Center for Public Health Systems Science   Brown School

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2012 Evaluation Report

Center for Public Health Systems Science

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HEALTHY & ACTIVE
COMMUNITIES

MFH
Missouri Foundation for Health

# Healthy & Active Communities
2012 Evaluation Report

KEY FINDINGS TO DATE

Missouri Obesity Environment

In the last few decades, the United States has seen a steady increase in the prevalence of obesity. Several national, regional, and local funding efforts have launched in response to the rising obesity rates. The Missouri Foundation for Health (MFH) established the Healthy & Active Communities (H&AC) Initiative in 2005 and has invested over $20 million to support H&AC projects. To date, H&AC projects have conducted activities in 62% of the counties in Missouri, and the City of St. Louis. In line with the national trend, statewide obesity rates continue to rise, signaling a need for a continued focus on obesity prevention in Missouri. However, in the five years since H&AC efforts began (2005-2010), the proportion of Missourians that are overweight or obese has increased at a slower rate.

Total Percent of Overweight & Obese Adults in Missouri and US: Five Years Before and After H&AC[1]
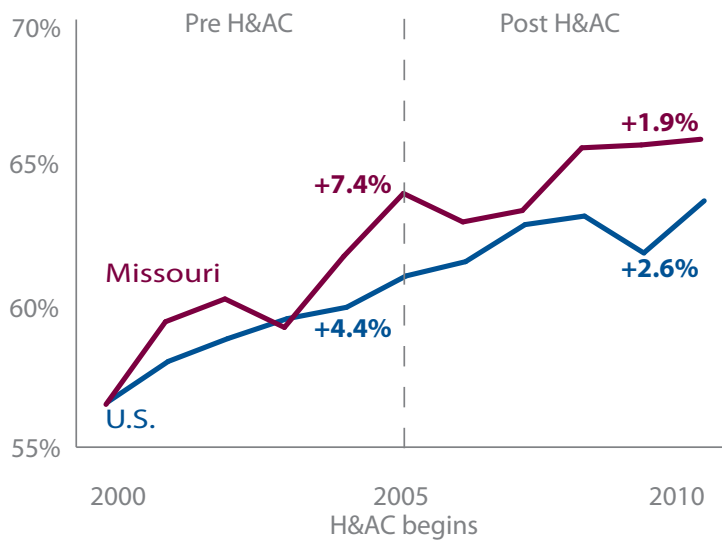
Missouri obesity rates continue to rise, but at a slightly slower rate

Outcomes and Achievements to Date

Where H&AC Activities Occurred

Overall, H&AC activities reached 70 of the 84 counties and the City of St. Louis in the MFH service area. Core project activities, such as education, policies, and environment changes, occurred in 48 counties and the City of St. Louis. Project promotion (e.g., marketing and dissemination) and partnership development activities occurred in an additional 22 counties.

H&AC project activities covered 84% of the MFH service area

Core project activities, promotion and partnership development (48 counties and the City of St. Louis)

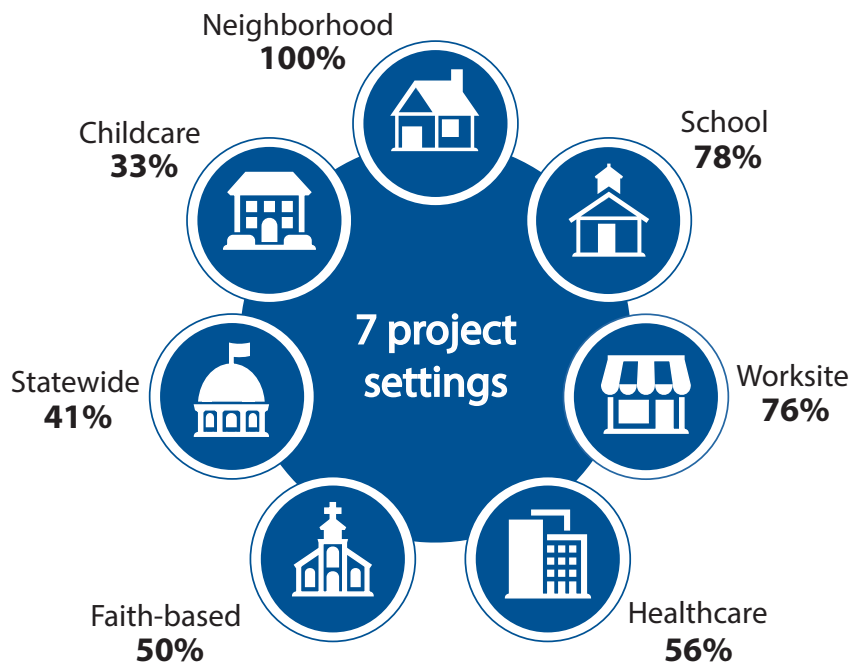Only project promotion and partnership development (22 counties)
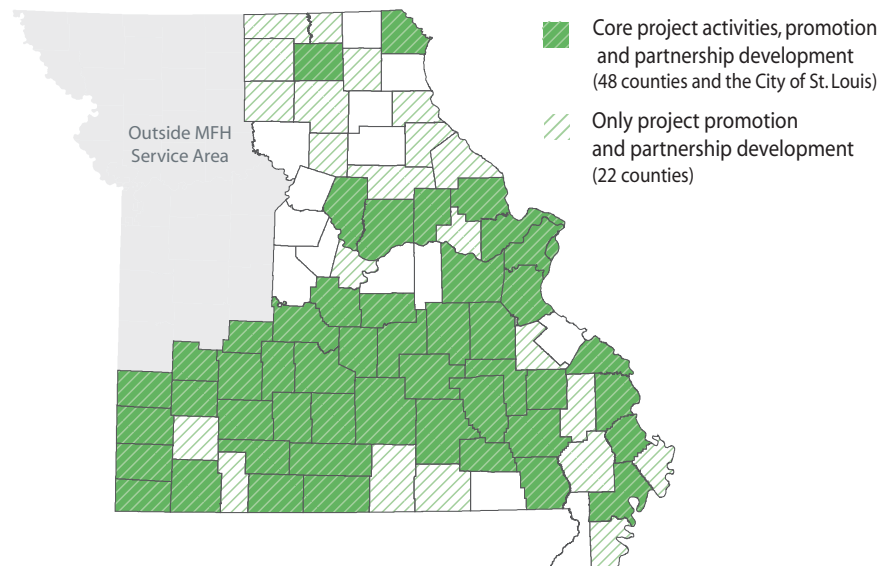
[1]Centers for Disease Control and Prevention (CDC). (2000-2010). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Characteristics of H&AC Projects

H&AC projects worked in diverse community and organizational settings to carry out physical activity and healthy eating activities. Projects tended to focus efforts on local communities (e.g., neighborhoods, cities). There were fewer opportunities for projects to conduct activities on a regional or statewide level, however, **41% of projects participated in activities in statewide settings** (e.g., Missouri Council for Activity and Nutrition).

Percent of Projects that Implemented Activities in Different Settings

Neighborhood
100%

Childcare
33%

School
78%

7 project settings

Statewide
41%

Worksite
76%

Faith-based
50%

Healthcare
56%

On average, each project implemented activities in 4 settings

The Initiative has included several funding strategies since its inception in 2005: Model Practice Building (MPB), Innovative Funding (IF), and Promising Strategies (PS). Projects were typically funded for three years. MPB and IF projects have concluded and some PS projects will continue through 2014.

This report highlights key findings of the evaluation to date around project activities, unique experiences, and capacity for sustainability of H&AC project efforts. Findings draw on data from multiple sources, collected from 2007-2012. A more detailed explanation of evaluation methods is provided in the Appendix.

H&AC projects promoted healthy and active living through:

written **policies** and advocacy work

changes in **access and the environment**

community outreach and education to foster knowledge and behavior change

multi-sectoral **partnerships**

H&AC Policy and Advocacy Changes

Through 2012, H&AC projects have adopted **106 local level policies** to improve opportunities for healthy and active living in their communities. In addition to policy work, **70%** of all projects conducted **advocacy activities**.

Implementation of policies that promote healthy and active lifestyles has the potential to impact communities on a larger scale and has more permanent effects than other funding-dependent interventions.[2]

Key Policy Outcomes

➤ **106 policies** enhanced or adopted across **24 counties** in the MFH service area

➤ Policies affected an estimated **706,943** people

➤ Projects were more likely to adopt or enhance a policy **if they had an objective** to do so

Reach of Adopted Policies

The greatest number of people reached by H&AC policies were affected by Complete Streets policies (over 400,000 people), even though Complete Streets policies only represented 7% of the total adopted polices. School wellness policies represented the largest proportion of total adopted policies (43%), but these policies affected a smaller number of people overall (approximately 49,000 people).

Number of People Covered by H&AC Policies by Year

4 community-wide policies adopted impacting over 400,000 people

706,943 people
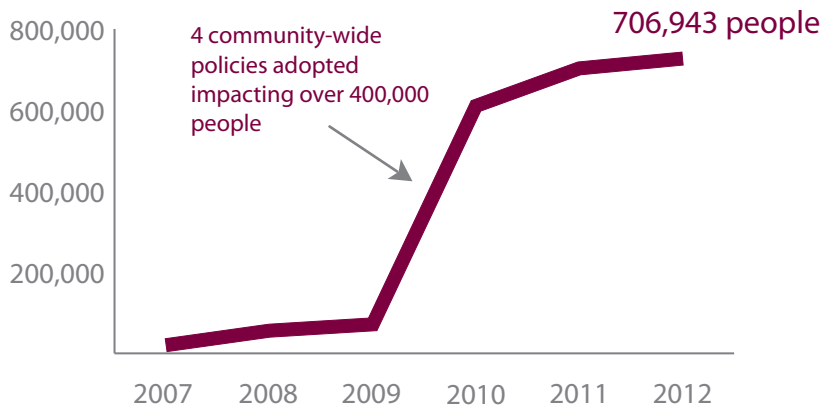
Over 700,000 Missourians are covered by a policy that promotes healthy or active living

Types of Adopted Policies (106 policies)

School
46 policies

Worksites
39 policies

Joint Use
9 policies

Complete Streets
7 policies

Gov/Community
4 policies

Healthcare
1 policy
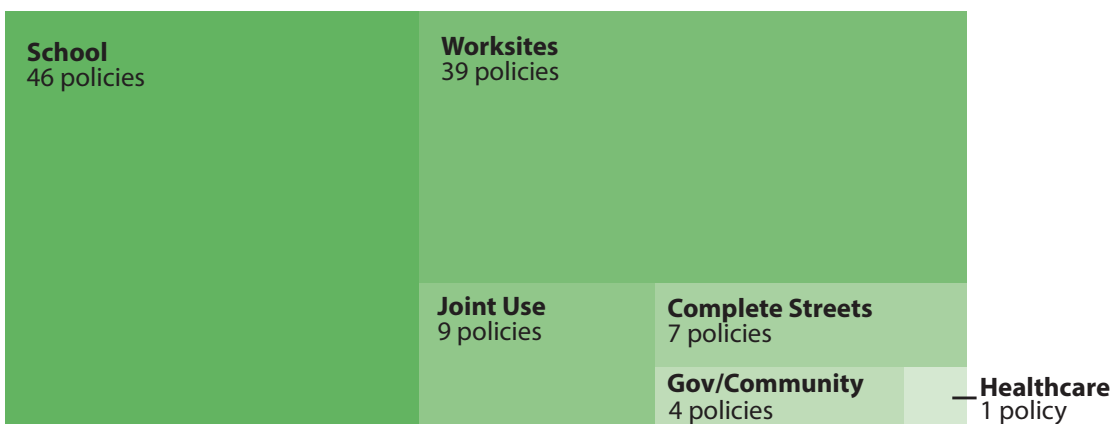
[2]Brownson, R. C., Haire-Joshu, D., & Luke, D. A. (2006). Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic diseases. *Annual Review of Public Health*, 27, 341-370.

Quality of Policies

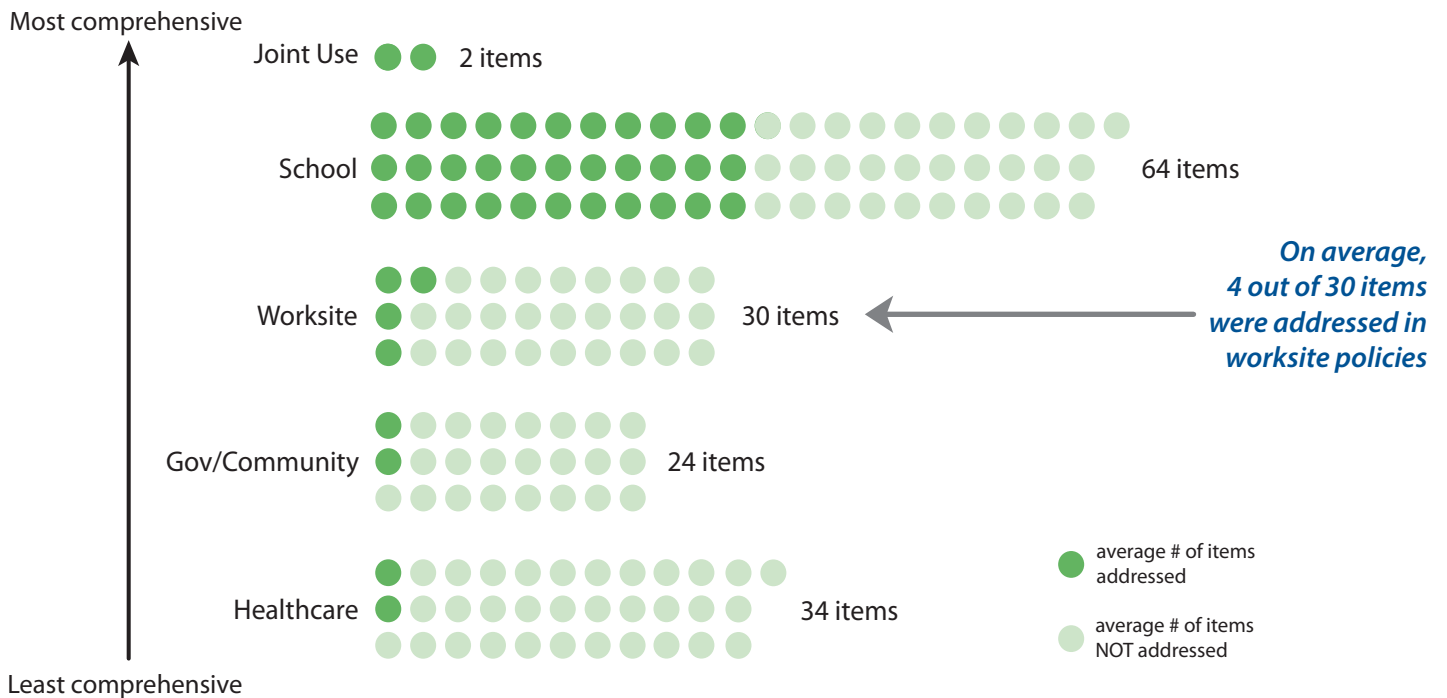A portion of adopted policies were assessed for the quality of the policy language (e.g., comprehensiveness and strength).[*] Projects passed a wide variety of policies, however, many projects struggled to develop high quality policies because they had little to no prior experience developing written policies. To encourage the adoption of higher quality policies, projects should be required to utilize tools such as PolicyLift as they develop written policies.

Policies have room to improve on both comprehensiveness and strength
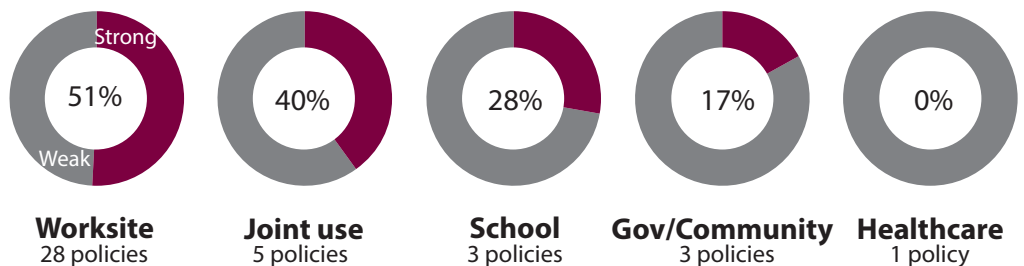
Comprehensiveness of Policy Language

Each assessment includes a set of items that need to be addressed by a policy to be considered fully comprehensive. The set of items varies by policy type, for example school versus worksite. An example item from the worksite assessment is, "The worksite offers secure bicycle parking for employees." The comprehensiveness of a policy is measured by the proportion of items addressed in the policy language. Overall, **joint use** and **school wellness policies** were the **most comprehensive**. School wellness policies were comprehensive when compared to other policy types despite the fact that school policies had the largest number of items that needed to be addressed.

Most comprehensive

Joint Use ●● 2 items

School 64 items

Worksite 30 items

On average, 4 out of 30 items were addressed in worksite policies

Gov/Community 24 items

Healthcare 34 items

● average # of items addressed

● average # of items NOT addressed

Least comprehensive

Strength of Policy Language

Overall, the language used in policies was not consistently strong. **Worksite policies were the strongest policies**, using strong language (e.g., direct and enforceable) half of the time.

Strong / Weak				
51%	40%	28%	17%	0%
Worksite 28 policies	**Joint use** 5 policies	**School** 3 policies	**Gov/Community** 3 policies	**Healthcare** 1 policy

[*]See Appendix for more details.

Quality of Adopted Complete Streets Policies

Crystal City	83%
Festus	75%
Vinita Park	48%
National average	42%
Cape Girardeau	19%

Complete Streets goal ⟶

100%
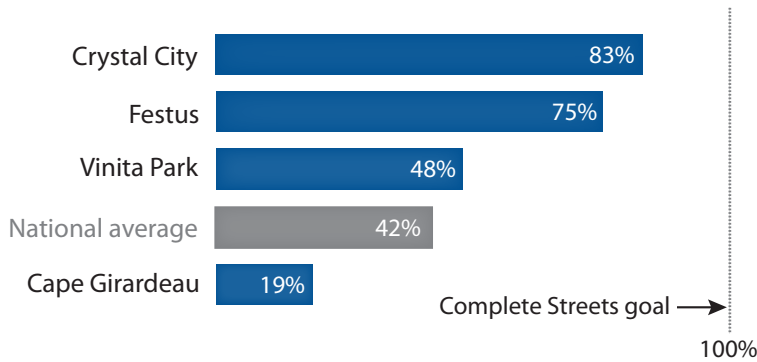
Complete Streets is a transportation policy and design approach that requires streets to be planned, designed, operated, and maintained for all modes of transportation, including biking and walking. **Overall, H&AC projects adopted better than average Complete Streets policies.**[*] Compared to roughly 300 other policies that have been assessed nationwide, **Crystal City had the 5th highest scoring policy in the nation**.

Projects that passed better than average Complete Streets policies:

➤ **Included implementation plans** in policy language

➤ **Employed unique advocacy strategies**, such as:

- Conducted stakeholder interviews to identify champions

- Coupled policy change with built environment improvements

- Actively engaged policymakers (e.g., policymakers participated in walk audit of a community or attended conferences on best practices)

Advocacy Activities Among Projects

Advocacy activities were an important step towards policy adoption. However, project staff often reported challenges in conducting advocacy activities. Projects should be encouraged or required to engage in multiple types of advocacy activities as a strategy to promote policy adoption, but may require additional capacity building to do so.

Projects that adopted policies conducted a wider variety of advocacy activities

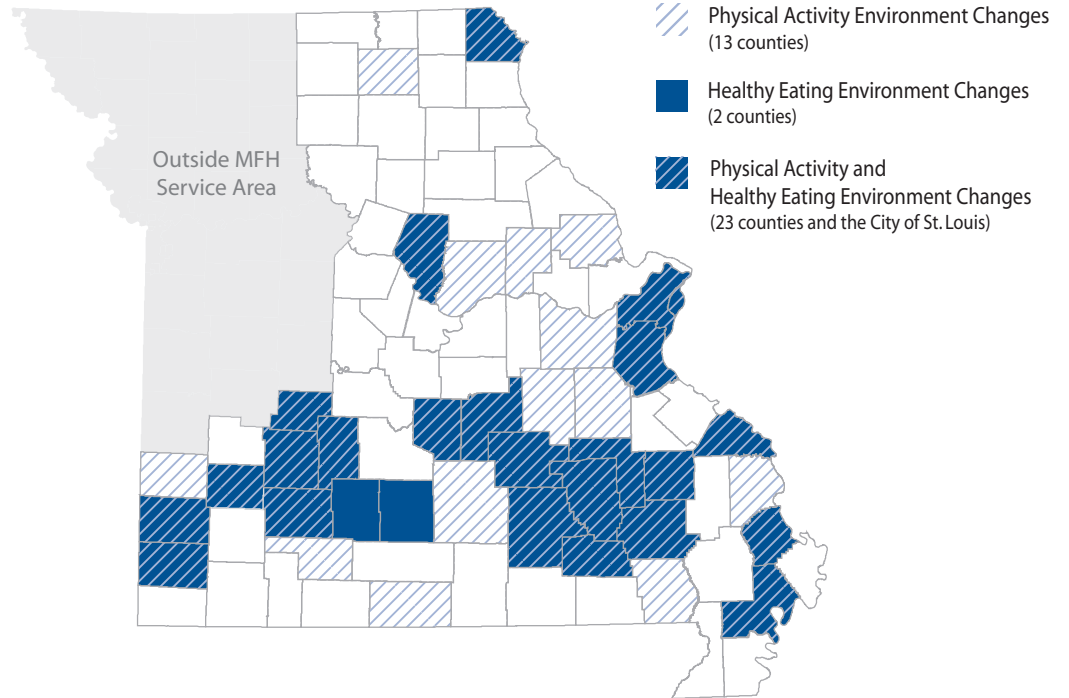|	Projects that adopted policy	Projects that did not adopt policy
Drafted policy language	67%	9%
Communicated with policymakers	67%	33%
Developed an advocacy plan	52%	27%
Conducted grassroots activites	38%	33%
Conducted community education	38%	30%

*See Appendix for more details.

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.[3-4] **89% of H&AC projects implemented a physical environment change**, with a larger proportion of projects (65%) improving access to places in Missouri to be physically active (e.g., built or improved trails), than places for healthy eating (56%).

Counties Where Environment Changes Occurred

Outside MFH Service Area

Physical Activity Environment Changes
(13 counties)

Healthy Eating Environment Changes
(2 counties)

Physical Activity and
Healthy Eating Environment Changes
(23 counties and the City of St. Louis)

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

Impact of Environment Changes

Project staff reported environment changes as a critical component of their overall projects because:

➤ Changes were seen as the **most sustainable project component**

➤ Changes had the **greatest impact on communities**

> *The one component that we're most proud of…is the environmental change…All those kinds of changes are **lasting changes** that'll be around for communities for years to come.*

> *Without having the built environment, no matter how much promotion or marketing or education, until people see how they can share the road with cyclists…it just can **transform a community**.*

[3]Draper, C., & Freedman, D. (2010). Review and analysis of the benefits, purposes, and motivations associated with community gardening in the United States. *Journal of Community Practice*, 18, 458-492.

[4]Rails-to-Trails Conservancy. (2008). *Active transportation for America: The case for increased federal investment in bicycling and walking.* Washington, D.C.: Rails-to-Trails Conservancy.
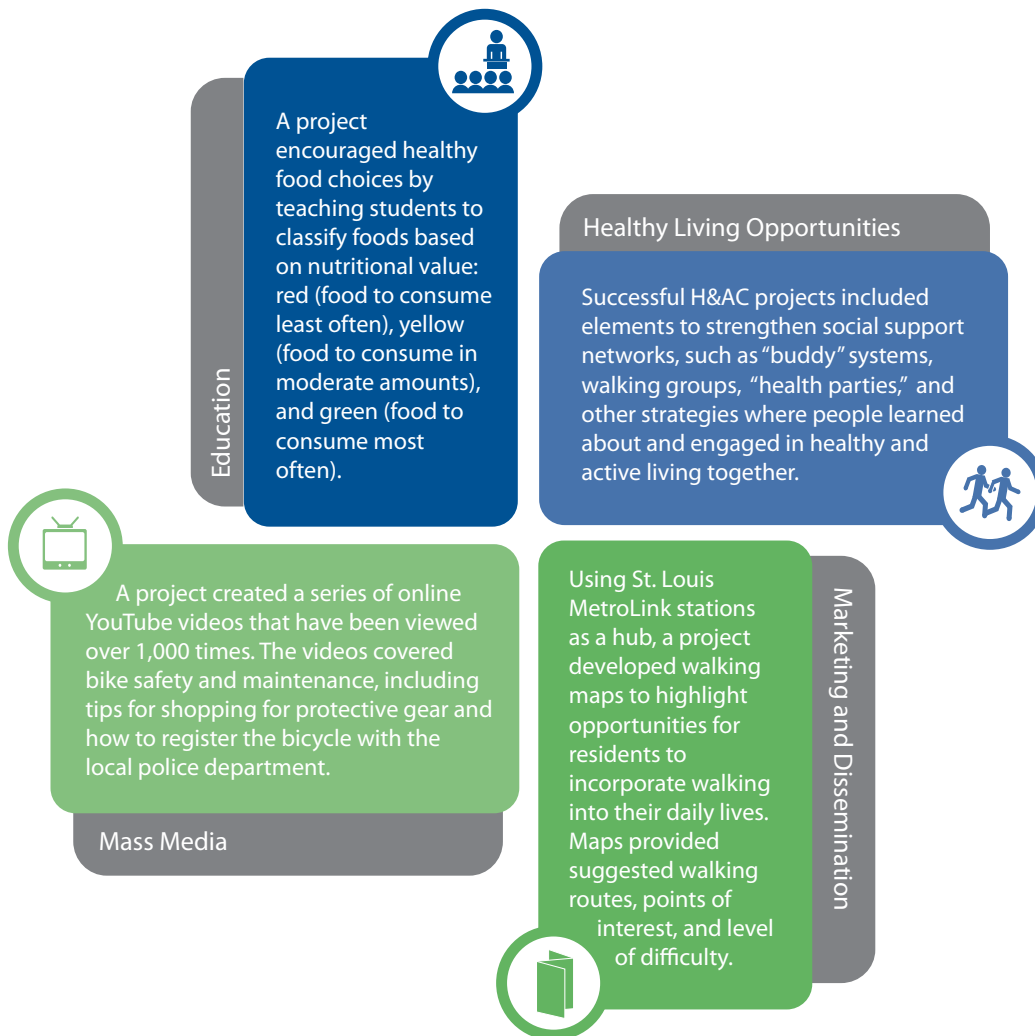
H&AC Community Outreach and Education

H&AC projects implemented diverse activities that **targeted individual knowledge and behavior change** and **engaged community members**. This was typically achieved through:

➤ Programming, such as **education** (e.g., nutrition curricula, cooking demonstrations) and **healthy living opportunities** (e.g., walking groups, taste testing)

➤ Broader community outreach, such as **mass media** (e.g., print, web, TV, or radio) and **marketing and dissemination** that promoted project activities, events, and products (e.g., developing toolkits, promotional flyers)

Key Community Outreach Outcomes

➤ **455,436 people reached** by educational programs

➤ **312,970 people reached** by physical activity and nutrition programs

➤ Roughly **35 million touches** from marketing, dissemination, and mass media efforts

➤ **83% of completed H&AC projects assessed change** in behaviors or attitudes among target populations, of which **53% successfully demonstrated change**

Innovative Examples of Community Outreach and Education by H&AC Projects

Education

A project encouraged healthy food choices by teaching students to classify foods based on nutritional value: red (food to consume least often), yellow (food to consume in moderate amounts), and green (food to consume most often).

Healthy Living Opportunities

Successful H&AC projects included elements to strengthen social support networks, such as "buddy" systems, walking groups, "health parties," and other strategies where people learned about and engaged in healthy and active living together.

Mass Media

A project created a series of online YouTube videos that have been viewed over 1,000 times. The videos covered bike safety and maintenance, including tips for shopping for protective gear and how to register the bicycle with the local police department.

Marketing and Dissemination

Using St. Louis MetroLink stations as a hub, a project developed walking maps to highlight opportunities for residents to incorporate walking into their daily lives. Maps provided suggested walking routes, points of interest, and level of difficulty.
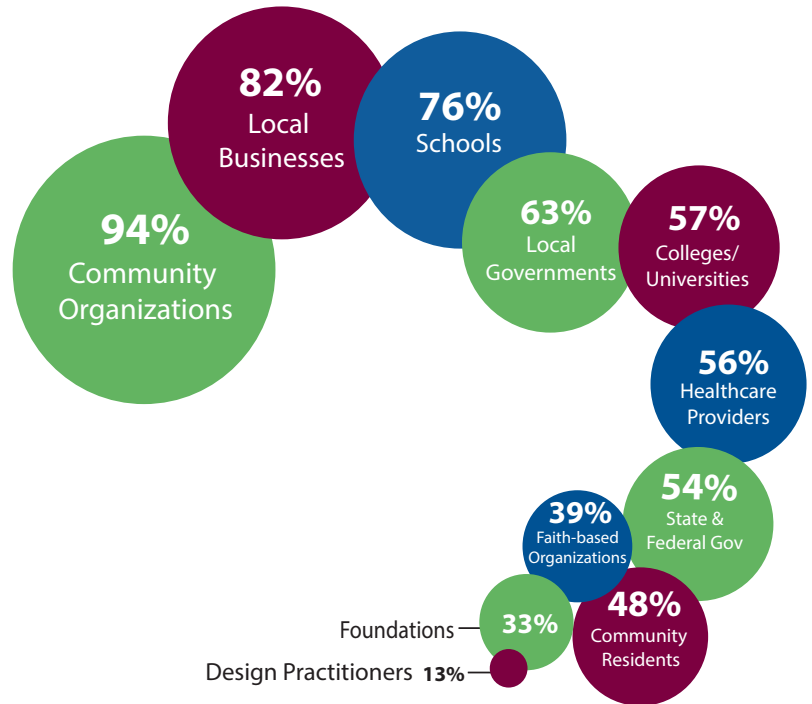
H&AC Partnerships

Projects relied on multi-sectoral partnerships to carry out policies, environment change, and programming activities to foster change in their communities. H&AC projects formed **1,224 total partnerships** as a result of project implementation. On average, a given project formed 23 unique partnerships. Partnerships with **community organizations** and **local businesses** were formed most often by H&AC projects.

Percent of Projects that Engaged Partner Type

82% Local Businesses

76% Schools

94% Community Organizations

63% Local Governments

57% Colleges/ Universities

56% Healthcare Providers

54% State & Federal Gov

39% Faith-based Organizations

48% Community Residents

Foundations — **33%**

Design Practitioners **13%**

Each project typically engaged 6 types of partners

What partnerships are most critical to H&AC projects?

Schools

Local Governments

Colleges/ Universities
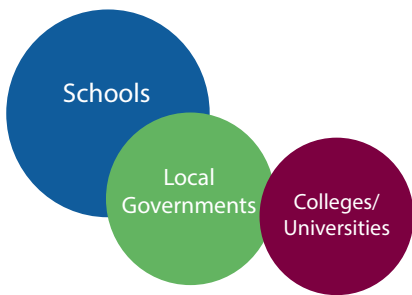
Although community organizations and local businesses partnered with the largest proportion of projects, **schools**, **local governments**, and **colleges/ universities were identified as the most critical partners** by project staff. These partners were cited as vital because of types of contributions they provided, such as access to the target population and helping to implement project efforts. Partnerships were also critical in garnering support for projects. **Projects with a more diverse set of partners had higher capacity for securing political support**, both internally and externally.

Multi-sectoral partnerships were important because they:

➤ **Contributed to project success**

➤ **Cultivated political support**

➤ **Planned to sustain H&AC efforts** after projects ended

➤ **Were expected to continue** after projects ended

*The sites where the partners have taken more ownership of these programs themselves… we have **better success**.*
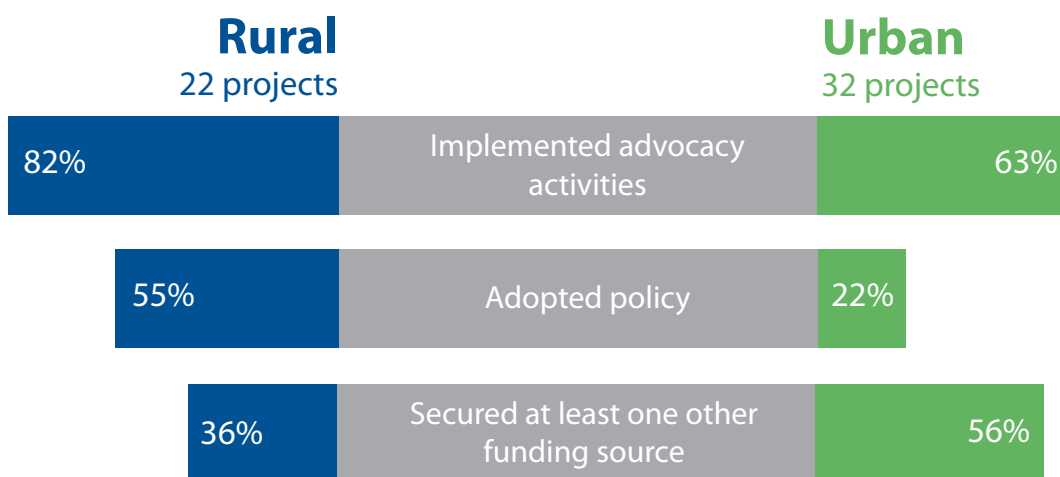
Unique Experiences

Projects in Rural Versus Urban Settings

Projects targeting rural and urban populations had somewhat unique experiences implementing H&AC projects.[5] Overall, **a larger proportion of rural projects implemented advocacy activities and adopted policies. A larger proportion of urban projects secured additional funds for H&AC activities**. The context of a project should be considered when identifying the types of supports projects may need.

Proportion of Rural and Urban Projects that Conducted Activities

Rural		Urban
22 projects		32 projects
82%	Implemented advocacy activities	63%
55%	Adopted policy	22%
36%	Secured at least one other funding source	56%

Key differences in the successes and challenges experienced by rural and urban projects included:

Rural projects built lasting partnerships that sustained much of H&AC project activities.

Rural projects relied heavily on partners to sustain project components. Many rural grantees stated that networking opportunities, such as MFH convenings, are critical to identifying potential partners.

Urban projects had more diversified plans for sustainability.

Urban projects were more successful in employing a diverse set of sustainability strategies, including cost absorption by the organization and securing additional funding.

Rural projects found implementation challenges more difficult to overcome.

When rural projects experienced implementation challenges (e.g., unable to engage sufficient number of participants in education programs, unable to staff certain project activities), it often resulted in abandoning those components. Urban projects were more successful in adapting components when met with implementation challenges.

**Urban projects found staff capacity more challenging than rural projects.**

Staff capacity was a barrier to successfully conducting several activities for urban projects, including developing policymaker relationships, adopting policies, and sustaining project components beyond MFH funding.

[5]Projects were classified based on the location of primary target population(s) using Rural-Urban Commuting Areas (RUCA) codes developed through a project funded by the federal Office of Rural Health Policy.

Project Success

Twenty-three projects from two H&AC funding strategies (MPB and IF) came to a close prior to the end of 2012. The evaluation documented the level of success achieved by each project at the end of their funding cycle. See Appendix for details on how project success was defined. Overall, **87% of projects achieved moderate to high levels of success**.

Percentage of Projects Achieving
Each Level of Success

13%
Low

26%
High

61%
Moderate
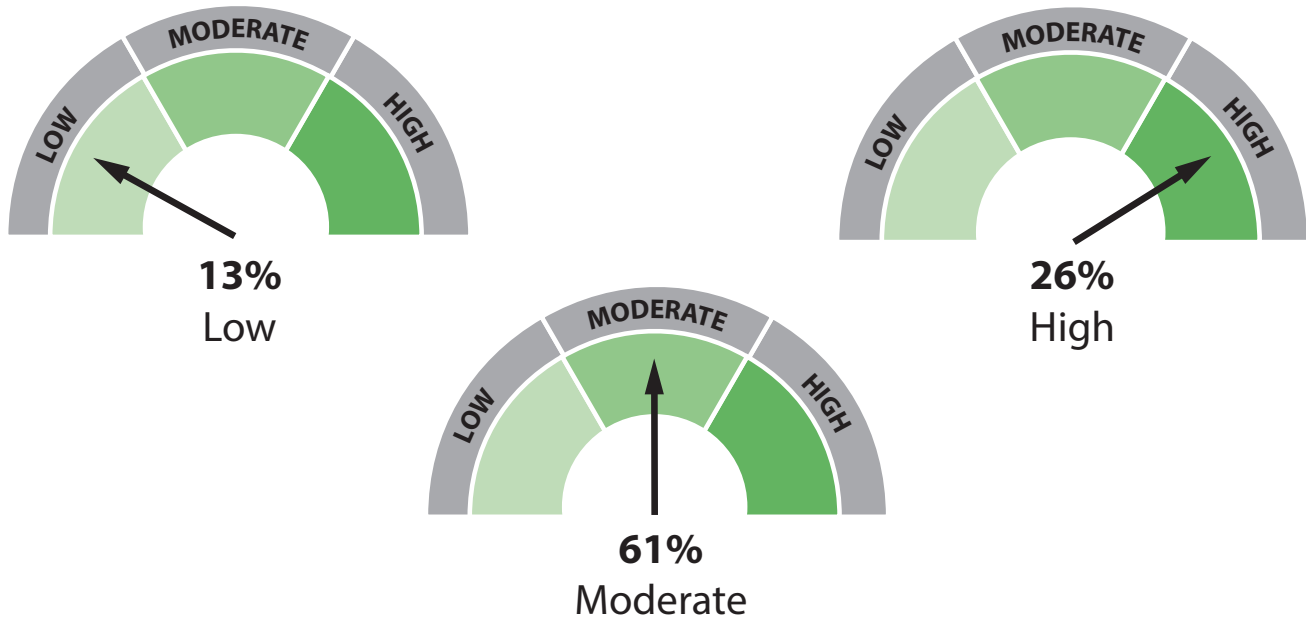
Less successful projects:

➤ Experienced **challenges with partners throughout** funding period

➤ **Did not secure additional funding** prior to the end of funding period

➤ **Did not institutionalize project changes or activities** through formal processes or procedures, such as policy change, master plans, or development of manuals to run activities

➤ Planned to sustain components through **less diverse strategies**, primarily through maintenance and cost absorption by the project organization

Highly successful projects:

➤ Valued and fostered **content expertise**, **communication/dissemination**, and **evaluation skills** among staff

➤ **Secured additional funding** for project components

➤ **Institutionalized project changes** through formal processes

➤ Targeted multiple **sources of influence on behavior** (e.g., individual habits, social networks, organizational supports, and community environments)

➤ **Embedded social support networks** into educational activities

Sustainability of H&AC Projects

Capacity for Program Sustainability

Key stakeholders from projects were asked to complete an online survey designed to capture information about the degree to which H&AC projects have or do certain things that contribute to their capacity for sustainability across eight components.* Lower scores present an opportunity for improvement to increase a project's capacity in this area.

Average Scores Among H&AC Projects by Sustainability Component

Component	Score
Organizational Capacity	5.75
Program Evaluation	5.66
Program Adaptation	5.63
Communications	5.62
Partnerships	5.30
Political Support	5.05
Strategic Planning	4.95
Funding Stability	4.19

1=To little or no extent   7=To a great extent

Projects had the greatest supports for organizational capacity and program evaluation, which may be due in part to MFH's commitment to provide evaluation technical assistance

Projects report the **lowest capacity for funding stability**, **strategic planning**, and **political support**. Therefore, there are opportunities to support capacity building opportunities for projects in these targeted areas.

*Being able to cultivate and attract and sustain other **funding** is another…role that hasn't really been filled here.*
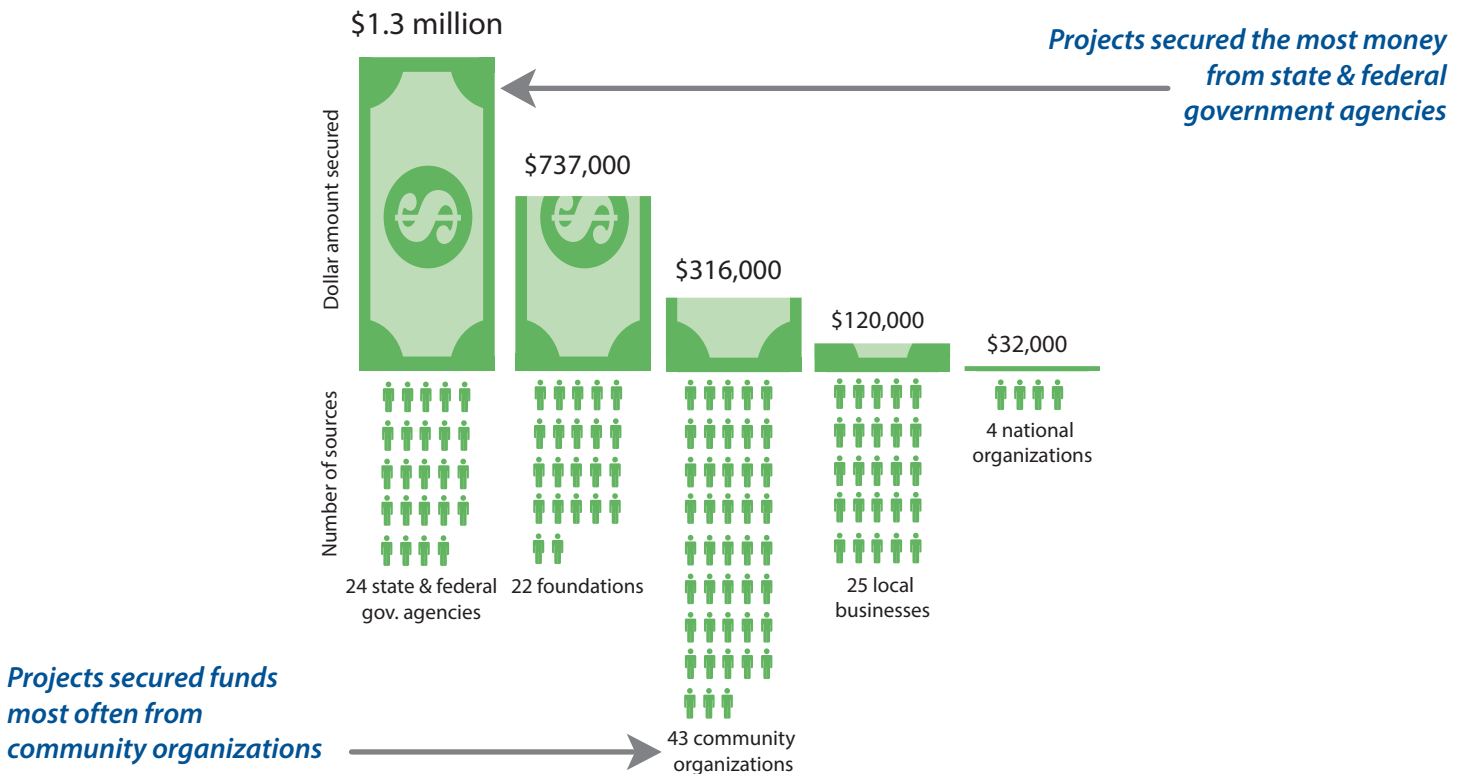
*We need [a **plan**]…so that we know where we want to be in five years, so [we] have some way to measure [if] we get there or not.*

*Historically we haven't been much of an **advocacy** organization…so it's new for us to wear that hat.*

*See Appendix for more details.

Additional Funds Leveraged

A key element of program sustainability is funding stability. Nearly half (48%) of projects secured **$2.5 million** from **118 sources** to support H&AC activities. Half of the funds leveraged came from state and federal government agencies, yet community organizations made the greatest number of contributions. Increasing projects' capacity to secure state and federal funds through supports like MoCAP is beneficial to Missouri obesity prevention efforts.

$1.3 milli...

Projects secured the most money from state & federal government agencies

$737,000

$316,000

$120,000

$32,000

4 national organizations

22 foundations

25 local businesses

Projects secured funds most often from community organizations

43 community organizations

Furthermore, the **most successful projects secured additional funds**. Encourage grant requirements, such as mandating projects to secure matched funds, or similar strategies to promote diverse funding of activities.

Conclusions

H&AC projects have changed their communities through policies, environment change, and outreach that increased opportunities to be healthy and active. This report highlights the successes of H&AC projects' obesity prevention efforts to date. H&AC efforts, in conjunction with other obesity prevention activities in Missouri, have contributed to changes in local communities. However, obesity rates continue to rise overall, thus an opportunity still exists to support efforts to improve the health of Missourians. As the remaining H&AC projects come to a close over the next two years, the evaluation will collect and analyze data to examine new and continuing trends, as well as collective outcomes of the Initiative. While there are a number of successes and challenges highlighted in this report, key lessons that can inform program design, capacity building opportunities, and grant making efforts in the future are:

➤ Multi-sectoral partnerships are crucial for project implementation, sustainability, and success

➤ Development of policies is an important and sustainable strategy, however, organizations need support to develop and implement high quality policies

➤ Promotion of diversified funding strategies is important for sustainability and success

Acknowledgements

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Colorado Springs

Appendix: Evaluation Methods

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

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

Healthy & Active Programs and Policies Evaluation System (HAPPE)

The HAPPE system is an online monitoring system where project staff enter information about project activities on a monthly and quarterly basis. Information is collected about physical activity and nutrition education activities, policy and advocacy activities, changes to the environment, and partnership development activities. Data are aggregated across all H&AC projects. Prior to the launch of HAPPE, the evaluation team collected these data through a retrospective survey.

Key informant interviews

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

Program Sustainability Assessment Tool

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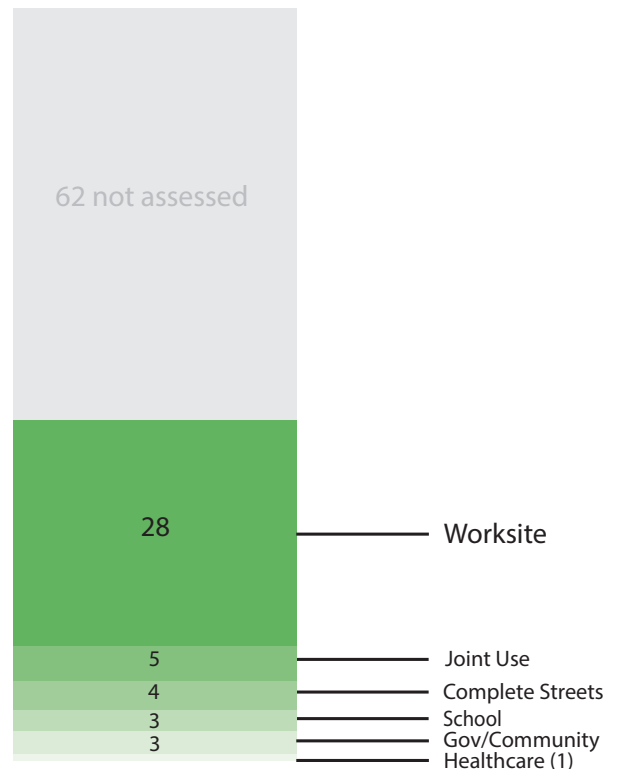
Policy Assessment

To assess the quality of policies adopted by projects, the evaluation team collected copies of policies from active projects in 2012. The evaluation team collected and **assessed 44 of 106 policies adopted** by all H&AC projects, with the largest proportion being worksite wellness policies.

The team modified existing policy assessment tools, such as PolicyLift (policylift.wustl.edu) and the National Complete Streets Coalition tool (http://www.smartgrowthamerica.org) 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."

Number of Policies Assessed by Type

62 not assessed	
28	Worksite
5	Joint Use
4	Complete Streets
3	School
3	Gov/Community
	Healthcare (1)

Objective Reporting Assessment

Each project was required to identify key objectives at the start of their funding period and report on progress towards meeting those objectives biannually. As MPB and IF 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. Each objective was classified as fully met, partially met, or not met, based on the evidence reviewed. 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. This informed one of the three criteria used to assign the overall level of success achieved by MPB and IF projects:

➤ The project met a higher proportion of objectives than was typical across all projects.

➤ The project demonstrated changes in attitudes/knowledge or behavior change around physical activity and/or nutrition.

➤ The project had a more diverse set of partnerships than was typical across all projects.

A project was classified as highly successful if it met all three criteria, classified as moderately successful if met one or two criteria, and classified as achieving a low level of success if no criteria were met.

Funding provided by