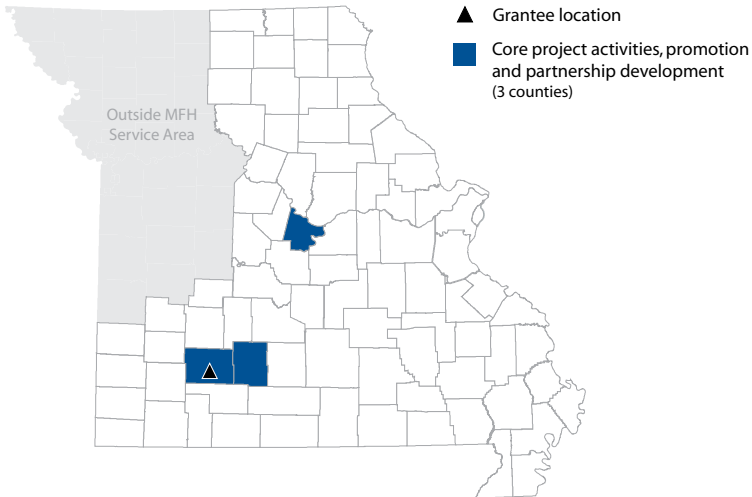Project context: urban

Settings where project worked most often: neighborhood, worksite

Primary target populations: all community members, adults

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2011

▲ Grantee location

■ Core project activities, promotion and partnership development (3 counties)

■ Only project promotion and partnership development (3 counties)

Outside MFH Service Area
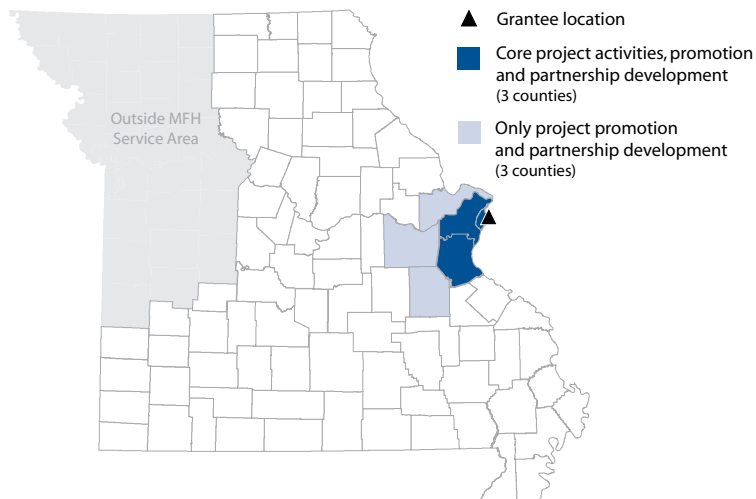
Key project activities across the three primary activity categories:

Partnerships

70 partners engaged
10 types of partners

Community Education & Engagement
- ✓ provided education programs (e.g., Complete Streets education)
- ✓ provided healthy living opportunities (e.g., Open Streets event)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., blog post)
- ✓ shared project results (e.g., toolkit)

Improved Access
- ✓ implemented healthy eating changes
  - **1** type of change (e.g., farm to institute)
- ✓ implemented physical activity changes
  - **1** type of change (e.g., rendering projects)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **8** types of activities (e.g., conducted grassroots activities)
- **3** policies adopted
  - **1** type of policy (e.g., Complete Streets)
  - **346,897** approximate people reached

✓ indicates activity conducted

TRAILNET, INC.
Trailnet's Touchstone Project

Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

Setting where project worked most often: neighborhood

Primary target population: all community members

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

Outside MFH Service Area
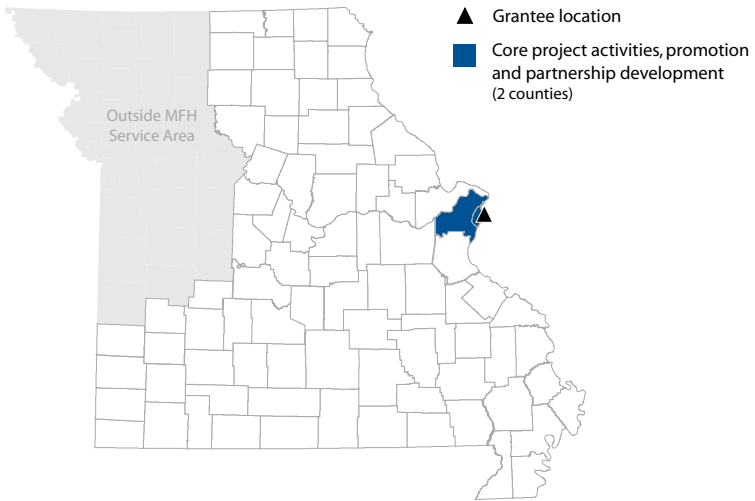
Key project activities across the three primary activity categories:

Partnerships

26 partners engaged

6 types of partners

Community Education & Engagement
✓ provided education programs (e.g., biking skills and safety classes)
✓ provided healthy living opportunities (e.g., urban cycling class)
✓ promoted project

Improved Access
✓ implemented physical activity changes
  4 types of changes (e.g., trail resurfaced and widened)

Policy & Advocacy Changes
✓ conducted advocacy activities
  4 types of activities (e.g., developed advocacy plan)
1 policy adopted
  1 type of policy (e.g., Complete Streets)
  1,880 approximate people reached

✓ indicates activity conducted

Organization type: college/university

Location: St. Louis County

Project context: rural

Settings where project worked most often: school

Primary target populations: adults, K-12 school students

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2011

▲ Grantee location

■ Core project activities, promotion and partnership development (2 counties)

□ Only project promotion and partnership development (7 counties)

Outside MFH Service Area
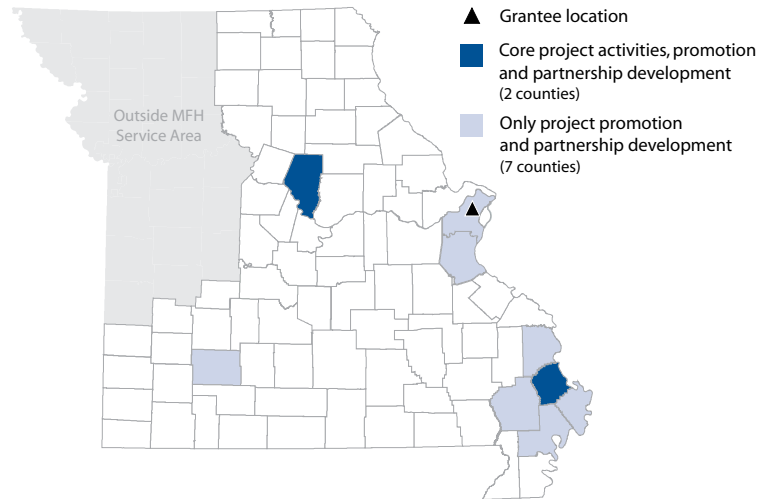
Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided education programs (e.g., TV turn off week)
- ✓ provided healthy living opportunities (e.g., kickball tournaments)
- ✓ promoted project
- ✓ shared project results

Improved Access
- ✓ implemented healthy eating changes
  - **4** types of changes (e.g., developed community gardens)
- ✓ implemented physical activity changes
  - **1** type of change (e.g., installed new playground equipment)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **7** types of activities (e.g., developed advocacy plan)
- **1** policy adopted
  - **1** type of policy (e.g., school wellness)
  - **329** approximate people reached

Partnerships

8 partners engaged

6 types of partners

✓ indicates activity conducted

WASHINGTON COUNTY HEALTH DEPARTMENT
More Opportunities for Vigorous Exercise - MOVE in 2011

Organization type: healthcare provider

Location: Washington County
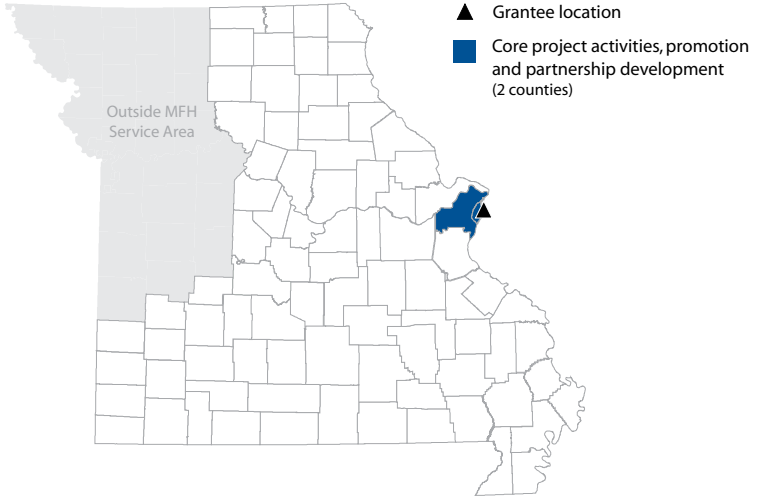
Project context: urban

Settings where project worked most often: school, worksite, neighborhood

Primary target populations: all community members, elementary and middle school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

▲ Grantee location
■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area

Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided healthy living opportunities (e.g., walking school bus)
- ✓ promoted project
- ✓ utilized mass marketing (e.g., newspaper article)

Partnerships

20 partners engaged

7 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **4** types of changes (e.g., installed sidewalks and curb cuts)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **1** type of activity (e.g., drafted new policy)

✓ indicates activity conducted

YMCA OF CALLAWAY COUNTY
Fit for Life

Organization type: community/neighborhood organization

Location: Callaway County

Project context: urban

Settings where project worked most often: worksite, healthcare, neighborhood

Primary target populations: all community members, adults, high school students

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

▲ Grantee location

■ Core project activities, promotion and partnership development (1 county)

Outside MFH Service Area
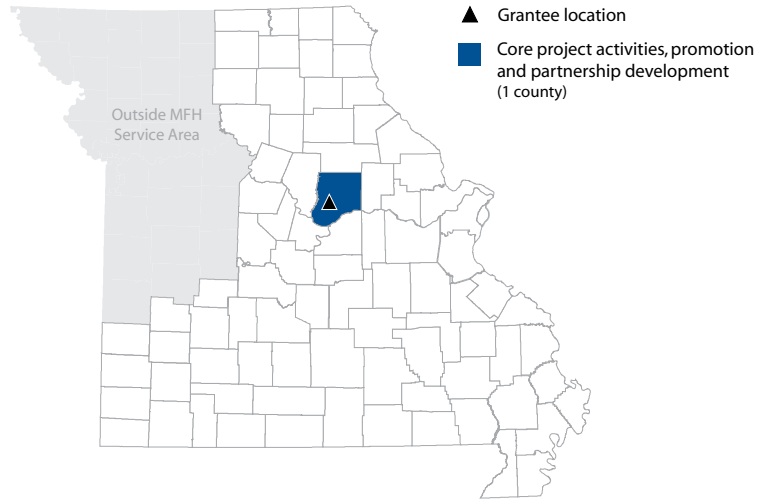
Key project activities across the three primary activity categories:

Community Education & Engagement
- ✓ provided healthy living opportunities (e.g., fitness challenge)
- ✓ promoted project
- ✓ shared project results

Partnerships

6 partners engaged

6 types of partners

Improved Access
- ✓ implemented physical activity changes
  - **4** types of changes (e.g., improved access to physical activity facilities or equipment)

Policy & Advocacy Changes
- ✓ conducted advocacy activities
  - **9** types of activities (e.g., educated others on policy)
- **1** policy adopted
  - **1** type of policy (e.g., worksite wellness)
  - **75** approximate people reached

✓ indicates activity conducted

Appendix D: Settings Where Projects Conducted Activities

Organization Name	Neighborhood	School	Worksite	Healthcare	Faith-based	Statewide	Childcare	Diversity of Settings (Out of 7)
America SCORES St. Louis	✓	✓					✓	**43%**
American Heart Association	✓	✓	✓			✓		**57%**
Barton County Memorial Hospital	✓	✓	✓	✓	✓	✓		**86%**
Child Day Care Association	✓					✓	✓	**43%**
Citizens for Modern Transit	✓		✓	✓	✓	✓		**71%**
City of Cabool	✓	✓	✓					**43%**
City of Cape Girardeau	✓	✓	✓			✓		**57%**
City of Elsberry	✓	✓	✓					**43%**
City of Ferguson	✓	✓	✓	✓	✓	✓	✓	**100%**
City of Kirksville	✓	✓	✓	✓		✓		**71%**
City of Ozark	✓	✓	✓	✓		✓	✓	**86%**
City of Perryville	✓	✓		✓	✓			**57%**
City of Sikeston	✓	✓	✓	✓				**57%**
City of St. Louis Dept of Health	✓	✓	✓		✓	✓		**71%**
Clark County Health Dept	✓	✓	✓	✓	✓			**71%**
Columbia/Boone County Health Dept	✓	✓	✓	✓		✓	✓	**86%**
Fordland Clinic, Inc.	✓	✓	✓	✓	✓	✓	✓	**100%**

✓ indicates activity conducted

Appendix D: Settings Where Projects Conducted Activities

Organization Name	Neighborhood	School	Worksite	Healthcare	Faith-based	Statewide	Childcare	Diversity of Settings (Out of 7)
Forest Institute of Professional Psychology	✓	✓	✓	✓	✓	✓	✓	100%
Freeman Health System	✓	✓	✓	✓		✓		71%
Gateway Greening	✓	✓	✓	✓	✓		✓	86%
Independence Center	✓		✓	✓	✓	✓		71%
Jefferson County Health Dept (Get Moving Festus)	✓	✓		✓				43%
Jefferson County Health Dept (Plan Eat & Play Desoto)	✓	✓	✓	✓	✓		✓	86%
Jefferson County Health Dept (Sow n' Show)	✓	✓	✓		✓			57%
Lutie R-VI School	✓	✓	✓		✓		✓	71%
Madison Medical Center	✓		✓					29%
Mark Twain Forest Regional Health Alliance	✓	✓	✓	✓	✓		✓	86%
Missouri Baptist Hospital-Sullivan	✓	✓	✓	✓	✓		✓	86%
Montgomery County R-II Schools	✓	✓	✓				✓	57%
New Madrid County Health Dept	✓	✓	✓	✓	✓	✓		86%

✓ indicates activity conducted

Appendix D: Settings Where Projects Conducted Activities

Organization Name	Neighborhood	School	Worksite	Healthcare	Faith-based	Statewide	Childcare	Diversity of Settings (Out of 7)
Old North St. Louis Restoration Group (Everybody Eats)	✓	✓	✓	✓	✓	✓		86%
Old North St. Louis Restoration Group (Grocery Co-Op)	✓							14%
Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)	✓	✓						29%
Ozarks Regional YMCA (Local Sprouts)	✓	✓	✓			✓		57%
PedNet Coalition	✓	✓		✓	✓		✓	71%
Polk County Health Center (Healthy & Active Workplaces)	✓	✓	✓	✓	✓	✓		86%
Polk County Health Center (Obesity Prevention Program)	✓	✓	✓		✓		✓	71%
Poplar Bluff Parks & Recreation Dept	✓		✓					29%
Pulaski County Health Dept	✓	✓	✓	✓	✓	✓	✓	100%
Pulaski County Sheltered Workshop	✓		✓					29%
Saint Louis County Dept of Health	✓	✓						29%

✓ indicates activity conducted

Appendix D: Settings Where Projects Conducted Activities

Organization Name	Neighborhood	School	Worksite	Healthcare	Faith-based	Statewide	Childcare	Diversity of Settings (Out of 7)
Saint Louis University (HELP)	✓	✓	✓			✓		57%
Saint Louis University (HELP SLPS)	✓	✓	✓			✓		57%
Springfield Urban Agriculture Coalition	✓	✓	✓	✓	✓	✓	✓	100%
St. John's Regional Medical Center/ Mercy	✓	✓	✓	✓	✓	✓		86%
St. Louis for Kids	✓	✓	✓	✓	✓	✓		86%
St. Louis Regional OASIS	✓	✓			✓			43%
The Community Partnership (Fit Helps)	✓	✓	✓	✓	✓	✓	✓	100%
The Community Partnership (Fit Phelps)	✓	✓	✓	✓			✓	71%
Trailnet, Inc. (Healthy & Active Communities Initiative)	✓	✓	✓	✓	✓	✓		86%
Trailnet, Inc. (Touchstone Project)	✓							14%
University of Missouri - St. Louis	✓	✓	✓			✓	✓	71%

✓ indicates activity conducted

Appendix D: Settings Where Projects Conducted Activities

Organization Name	Neighborhood	School	Worksite	Healthcare	Faith-based	Statewide	Childcare	Diversity of Settings (Out of 7)
Washington County Health Dept	✓	✓	✓					**43%**
YMCA of Callaway County	✓	✓	✓	✓	✓			**71%**

✓ indicates activity conducted

Appendix E: Inventory of Adopted H&AC Policies

Project Name	Policy Description	Year Adopted
After-School/Childcare Policy		
Ozarks Regional YMCA	Healthy Eating and Physical Activity for Summer Camp and After-School Programs	2014
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

Project Name	Policy Description	Year Adopted
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
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

Project Name	Policy Description	Year Adopted
School Policies		
Mark Twain Forest Regional Health Alliance (continued)	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
	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

Project Name	Policy Description	Year Adopted
School Policies		
Polk County Health Center	Bolivar School Wellness Policy	2009
	Fair Play School Wellness Policy	2009
	Halfway School Wellness Policy	2009
	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

Appendix F: Complete Streets Scores & Methodology

Complete Streets is a transportation policy and design approach that requires streets to be planned, designed, operated, and maintained for all modes of transportation, including biking and walking. These policies can be adopted in various forms, including resolutions, tax ordinances, and design guidelines.[1] The National Complete Streets Coalition scores each adopted policy against the ten elements (e.g., vision and intent, jurisdiction, design) of an ideal policy.[1] Within each element, a policy can achieve a maximum of five possible points.[1] Additionally, the Coalition established a weighting system to reflect that some elements are more important than others.[1] Policy scores will range from 0-100, with 100 being ideal.[1] See The Best Complete Streets Policies of 2014 for more information on scoring methodology and results. Using the Coalition's methodology, the evaluation team scored two H&AC policies that had not yet been scored by the Coalition—Vinita Park and Cape Girardeau.

75% of H&AC Complete Streets policies scored higher than the national average

City	Score
Crystal City	83%
Festus	75%
DeSoto	57%
Ferguson	52%
St. Louis City	50%
Vinita Park	48%
National average	46%
Elsberry	42%
Cape Girardeau	19%

Complete Streets goal →   100%

Appendix G: Advocacy & Policy Activities Conducted

Organization Name	Advocacy									Policy		
	Communicated with Policymakers	Developed Advocacy Plan	Community Education	Conducted Grassroots Activities	Developed Advisory Committee	Drafted Policy Language	Educated Others on Policy Implementation	Developed Recommendations	Secured Funding for Policy	Adopted Policy	Enhanced Existing Policy	Established Maintenance Agreement
America SCORES St. Louis					✓	✓			✓	✓		
American Heart Association		✓										
Barton County Memorial Hospital	✓	✓						✓		✓	✓	✓
Child Day Care Association	✓	✓	✓	✓	✓			✓				
Citizens for Modern Transit	✓	✓	✓	✓			✓	✓	✓			
City of Cabool					✓							✓
City of Cape Girardeau	✓		✓			✓				✓		
City of Elsberry										✓		
City of Ferguson	✓		✓	✓		✓	✓	✓		✓		
City of Kirksville	✓		✓	✓	✓	✓	✓					
City of Ozark	✓	✓	✓	✓	✓	✓						
City of Perryville					✓							
City of Sikeston												✓
City of St. Louis Dept of Health				✓								
Clark County Health Dept	✓	✓	✓									
Columbia/Boone County Health Dept	✓											

✓ indicates activity conducted

Appendix G: Advocacy & Policy Activities Conducted

Organization Name	Advocacy									Policy		
	Communicated with Policymakers	Developed Advocacy Plan	Community Education	Conducted Grassroots Activities	Developed Advisory Committee	Drafted Policy Language	Educated Others on Policy Implementation	Developed Recommendations	Secured Funding for Policy	Adopted Policy	Enhanced Existing Policy	Established Maintenance Agreement
Fordland Clinic, Inc.	✓			✓	✓							
Forest Institute of Professional Psychology												
Freeman Health System										✓		
Gateway Greening	✓	✓	✓	✓	✓		✓	✓		✓		
Independence Center					✓			✓		✓	✓	
Jefferson County Health Dept (Get Moving Festus)	✓	✓	✓	✓		✓				✓		
Jefferson County Health Dept (Plan Eat & Play DeSoto)												
Jefferson County Health Dept (Sow n' Show)				✓								
Lutie R-VI School	✓	✓		✓		✓	✓			✓		
Madison Medical Center	✓	✓										✓
Mark Twain Forest Regional Health Alliance		✓			✓	✓				✓		
Missouri Baptist Hospital-Sullivan	✓						✓			✓	✓	
Montgomery County R-II Schools	✓	✓	✓			✓	✓	✓		✓		

✓ indicates activity conducted

Appendix G: Advocacy & Policy Activities Conducted

Organization Name	Advocacy									Policy		
	Communicated with Policymakers	Developed Advocacy Plan	Community Education	Conducted Grassroots Activities	Developed Advisory Committee	Drafted Policy Language	Educated Others on Policy Implementation	Developed Recommendations	Secured Funding for Policy	Adopted Policy	Enhanced Existing Policy	Established Maintenance Agreement
New Madrid County Health Dept					✓					✓		
Old North St. Louis Restoration Group (Everybody Eats)	✓		✓									
Old North St. Louis Restoration Group (Grocery Co-Op)				✓								
Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)												
Ozarks Regional YMCA (Local Sprouts)									✓			
PedNet Coalition	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Polk County Health Center (Healthy & Active Workplaces)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Polk County Health Center (Obesity Prevention Program)	✓	✓	✓		✓	✓			✓	✓		
Poplar Bluff Parks & Recreation Dept	✓		✓									
Pulaski County Health Dept	✓					✓				✓		✓

✓ indicates activity conducted

Appendix G: Advocacy & Policy Activities Conducted

Organization Name	Advocacy									Policy		
	Communicated with Policymakers	Developed Advocacy Plan	Community Education	Conducted Grassroots Activities	Developed Advisory Committee	Drafted Policy Language	Educated Others on Policy Implementation	Developed Recommendations	Secured Funding for Policy	Adopted Policy	Enhanced Existing Policy	Established Maintenance Agreement
Pulaski County Sheltered Workshop										✓		
Saint Louis County Dept of Health		✓		✓	✓							
Saint Louis University (HELP)	✓	✓	✓	✓	✓							
Saint Louis University (HELP SLPS)	✓	✓	✓	✓	✓							
Springfield Urban Agriculture Coalition	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
St. John's Regional Medical Center/ Mercy	✓		✓	✓			✓					
St. Louis for Kids	✓							✓				
St. Louis Regional OASIS								✓				
The Community Partnership (Fit Helps)	✓	✓	✓	✓	✓	✓	✓			✓	✓	
The Community Partnership (Fit Phelps)						✓						
Trailnet, Inc. (Healthy & Active Communities Initiative)	✓	✓	✓	✓		✓	✓	✓	✓	✓		

✓ indicates activity conducted

Appendix G: Advocacy & Policy Activities Conducted

Organization Name	Advocacy									Policy		
	Communicated with Policymakers	Developed Advocacy Plan	Community Education	Conducted Grassroots Activities	Developed Advisory Committee	Drafted Policy Language	Educated Others on Policy Implementation	Developed Recommendations	Secured Funding for Policy	Adopted Policy	Enhanced Existing Policy	Established Maintenance Agreement
Trailnet, Inc. (Touchstone Project)	✓	✓		✓		✓				✓		
University of Missouri - St. Louis	✓	✓		✓	✓	✓	✓	✓		✓		
Washington County Health Dept						✓						
YMCA of Callaway County	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

✓ indicates activity conducted

Appendix H: Physical Activity Environment Changes Implemented

Organization Name	Land Use Change	Streets for Active Transportation	Improved Streetscapes	Developed/ Improved Parks	Developed/ Improved Trails	Improved Traffic Safety	Improved Personal Safety	Displayed POD Prompts	Improved Access to PA Equipment
America SCORES St. Louis									
American Heart Association									
Barton County Memorial Hospital	✓			✓	✓		✓	✓	✓
Child Day Care Association									
Citizens for Modern Transit	✓								
City of Cabool	✓			✓	✓			✓	✓
City of Cape Girardeau		✓				✓			✓
City of Elsberry				✓	✓	✓	✓		
City of Ferguson		✓	✓		✓		✓		
City of Kirksville		✓	✓	✓	✓	✓	✓	✓	
City of Ozark		✓	✓	✓	✓				✓
City of Perryville			✓	✓	✓		✓	✓	✓
City of Sikeston					✓				
City of St. Louis Dept of Health									
Clark County Health Dept		✓		✓		✓			
Columbia/Boone County Health Dept						✓			
Fordland Clinic, Inc.	✓	✓	✓	✓					✓

✓ indicates change implemented

Appendix H: Physical Activity Environment Changes Implemented

Organization Name	Land Use Change	Streets for Active Transportation	Improved Streetscapes	Developed/ Improved Parks	Developed/ Improved Trails	Improved Traffic Safety	Improved Personal Safety	Displayed POD Prompts	Improved Access to PA Equipment
Forest Institute of Professional Psychology									
Freeman Health System		✓	✓	✓	✓		✓	✓	✓
Gateway Greening		✓		✓					✓
Independence Center		✓		✓	✓			✓	
Jefferson County Health Dept (Get Moving Festus)									
Jefferson County Health Dept (Plan Eat & Play DeSoto)		✓		✓	✓	✓	✓	✓	
Jefferson County Health Dept (Sow n' Show)			✓			✓			
Lutie R-VI School									
Madison Medical Center			✓			✓	✓		
Mark Twain Forest Regional Health Alliance		✓		✓	✓		✓		✓
Missouri Baptist Hospital-Sullivan									
Montgomery County R-II Schools					✓				✓
New Madrid County Health Dept				✓	✓		✓		✓

✓ indicates change implemented

Appendix H: Physical Activity Environment Changes Implemented

Organization Name	Land Use Change	Streets for Active Transportation	Improved Streetscapes	Developed/ Improved Parks	Developed/ Improved Trails	Improved Traffic Safety	Improved Personal Safety	Displayed POD Prompts	Improved Access to PA Equipment
Old North St. Louis Restoration Group (Everybody Eats)									
Old North St. Louis Restoration Group (Grocery Co-Op)									
Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)									✓
Ozarks Regional YMCA (Local Sprouts)									
PedNet Coalition	✓	✓	✓			✓	✓		✓
Polk County Health Center (Healthy & Active Workplaces)		✓		✓	✓	✓		✓	✓
Polk County Health Center (Obesity Prevention Program)	✓	✓		✓	✓	✓			✓
Poplar Bluff Parks & Recreation Dept	✓			✓					✓
Pulaski County Health Dept					✓				
Pulaski County Sheltered Workshop									
Saint Louis County Dept of Health									✓

✓ indicates change implemented

Appendix H: Physical Activity Environment Changes Implemented

Organization Name	Land Use Change	Streets for Active Transportation	Improved Streetscapes	Developed/ Improved Parks	Developed/ Improved Trails	Improved Traffic Safety	Improved Personal Safety	Displayed POD Prompts	Improved Access to PA Equipment
Saint Louis University (HELP)									
Saint Louis University (HELP SLPS)									
Springfield Urban Agriculture Coalition									
St. John's Regional Medical Center/ Mercy					✓				
St. Louis for Kids									
St. Louis Regional OASIS									
The Community Partnership (Fit Helps)		✓			✓	✓	✓		✓
The Community Partnership (Fit Phelps)					✓				✓
Trailnet, Inc. (Healthy & Active Communities Initiative)		✓							
Trailnet, Inc. (Touchstone Project)		✓		✓	✓				✓
University of Missouri - St. Louis									✓

✓ indicates change implemented

Appendix H: Physical Activity Environment Changes Implemented

Organization Name	Land Use Change	Streets for Active Transportation	Improved Streetscapes	Developed/ Improved Parks	Developed/ Improved Trails	Improved Traffic Safety	Improved Personal Safety	Displayed POD Prompts	Improved Access to PA Equipment
Washington County Health Dept	✓	✓		✓		✓			
YMCA of Callaway County					✓		✓	✓	✓

✓ indicates change implemented

Appendix I: Healthy Eating Environment Changes Implemented

Organization Name	Land Use Change	Gardens	Farmer's Market	Farm to Institute	Changed Cafeteria or Vending Options	Improved Access to Food Outlets	Displayed POP Prompts	Labeled Menus	Improved Access to HE Facilities
America SCORES St. Louis									
American Heart Association									
Barton County Memorial Hospital									
Child Day Care Association		✓	✓	✓				✓	
Citizens for Modern Transit									
City of Cabool									
City of Cape Girardeau									
City of Elsberry									
City of Ferguson									
City of Kirksville									
City of Ozark									
City of Perryville		✓	✓	✓					✓
City of Sikeston									
City of St. Louis Dept of Health						✓	✓		
Clark County Health Dept								✓	
Columbia/Boone County Health Dept					✓				
Fordland Clinic, Inc.	✓	✓	✓	✓					✓

✓ indicates change implemented

Appendix I: Healthy Eating Environment Changes Implemented

Organization Name	Land Use Change	Gardens	Farmer's Market	Farm to Institute	Changed Cafeteria or Vending Options	Improved Access to Food Outlets	Displayed POP Prompts	Labeled Menus	Improved Access to HE Facilities
Forest Institute of Professional Psychology									
Freeman Health System		✓	✓	✓	✓		✓	✓	✓
Gateway Greening		✓		✓					✓
Independence Center		✓		✓	✓			✓	
Jefferson County Health Dept (Get Moving Festus)									
Jefferson County Health Dept (Plan Eat & Play DeSoto)		✓		✓	✓	✓	✓	✓	
Jefferson County Health Dept (Sow n' Show)			✓			✓			
Lutie R-VI School									
Madison Medical Center			✓			✓	✓		
Mark Twain Forest Regional Health Alliance		✓		✓	✓		✓		✓
Missouri Baptist Hospital-Sullivan									
Montgomery County R-II Schools					✓				
New Madrid County Health Dept					✓				

✓ indicates change implemented

Appendix I: Healthy Eating Environment Changes Implemented

Organization Name	Land Use Change	Gardens	Farmer's Market	Farm to Institute	Changed Cafeteria or Vending Options	Improved Access to Food Outlets	Displayed POP Prompts	Labeled Menus	Improved Access to HE Facilities
Old North St. Louis Restoration Group (Everybody Eats)	✓	✓	✓	✓		✓	✓	✓	✓
Old North St. Louis Restoration Group (Grocery Co-Op)	✓						✓		✓
Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)									
Ozarks Regional YMCA (Local Sprouts)				✓		✓			✓
PedNet Coalition		✓							✓
Polk County Health Center (Healthy & Active Workplaces)		✓	✓		✓			✓	✓
Polk County Health Center (Obesity Prevention Program)		✓	✓	✓	✓		✓	✓	✓
Poplar Bluff Parks & Recreation Dept									
Pulaski County Health Dept									
Pulaski County Sheltered Workshop		✓		✓	✓				✓
Saint Louis County Dept of Health		✓				✓	✓		

✓ indicates change implemented

Appendix I: Healthy Eating Environment Changes Implemented

Organization Name	Land Use Change	Gardens	Farmer's Market	Farm to Institute	Changed Cafeteria or Vending Options	Improved Access to Food Outlets	Displayed POP Prompts	Labeled Menus	Improved Access to HE Facilities
Saint Louis University (HELP)		✓	✓	✓	✓		✓	✓	✓
Saint Louis University (HELP SLPS)					✓			✓	✓
Springfield Urban Agriculture Coalition		✓	✓	✓		✓	✓	✓	✓
St. John's Regional Medical Center/ Mercy	✓	✓		✓	✓				
St. Louis for Kids									
St. Louis Regional OASIS									
The Community Partnership (Fit Helps)		✓			✓	✓	✓		✓
The Community Partnership (Fit Phelps)		✓							
Trailnet, Inc. (Healthy & Active Communities Initiative)				✓					
Trailnet, Inc. (Touchstone Project)									
University of Missouri - St. Louis		✓			✓		✓		✓

✓ indicates change implemented

Appendix I: Healthy Eating Environment Changes Implemented

Organization Name	Land Use Change	Gardens	Farmer's Market	Farm to Institute	Changed Cafeteria or Vending Options	Improved Access to Food Outlets	Displayed POP Prompts	Labeled Menus	Improved Access to HE Facilities
Washington County Health Dept									
YMCA of Callaway County									

Appendix J: Community Outreach Activities Implemented

Organization Name	Project Promotion		Sharing Project Results		Mass Media					
	Conducted	Total Estimated Exposures	Conducted	Total Estimated Exposures	TV	Radio	Print	Web	Mixed Media	Total Estimated Exposures
America SCORES St. Louis	—		—							—
American Heart Association	✓	272,316	✓	6,451						—
Barton County Memorial Hospital	✓	704	✓	95			✓			43,800
Child Day Care Association	✓	265	✓	80						—
Citizens for Modern Transit	✓	885,181	✓	35,420	✓	✓	✓	✓	✓	3,729,792
City of Cabool	✓	2,998		—		✓	✓			22,750
City of Cape Girardeau	✓	93,273		—	✓	✓	✓	✓	✓	434,398
City of Elsberry	✓	1,000		—			✓			15,000
City of Ferguson	✓	53,503	✓	2,050	✓	✓	✓	✓		2,045,143
City of Kirksville	✓	6,930	✓	85	✓	✓	✓	✓	✓	589,344
City of Ozark	✓	51,800	✓	1,915		✓	✓			15,000
City of Perryville	✓	2,909	✓	1,356			✓			65,110
City of Sikeston	✓	67,349	✓	51	✓		✓	✓		2,010,619
City of St. Louis Dept of Health	✓	1,509	✓	1,683		✓	✓	✓		42,954
Clark County Health Dept	✓	35,284	✓	352		✓	✓			234,400
Columbia/Boone County Health Dept	✓	388,515	✓	71,864	✓	✓	✓			78,296

✓ indicates activity conducted

Appendix J: Community Outreach Activities Implemented

Organization Name	Project Promotion		Sharing Project Results		Mass Media					
	Conducted	Total Estimated Exposures	Conducted	Total Estimated Exposures	TV	Radio	Print	Web	Mixed Media	Total Estimated Exposures
Fordland Clinic, Inc.	✓	26,403	✓	15	✓		✓			216,600
Forest Institute of Professional Psychology	✓	634,296	✓	12,828						—
Freeman Health System	✓	1,203,696	✓	6,880	✓	✓	✓	✓	✓	1,501,694
Gateway Greening	✓	54,293	✓	85			✓	✓		38,950
Independence Center	✓	62	✓	1,738						—
Jefferson County Health Dept (Get Moving Festus)	✓	819	✓	373			✓	✓		173,617
Jefferson County Health Dept (Plan Eat & Play DeSoto)	✓	36,340	✓	1,915			✓			71,216
Jefferson County Health Dept (Sow n' Show)	✓	5,585	✓	2,300		✓	✓			1,416,259
Lutie R-VI School	✓	9,045	✓	12			✓			30,300
Madison Medical Center	✓	2,748		—			✓			31,000
Mark Twain Forest Regional Health Alliance		—	✓	5,900						—
Missouri Baptist Hospital-Sullivan	✓	921,199	✓	50,061	✓	✓	✓	✓		675,220
Montgomery County R-II Schools	✓	5,135	✓	410						—

✓ indicates activity conducted

Appendix J: Community Outreach Activities Implemented

Organization Name	Project Promotion		Sharing Project Results		Mass Media					
	Conducted	Total Estimated Exposures	Conducted	Total Estimated Exposures	TV	Radio	Print	Web	Mixed Media	Total Estimated Exposures
New Madrid County Health Dept	✓	3,035	✓	2,908						—
Old North St. Louis Restoration Group (Everybody Eats)	✓	1,525,618	✓	11,387				✓		900,000
Old North St. Louis Restoration Group (Grocery Co-Op)	✓	1,428,078	✓	105		✓				500,000
Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)	✓	1,010	✓	81,023	✓					527,540
Ozarks Regional YMCA (Local Sprouts)	✓	3,611	✓	974	✓		✓	✓		4,595,508
PedNet Coalition	✓	34,471	✓	5,080	✓	✓	✓	✓		10,061,000
Polk County Health Center (Healthy & Active Workplaces)	✓	17,608	✓	5,906			✓	✓		12,239
Polk County Health Center (Obesity Prevention Program)	✓	578	✓	3,100						—
Poplar Bluff Parks & Recreation Dept		—		—				✓		26,000
Pulaski County Health Dept	✓	380,000		—			✓			360,000

✓ indicates activity conducted

Appendix J: Community Outreach Activities Implemented

Organization Name	Project Promotion		Sharing Project Results		Mass Media					
	Conducted	Total Estimated Exposures	Conducted	Total Estimated Exposures	TV	Radio	Print	Web	Mixed Media	Total Estimated Exposures
Pulaski County Sheltered Workshop	✓	483		—			✓	✓		905
Saint Louis County Dept of Health	✓	4,180		—						—
Saint Louis University (HELP)	✓	8,219,578	✓	1,347			✓			375,000
Saint Louis University (HELP SLPS)	✓	108,749	✓	11,435						—
Springfield Urban Agriculture Coalition	✓	299,751	✓	4,568	✓	✓	✓			814,050
St. John's Regional Medical Center/ Mercy	✓	73	✓	1,168	✓		✓		✓	954,097
St. Louis for Kids	✓	70	✓	242				✓		500
St. Louis Regional OASIS	✓	54,000	✓	450						—
The Community Partnership (Fit Helps)	✓	6,622	✓	2,673		✓	✓	✓		566,792
The Community Partnership (Fit Phelps)	✓	80,479	✓	492				✓		1,457
Trailnet, Inc. (Healthy & Active Communities Initiative)	✓	118,046	✓	216,022			✓	✓		113,946

✓ indicates activity conducted

Appendix J: Community Outreach Activities Implemented

Organization Name	Project Promotion		Sharing Project Results		Mass Media					
	Conducted	Total Estimated Exposures	Conducted	Total Estimated Exposures	TV	Radio	Print	Web	Mixed Media	Total Estimated Exposures
Trailnet, Inc. (Touchstone Project)	✓	2,000	✓	50						—
University of Missouri - St. Louis	✓	161,475	✓	7,012,038						—
Washington County Health Dept	✓	175		—			✓			33,600
YMCA of Callaway County	✓	27,832	✓	3,227						—

✓ indicates activity conducted

Appendix K: Product Inventory

Organization Name	Product Description	Product weblink
	Toolkits	
Citizens for Modern Transit	The toolkit provides guidance to those setting up a Ten Toe Express program, a program designed for older adults that utilizes public transportation combined with walking to visit places of interest.	http://cmt-stl.org/wp-content/uploads/2013/08/Ten-Toe-Express_walk_guide.pdf?8d1446
City of St. Louis Dept of Health	The Stock Healthy Shops Healthy Retailer Toolkit is a compilation of helpful practices used by small food retailers in healthy grocery programs across the country, including the St. Louis Healthy Corner Store Project and Kansas City's Skip the Salt, Help the Heart project. The Stock Healthy Shop Healthy Community Toolkit provides strategies for forming a community network, partnering with and promoting a store, and providing community education and outreach The Stock Healthy Shop Healthy Program Evaluation Toolkit is for communities interested in developing healthy corner store or grocery programs with local food retailers and includes tools and resources.	http://extension.missouri.edu/stockhealthy/stockhealthy.aspx http://extension.missouri.edu/stockhealthy/shophealthy.aspx http://extension.missouri.edu/stockhealthy/documents/dm266_SHSH_ProgramEvaluationToolkit.pdf
Ozarks Regional YMCA (Local Sprouts)	The Local Sprouts Resource Guide describes how the program increased access to locally grown healthy foods in summer camps and after-school programs. The guide also provides lessons learned and example resource s for data collection.	http://orymca.org/pdf/Local-Sprouts%20Toolkit_small.pdf
Trailnet, Inc. (Healthy & Active Communities Initiative)	The HAVC toolkit contains innovative ideas, policy suggestions, and resources to help community decision makers improve the health of their communities. Provided recommendations are tailored to eight different types of decision makers (e.g., workplaces, schools, local governments)	http://toolkit.trailnet.org/
	Videos	
Citizens for Modern Transit	Ten Toe Express leaders and participants describe why they participate in the program, as well as the social and health benefits.	http://www.youtube.com/watch?v=iDxj54nwnqc
City of Cape Girardeau	The Ride the City project produced a series of videos on bicycling, including helmet fitting, local cycling groups, benefits of cycling, and bike lane improvements made in the community. The video linked to the right describes road rules and bicycling safety tips. Search "Ride the CIty" for other videos in the series.	https://www.youtube.com/watch?v=xyFOtMTcm3U&list=PLmIWRTx14gwv1ZivSathD0sWsf8G_miv9
Ozarks Regional YMCA (Local Sprouts)	The video describes the Local Sprouts project and shows the food processing kitchen and children in the local gardens.	https://www.youtube.com/watch?v=rHKvpkz3aNA
Poplar Bluff Parks & Recreation Dept	The video shows Poplar Bluff's new skate plaza that transformed a vacant lot into a place for people to be active and a safe place for skaters to ride.	https://www.youtube.com/watch?v=C-rRUipDlHo
	Resources	
City of St. Louis Dept of Health	Tools, assessment forms, and surveys that are reference in the Stock Healthy Shop Healthy toolkits are provided. The resources are provided for community networks (e.g., community survey, press release) and corner store retailers (e.g., signs, loyalty cards).	http://extension.missouri.edu/stockhealthy/downloads.aspx

Appendix L: Number of Partners Engaged by Type

Organization Name	Community Orgs	Local Businesses	Schools	Local Govt.	Colleges/ Universities	Healthcare Providers	State/Federal Govt.	Community Residents	Faith-based Orgs	Foundations	Design Practitioners	Total
America SCORES St. Louis	3	—	2	—	3	1	1	—	—	1	—	11
American Heart Association	2	—	18	—	1	—	2	—	—	—	—	23
Barton County Memorial Hospital	3	4	3	4	1	1	—	1	4	—	—	21
Child Day Care Association	3	1	—	—	—	—	—	—	—	—	—	4
Citizens for Modern Transit	7	1	—	1	—	2	1	1	—	—	—	13
City of Cabool	3	2	2	2	—	1	1	1	—	2	—	14
City of Cape Girardeau	4	4	—	1	2	—	1	1	—	—	—	13
City of Elsberry	3	4	—	—	—	—	2	9	—	1	—	19
City of Ferguson	33	16	5	13	4	3	1	—	3	1	2	81
City of Kirksville	4	1	2	2	3	—	2	1	—	—	—	15
City of Ozark	4	4	1	5	1	—	4	1	—	—	—	20
City of Perryville	3	2	3	3	—	3	1	—	3	—	—	18
City of Sikeston	5	3	5	5	1	5	—	1	—	2	—	27
City of St. Louis Dept of Health	29	15	5	5	6	3	1	2	6	1	—	73
Clark County Health Dept	3	2	2	2	1	2	1	—	—	—	—	13
Columbia/Boone County Health Dept	2	2	1	—	2	—	1	1	—	—	—	9
Fordland Clinic, Inc.	17	9	14	4	1	—	2	9	6	—	—	62

Appendix L: Number of Partners Engaged by Type

Organization Name	Community Orgs	Local Businesses	Schools	Local Govt.	Colleges/ Universities	Healthcare Providers	State/Federal Govt.	Community Residents	Faith-based Orgs	Foundations	Design Practitioners	Total
Forest Institute of Professional Psychology	10	4	1	4	5	4	6	1	14	—	—	**49**
Freeman Health System	1	13	1	—	2	24	—	—	1	1	—	**43**
Gateway Greening	8	2	2	2	3			2	2			**21**
Independence Center	4	1	—	—	—	1	4	—	2	2	—	**14**
Jefferson County Health Dept (Get Moving Festus)	4	1	1	3	1	1	—	1	—	—	—	**12**
Jefferson County Health Dept (Plan Eat & Play Desoto)	4	16	1	1	—	1	—	—	—	—	—	**23**
Jefferson County Health Dept (Sow n' Show)	5	9	1	2	2	2	—	—	1	—	—	**22**
Lutie R-VI School	2	3	1	—	—	3	—	—	—	—	—	**9**
Madison Medical Center	2	1	—	1	—	1	—	—	—	1	—	**6**
Mark Twain Forest Regional Health Alliance	6	—	14	—	—	9	—	—	1	—	—	**30**
Missouri Baptist Hospital-Sullivan	1	3	—	2	—	—	—	1	14	—	—	**21**
Montgomery County R-II Schools	2	1	1	—	1	1	1	—	—	—	—	**7**
New Madrid County Health Dept	2	—	3	1	1	1	3	—	7	—	—	**18**

Appendix L: Number of Partners Engaged by Type

Organization Name	Community Orgs	Local Businesses	Schools	Local Govt.	Colleges/ Universities	Healthcare Providers	State/Federal Govt.	Community Residents	Faith-based Orgs	Foundations	Design Practitioners	Total
Old North St. Louis Restoration Group (Everybody Eats)	6	14	2	1	1	4	1	3	5	3	1	**41**
Old North St. Louis Restoration Group (Grocery Co-Op)	—	4	—	2	1	—	1	—	—	—	—	**8**
Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)	1	2	—	—	2	—	—	—	—	—	—	**5**
Ozarks Regional YMCA (Local Sprouts)	4	6	3	—	2	—	3	—	—	1	—	**19**
PedNet Coalition	2	—	3	5	2	—	—	3	—	—	1	**16**
Polk County Health Center (Healthy & Active Workplaces)	5	27	10	5	2	9	2	1	2	—	—	**63**
Polk County Health Center (Obesity Prevention Program)	12	5	24	4	1	7	1	2	3	1	—	**60**
Poplar Bluff Parks & Recreation Dept	2	5	—	3	—	1	—	—	—	—	1	**12**
Pulaski County Health Dept	8	7	4	—	—	—	2	—	1	—	—	**22**
Pulaski County Sheltered Workshop	1	5	—	—	—	1	1	1	—	1	—	**10**
Saint Louis County Dept of Health	—	2	1	—	—	—	—	—	—	—	—	**3**

Appendix L: Number of Partners Engaged by Type

Organization Name	Community Orgs	Local Businesses	Schools	Local Govt.	Colleges/ Universities	Healthcare Providers	State/Federal Govt.	Community Residents	Faith-based Orgs	Foundations	Design Practitioners	Total
Saint Louis University (HELP)	3	15	2	—	1	—	1	—	—	—	—	**22**
Saint Louis University (HELP SLPS)	—	20	6	—	1	2	—	1	—	1	—	**31**
Springfield Urban Agriculture Coalition	10	13	2	3	3	5	—	1	—	2	—	**39**
St. John's Regional Medical Center/ Mercy	9	9	3	8	1	8	3	1	—	1	—	**43**
St. Louis for Kids	8	1	27	—	—	1	2	—	3	—	—	**42**
St. Louis Regional OASIS	31	—	—	—	1	—	—	—	8	—	—	**40**
The Community Partnership (Fit Helps)	10	25	18	6	5	6	3	2	2	1	—	**78**
The Community Partnership (Fit Phelps)	9	19	13	2	5	4	1	4	—	—	—	**57**
Trailnet, Inc. (Healthy & Active Communities Initiative)	17	4	3	18	12	4	—	6	1	1	4	**70**
Trailnet, Inc. (Touchstone Project)	3	4	—	8	—	—	1	9	—	—	1	**26**
University of Missouri - St. Louis	1	1	1	2	1	2	—	—	—	—	—	**8**

Appendix L: Number of Partners Engaged by Type

Organization Name	Community Orgs	Local Businesses	Schools	Local Govt.	Colleges/ Universities	Healthcare Providers	State/Federal Govt.	Community Residents	Faith-based Orgs	Foundations	Design Practitioners	Total
Washington County Health Dept	3	2	1	9	—	1	—	3	—	—	1	**20**
YMCA of Callaway County	1	1	1	1	—	1	—	—	1	—	—	**6**

Appendix M: Program Sustainability Assessment Tool Scores

Organization Name	Political Support	Funding Stability	Partnerships	Organizational Capacity	Program Evaluation	Program Adaptation	Communications	Strategic Planning	Overall Sustainability Score
America SCORES St. Louis	5.8	4.0	5.4	6.6	5.6	6.4	6.0	5.4	**5.7**
American Heart Association	6.9	5.7	6.2	6.5	7.0	7.0	6.8	6.4	**6.6**
Barton County Memorial Hospital	4.9	4.2	5.0	5.3	4.8	5.0	4.4	4.8	**4.8**
Child Day Care Association	3.5	4.2	3.9	5.8	5.7	6.0	4.6	4.0	**4.7**
Citizens for Modern Transit	5.5	4.8	4.4	6.3	5.0	5.2	5.6	3.9	**5.1**
City of Cabool	6.0	5.2	6.1	6.0	6.4	6.5	6.6	5.6	**6.0**
City of Cape Girardeau	5.7	5.2	5.5	5.5	4.8	5.1	5.7	4.9	**5.3**
City of Elsberry	5.3	4.9	5.8	6.5	4.9	4.9	5.8	4.9	**5.4**
City of Ferguson	6.5	4.5	6.4	5.9	5.0	5.6	5.9	5.0	**5.6**
City of Kirksville	5.7	4.4	6.2	5.4	5.4	5.8	5.9	4.7	**5.4**
City of Ozark	5.6	5.2	5.5	5.5	5.7	5.3	5.6	6.0	**5.6**
City of Perryville	6.1	5.1	5.8	5.8	5.6	5.1	5.3	5.0	**5.5**
City of Sikeston	5.1	4.9	5.1	6.0	6.0	6.2	5.8	5.0	**5.5**
City of St. Louis Dept of Health	5.1	3.5	6.3	5.5	6.3	6.3	5.9	4.9	**5.5**
Clark County Health Dept	5.6	4.7	6.3	5.9	5.9	5.7	6.1	5.1	**5.7**
Columbia/Boone County Health Dept	6.3	5.4	4.9	5.3	5.6	5.6	5.7	5.1	**5.5**
Fordland Clinic, Inc.	5.4	4.8	4.2	4.4	4.7	5.2	4.4	4.8	**4.7**

Appendix M: Program Sustainability Assessment Tool Scores

Organization Name	Political Support	Funding Stability	Partnerships	Organizational Capacity	Program Evaluation	Program Adaptation	Communications	Strategic Planning	Overall Sustainability Score
Forest Institute of Professional Psychology	4.8	5.1	5.8	5.8	6.2	6.6	5.5	4.7	**5.6**
Freeman Health System	6.4	5.9	5.6	5.5	6.5	6.8	6.1	6.3	**6.1**
Gateway Greening	4.6	4.9	6.6	5.4	5.5	6.4	5.2	5.7	**5.6**
Independence Center	6.1	6.4	5.3	6.0	6.3	6.2	6.0	6.3	**6.1**
Jefferson County Health Dept (Get Moving Festus)	2.0	2.7	2.8	4.6	4.6	4.2	4.5	2.8	**3.5**
Jefferson County Health Dept (Plan Eat & Play DeSoto)	3.7	4.1	4.8	5.4	5.4	5.4	4.9	4.3	**4.8**
Jefferson County Health Dept (Sow n' Show)	4.4	4.2	6.2	6.6	5.7	5.7	6.8	5.4	**5.6**
Lutie R-VI School	3.8	3.6	4.2	4.4	5.7	5.7	6.8	5.6	**5.0**
Madison Medical Center	6.1	5.9	7.0	6.9	6.7	6.5	6.5	6.5	**6.5**
Mark Twain Forest Regional Health Alliance	2.6	1.8	6.2	4.8	6.0	7.0	6.2	5.4	**5.0**
Missouri Baptist Hospital-Sullivan	5.5	3.7	5.3	5.7	5.8	6.6	6.4	4.2	**5.4**
Montgomery County R-II Schools	4.5	3.7	4.5	5.8	6.5	6.5	5.9	4.9	**5.3**

Appendix M: Program Sustainability Assessment Tool Scores

Organization Name	Political Support	Funding Stability	Partnerships	Organizational Capacity	Program Evaluation	Program Adaptation	Communications	Strategic Planning	Overall Sustainability Score
New Madrid County Health Dept	5.9	4.5	6.5	5.9	6.7	6.6	6.8	4.8	**5.9**
Old North St. Louis Restoration Group (Everybody Eats)	6.0	3.4	5.8	5.6	5.4	5.4	4.6	4.6	**5.1**
Old North St. Louis Restoration Group (Grocery Co-Op)	5.7	4.3	5.4	5.3	5.9	5.8	6.0	4.7	**5.4**
Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)	2.6	6.1	2.8	6.8	6.3	6.4	4.0	4.4	**4.9**
Ozarks Regional YMCA (Local Sprouts)	6.3	5.7	6.5	6.8	6.6	6.6	6.4	6.1	**6.4**
PedNet Coalition	6.0	5.6	5.6	5.5	5.0	5.9	5.7	5.7	**5.6**
Polk County Health Center (Healthy & Active Workplaces)	4.8	5.0	5.5	5.6	5.6	5.9	5.7	5.2	**5.4**
Polk County Health Center (Obesity Prevention Program)	5.7	4.9	5.6	6.3	5.9	5.7	6.0	5.2	**5.7**
Poplar Bluff Parks & Recreation Dept	6.4	5.6	5.8	6.2	3.6	1.0	5.6	5.8	**5.0**
Pulaski County Health Dept	7.0	4.7	5.1	5.3	5.5	5.5	5.4	4.4	**5.4**

Appendix M: Program Sustainability Assessment Tool Scores

Organization Name	Political Support	Funding Stability	Partnerships	Organizational Capacity	Program Evaluation	Program Adaptation	Communications	Strategic Planning	Overall Sustainability Score
Pulaski County Sheltered Workshop	4.1	4.9	3.0	5.9	4.7	4.8	4.2	5.2	**4.6**
Saint Louis County Dept of Health	1.4	1.0	2.2	5.4	4.6	4.0	3.4	4.0	**3.3**
Saint Louis University (HELP)	6.5	4.8	5.8	5.9	6.0	6.1	6.1	5.7	**5.9**
Saint Louis University (HELP SLPS)	5.6	4.9	5.6	5.5	6.4	6.6	5.7	6.1	**5.8**
Springfield Urban Agriculture Coalition	4.9	3.5	5.4	5.3	5.8	5.6	5.4	5.2	**5.1**
St. John's Regional Medical Center/ Mercy	6.0	5.0	6.2	5.8	6.3	6.2	6.2	5.1	**5.9**
St. Louis for Kids	3.0	1.6	2.6	3.0	4.8	2.4	2.9	2.4	**2.8**
St. Louis Regional OASIS	4.9	4.4	5.1	6.8	6.3	6.5	5.4	5.0	**5.6**
The Community Partnership (Fit Helps)	4.7	3.1	5.7	6.4	5.6	5.6	5.8	4.3	**5.2**
The Community Partnership (Fit Phelps)	4.8	2.9	5.4	6.2	4.9	4.7	5.5	3.3	**4.7**
Trailnet, Inc. (Healthy & Active Communities Initiative)	5.7	2.7	5.7	6.4	5.7	6.5	5.7	5.1	**5.4**

Appendix M: Program Sustainability Assessment Tool Scores

Organization Name	Political Support	Funding Stability	Partnerships	Organizational Capacity	Program Evaluation	Program Adaptation	Communications	Strategic Planning	Overall Sustainability Score
Trailnet, Inc. (Touchstone Project)	5.3	3.1	4.5	5.6	5.7	6.3	5.0	3.9	**4.9**
University of Missouri - St. Louis	5.3	3.4	6.6	6.3	6.7	6.9	6.7	6.5	**6.1**
Washington County Health Dept	5.0	3.5	5.0	4.6	4.9	5.7	5.4	4.5	**4.8**
YMCA of Callaway County	6.3	4.6	5.8	6.4	5.9	4.9	5.7	5.2	**5.6**

Appendix N: Additional Funds Leveraged

Organization Name	Local Community Organizations	Local Businesses	State & Federal Agencies	Other Foundations (not MFH)	National Organizations	Total Funds Leveraged
America SCORES St. Louis	✓	✓	✓	✓	✓	$359,322
American Heart Association						—
Barton County Memorial Hospital	✓					$10,000
Child Day Care Association	✓					$1,600
Citizens for Modern Transit		✓	✓			$367,985
City of Cabool						—
City of Cape Girardeau						—
City of Elsberry	✓	✓		✓		$28,477
City of Ferguson	✓	✓		✓		$32,450
City of Kirksville	✓	✓	✓			$619,200
City of Ozark						—
City of Perryville	✓	✓				$375
City of Sikeston						—
City of St. Louis Dept of Health		✓	✓			$122,720
Clark County Health Dept						—
Columbia/Boone County Health Dept	✓		✓			$161,300
Fordland Clinic, Inc.			✓	✓		$1,600

✓ indicates funds leveraged by source type

Appendix N: Additional Funds Leveraged

Organization Name	Local Community Organizations	Local Businesses	State & Federal Agencies	Other Foundations (not MFH)	National Organizations	Total Funds Leveraged
Forest Institute of Professional Psychology	✓					$20,750
Freeman Health System						—
Gateway Greening		✓				$8,500
Independence Center		✓		✓		$91,994
Jefferson County Health Dept (Get Moving Festus)						—
Jefferson County Health Dept (Plan Eat & Play DeSoto)	✓	✓				$480
Jefferson County Health Dept (Sow n' Show)	✓	✓				$9,050
Lutie R-VI School						—
Madison Medical Center				✓		$65,000
Mark Twain Forest Regional Health Alliance						—
Missouri Baptist Hospital-Sullivan						—
Montgomery County R-II Schools		✓				$1,000
New Madrid County Health Dept						—

✓ indicates funds leveraged by source type

Appendix N: Additional Funds Leveraged

Organization Name	Local Community Organizations	Local Businesses	State & Federal Agencies	Other Foundations (not MFH)	National Organizations	Total Funds Leveraged
Old North St. Louis Restoration Group (Everybody Eats)						—
Old North St. Louis Restoration Group (Grocery Co-Op)				✓		$100,000
Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)						—
Ozarks Regional YMCA (Local Sprouts)			✓		✓	$1,311,100
PedNet Coalition				✓		$400,000
Polk County Health Center (Healthy & Active Workplaces)			✓			$187,000
Polk County Health Center (Obesity Prevention Program)	✓	✓	✓		✓	$156,450
Poplar Bluff Parks & Recreation Dept						—
Pulaski County Health Dept					—	
Pulaski County Sheltered Workshop	✓	✓		✓	$2,459	
Saint Louis County Dept of Health					—	

✓ indicates funds leveraged by source type

Appendix N: Additional Funds Leveraged

Organization Name	Local Community Organizations	Local Businesses	State & Federal Agencies	Other Foundations (not MFH)	National Organizations	Total Funds Leveraged
Saint Louis University (HELP)						—
Saint Louis University (HELP SLPS)	✓					$5,740
Springfield Urban Agriculture Coalition	✓	✓				$16,300
St. John's Regional Medical Center/ Mercy	✓		✓	✓		$105,056
St. Louis for Kids						—
St. Louis Regional OASIS						—
The Community Partnership (Fit Helps)		✓				$900
The Community Partnership (Fit Phelps)					✓	$100
Trailnet, Inc. (Healthy & Active Communities Initiative)	✓		✓	✓		$183,246
Trailnet, Inc. (Touchstone Project)						—
University of Missouri - St. Louis						—

✓ indicates funds leveraged by source type

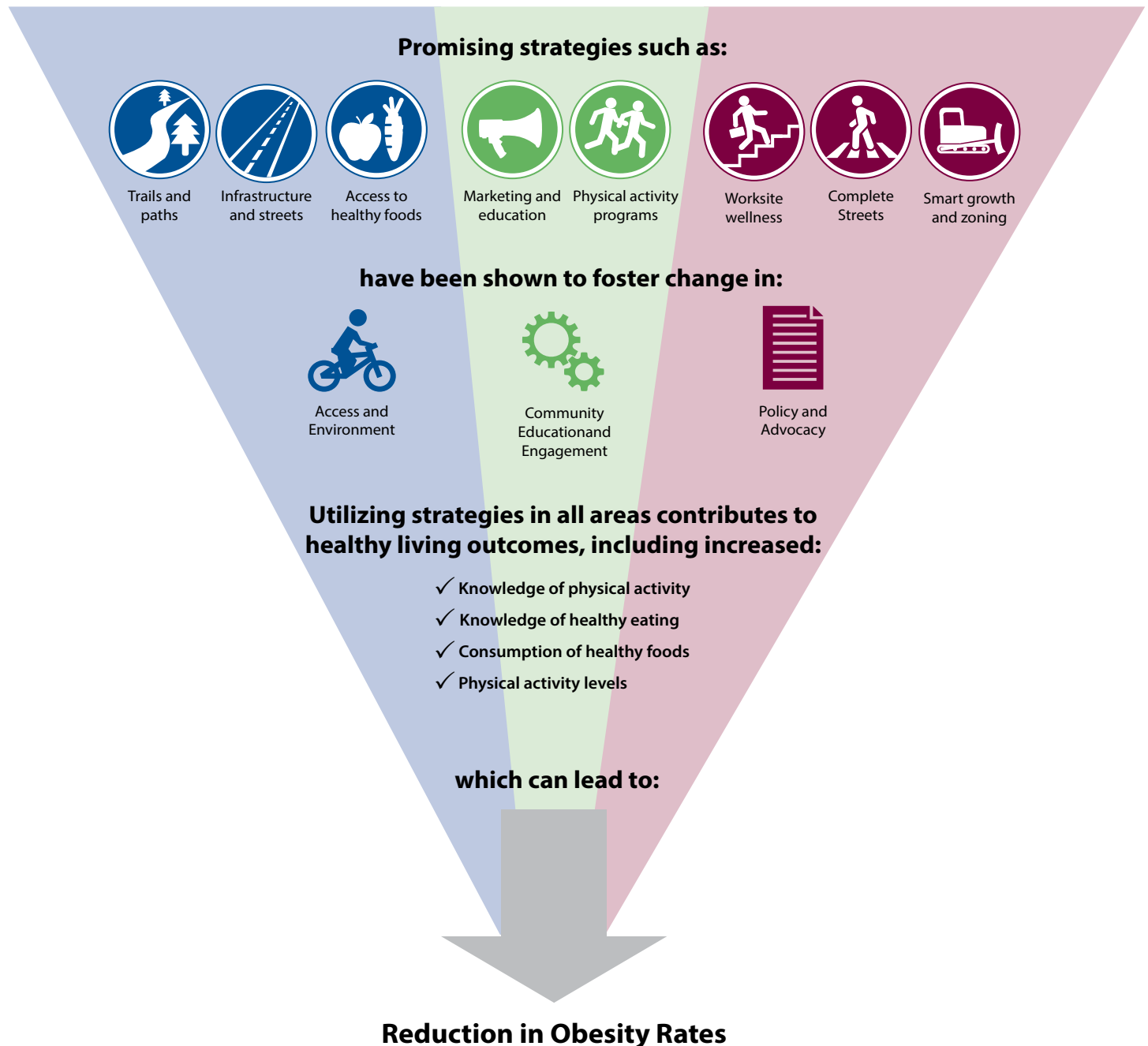## Appendix N: Additional Funds Leveraged

Organization Name	Local Community Organizations	Local Businesses	State & Federal Agencies	Other Foundations (not MFH)	National Organizations	Total Funds Leveraged
Washington County Health Dept			✓			$248,998
YMCA of Callaway County				✓		$25,000

✓ indicates funds leveraged by source type

Appendix O: Promising Strategies

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, MFH established the Promising Strategies funding approach.[1] Projects were required to select at least one promising strategy from each of the three categories: access and environment, community education and engagement, and policy and advocacy. The figure below shows how example strategies can support positive community changes.[2]

Emergence of the PS Funding Approach[2]

Promising strategies such as:

| Trails and paths | Infrastructure and streets | Access to healthy foods | Marketing and education | Physical activity programs | Worksite wellness | Complete Streets | Smart growth and zoning |

have been shown to foster change in:

Access and Environment   Community Education and Engagement   Policy and Advocacy

Utilizing strategies in all areas contributes to healthy living outcomes, including increased:

✓ Knowledge of physical activity
✓ Knowledge of healthy eating
✓ Consumption of healthy foods
✓ Physical activity levels

which can lead to:

Reduction in Obesity Rates

1 Brownson, R. C., Haire-Joshu, D., & Luke, D. A. (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.

2 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%20 Strategies_printed .pdf