Findings from Year Two of the External Evaluation of the Healthy & Active Communities Initiative

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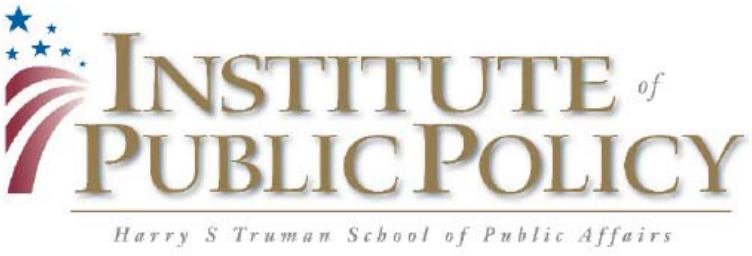

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Executive Summary

The Missouri Foundation for Health has funded 33 projects under its Healthy & Active Communities (H&AC) Initiative in two-year funding cycles. A set of 15 projects was funded beginning in 2005 while a set of 18 was funded starting in 2006. This report is the second of three annual reports that assess the extent to which the H&AC Initiative is achieving its objectives. The report builds upon the findings described in *"Findings from Year One of the External Evaluation of the Healthy & Active Communities Initiative."*

The Missouri Foundation for Health contracted with the Institute of Public Policy, Truman School of Public Affairs at the University of Missouri to provide an evaluation of the success of the Initiative as a whole. This focus differs from the typical evaluation where evaluators are assessing and reporting on the success of individual funded projects. Instead, the evaluation looked across the funded projects to identify common factors of success. Continuing from the framework established in 2006, the evaluation team worked from a socio-ecological model. This model assumes that complex prevention programs such as the H&AC projects must use a multi-faceted approach in order to change behavior on individual, organizational and community levels simultaneously. To evaluate programs with multiple approaches such as these, the evaluators determined that cluster evaluation, a strategy developed by the Kellogg Foundation, could be used to identify successful features of the Initiative as a whole. This method enables the evaluators to identify successful program and community conditions that transcend the individual projects.

Using the cluster evaluation framework, the evaluation team examined components of organizational capacity as they relate to the success and sustainability of programs. Organizational capacity is an umbrella term for all of a grantee's assets that enable it to fulfill its mission. It includes funding, infrastructure, staff, and management as well as the organization's planning, aspirations and leveraging of external partnerships. Success is defined as a combination of meeting or exceeding project goals, and also broadening community engagement in healthy and active living. Program sustainability is the extent to which program activities will be able to continue after the completion of the H&AC Initiative.

The evaluators also examined the community context of organizations to determine whether specific community characteristics played a role in the success and sustainability of programs. The community characteristics examined were poverty in the target communities and urban vs. rural settings.

Summary of Key Findings

The Healthy & Active Communities Initiative has supported successful grantees throughout the MFH service region. Overall, the Initiative has positively impacted the lives of Missourians living within MFH's service region by creating opportunities and motivation for physical activity and healthy eating. Grantees have changed school and workplace policy, increased opportunities for physical activity, improved access to healthy foods, and built facilities in their communities that will have a lasting impact on the environment within which people make decisions about their health.

The evaluation team has identified several components common to successful and sustainable H&AC grantees, which include both organizational capacity and community characteristics. Community characteristics vary significantly across Missouri, namely by population density and income levels. While grantees have little control over these community characteristics, they influence the grantees' ability to address community needs and recognition of these factors enhances the capacity of organizations to devise successful programs. Similarly, the organizations that are working to address obesity in Missouri vary by their capacity to achieve their goals. However, organizational capacity can be increased and grantees can adapt their programs to fit their communities' specific needs for obesity prevention. In addition, MFH and other grantors can use these findings to assist future applicants in developing programming that is both effective and relevant in diverse community settings.

The evaluation team examined components of organizational capacity to determine which were correlated with success. In order of magnitude beginning with the greatest, the significant factors of success were: leadership, aspirations, strategies, monitoring of landscape, external relationship building, human resource levels, volunteer quality and staff quality. Additionally, several organizational and community characteristics were correlated with sustainability including leadership, financial planning, strategic planning, fundraising, greater scope of program targeting, and lower community population density. The degree of poverty in grantee communities was found to moderate the weight of partnerships in building program sustainability. Based on these quantitative analyses, the most significant findings are summarized below.

Organizational Capacity, Program Success and Sustainability

Human resources quality and retention are key: Among H&AC grantees, a variety of human resource characteristics led to more successful programs. This includes effective leadership, low staff turnover, and good volunteer and staff quality. Effective leadership was found to be an overall strength among grantees, whereas staff retention needs improvement. The organizational memory, experience, and wisdom that staff develop help organizations run successful programs. Additionally, as staff stay in positions, they have the opportunity to develop professionally and improve their skills. Consequently, grantees that actively minimize staff turnover or mediate the effects of staff turnover while providing leadership and professional development opportunities for staff can contribute significantly to the likelihood of a successful program.

Partnerships matter: Many H&AC grantees have fostered significant partnerships (relationship building) with other community organizations, businesses, health care providers, community members, and local governments, among others. These partners help create a successful program by contributing resources, providing insights, and linking programs to their target population. Building relationships, developing consensus, and leveraging resources take time and effort; however, grantees that nurtured these partnerships improved their chances of successfully reaching their goals.

Successful programs plan for replication and development: Strategic planning was found to be a key factor of program success and sustainability, and strategic capacity was generally high across the Initiative. However, planning for program replication and new development could be improved. Programs with strategies for replication had continually sought new locations, targets, and participants for their activities, and were adept at getting community members and organizations to buy into the mission of the program. Programs with strategies for new development had persistently assessed the needs and resources in their community and had continued to design additional program activities to match those needs with resources throughout the grant period.

Internal evaluation improves success: The use of internal evaluation data by grantees was identified as a predictor of program success. Grantees that have invested in evaluating their own programs have a better understanding of their successes and challenges. This understanding informs strategic planning, which can be revised as needed based on evaluation findings. Ultimately, the interaction of evaluation and planning improves program reach and effectiveness. In addition, findings show that successful H&AC grantees allocated adequate resources for evaluation. Developing the evaluation skills that match the grantee's needs, timely completion of evaluation, and the use of evaluation to inform subsequent decisions are all characteristics of successful H&AC grantees.

Grantees seek to engage and motivate community members: Community engagement was one of the types of success evaluated in the Initiative. The extent of engagement varied among the communities, with some grantees having more success than others. Also, some grantees had met their objectives in recruiting participants but struggled to engage community members as active components of programs. A common request from grantees is for successful strategies for recruiting participants and fostering continued participation in program activities and evaluation (particularly parents in school-based projects). This particular challenge is an ongoing struggle from establishing partnerships, to recruiting participants, maintaining participation and cooperating in evaluation.

Community Characteristics, Program Success and Sustainability

The evaluation team identified community characteristics and conditions that play a role in the grantees' ability to implement successful and sustainable programs. The community conditions include the population density (influencing success and sustainability), and the concentration of poverty in the area (influencing sustainability). Grantees cannot control these conditions, but recognizing them and incorporating them into program planning is necessary for successful program implementation. For example, community poverty levels play a role in program sustainability by changing the weight of partnerships – more partnerships are needed for sustainability in communities with relatively high poverty.

Based on findings from years one and two, the H&AC Initiative is on track for achieving its goals. Grantees have made and continue to make strides in changing both individual behavior (H&AC Goal 1) and community access to physical activity opportunities and healthful foods (H&AC Goal 3). Grantees have developed partnerships that enable them to facilitate these changes (H&AC Goal 2). They have educated their communities on the importance of healthy and active living. Finally, grantees are beginning to translate these changes into workplace, school and local policies (H&AC Goal 4), which solidify them as part of the community environment. As the H&AC grantees achieve their goals, they are contributing to the success of the Initiative as a whole.

Introduction

The Missouri Foundation for Health (MFH) identified the increase in the prevalence of obesity among Missourians to be a serious public health issue affecting the residents of the entire MFH service region. They determined that obesity and associated health problems required focused funding to support direct program implementation, community education, improved community access, and the development of local public policy to address obesity. Therefore, MFH began the Healthy & Active Communities Initiative (H&AC) in 2005, and committed $9 million to it. The H&AC Initiative focuses on four goals. These goals are:

> Goal 1: Increase the proportion of adults, adolescents or children who implement sound principles toward achieving and/or maintaining a healthy weight, which includes healthy eating, regular physical activity and positive behavioral strategies;
>
> Goal 2: Increase the proportion of community coalitions, faith-based organizations or local and state health agencies that provide community education on the importance of good nutrition, physical activity and healthy weight;
>
> Goal 3: Increase community access to physical activity opportunities and healthful foods;
>
> Goal 4: Develop or strengthen collaborative efforts to implement local public policies that promote physical activity and healthy eating.

The H&AC Initiative funds organizations with program activities focusing on at least one of the goals. In 2005, MFH started the H&AC Initiative portfolio by funding 15 grantees from their service region for two years. MFH continued to expand the H&AC Initiative's portfolio and funded an additional 18 grantees for two years in 2006 (See Figure 1 for grantee locations). The 33 grantees represent a vast array of organizations from nonprofit organizations to school districts to municipal agencies, among others. In addition to the many types of organizations funded, the H&AC Initiative allowed each grantee to select their own program to address their H&AC Initiative goal(s) resulting in a plethora of programs ranging in focus from institutional policy changes to farmers markets to social marketing campaigns among many others (See Table 1 for categories of funded programs and Figure 2 for the percentage of grantees addressing each of the H&AC goals). Further details of the composition of H&AC grantees can be found in Appendix A.

Figure 1: H&AC Grantee Locations

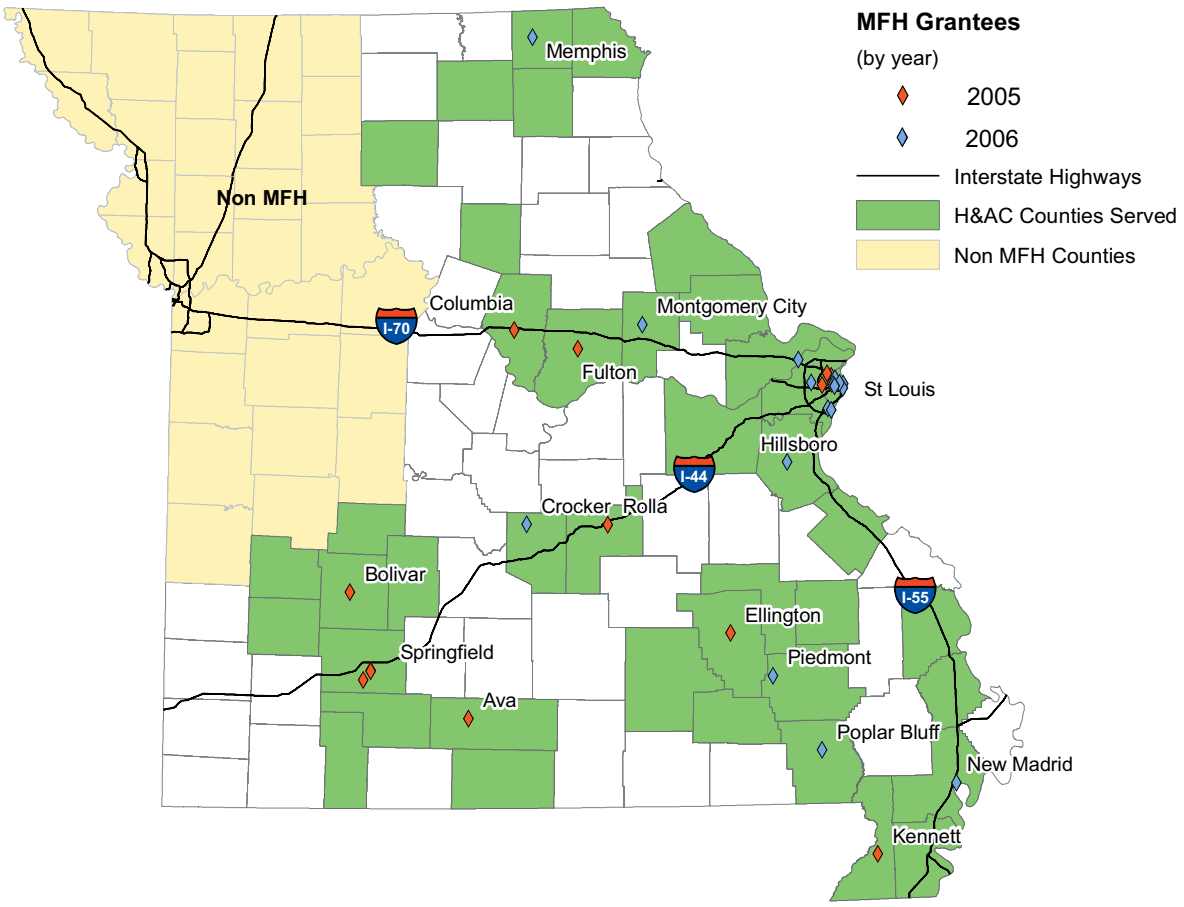
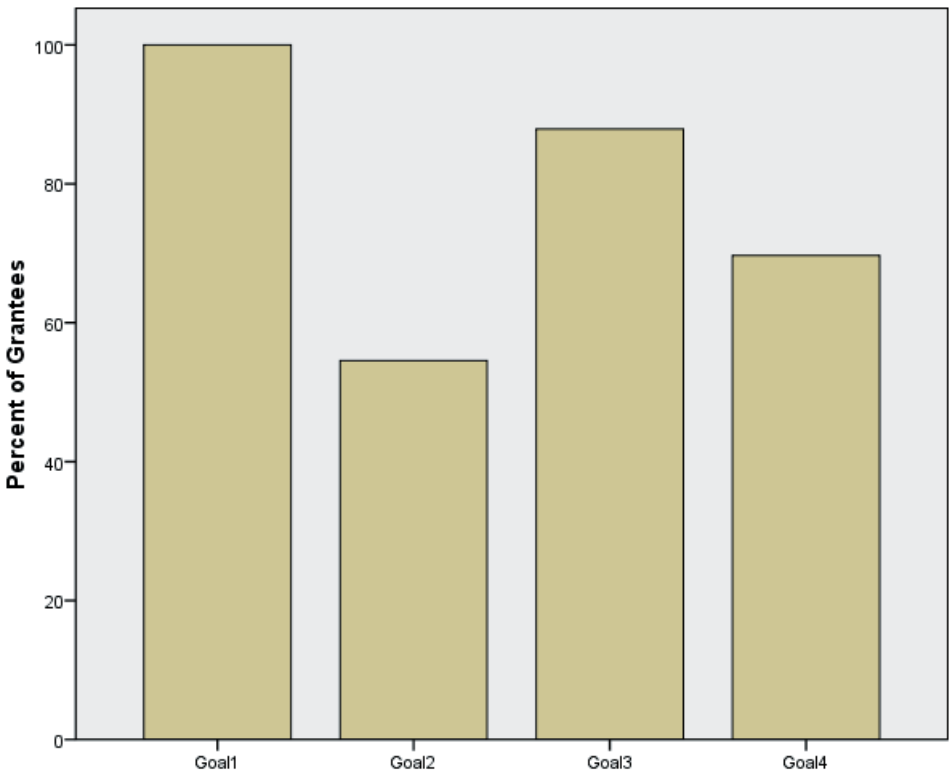


Table 1: Types of Funded Program Activities, 2005 and 2006

Type of Program Activity	Percentage of grantees conducting the activity, N = 33
School-Based Nutritional Education Programs	52%
School-Based Physical Activity Programs	49%
Other Physical Activity Programs	42%
Other Nutritional Educational Programs	30%
Social Marketing	30%
Worksite Wellness Programs	33%
Community Health Educators Interventions	27%
Walking Groups, including Walking School Bus	24%
Community Gardens, Farmers Markets or Food Banks	21%
School Food Policy Changes	21%
Walking Trails	18%
PE Policy Changes	15%
WIC Outreach	15%
Community Environment Assessments	9%
Primary Care Physicians' Interventions	9%
Media Literacy	3%

Figure 2. Percentage of grantees addressing each of the H&AC Initiative goals.



Evaluation Background

The Missouri Foundation for Health contracted with the Institute of Public Policy, Truman School of Public Affairs, University of Missouri to conduct an external evaluation of the H&AC Initiative. The goals of the external evaluation are to 1) help grantees monitor and improve the performance of their programs and 2) provide an evaluation of the Initiative as a whole. The Missouri Foundation for Health is casting a wide net in their obesity prevention efforts by funding programs serving disparate populations, administered by different types of organizations, and spread across a relatively wide geographic area. The Initiative allowed grantees to design programs that address the H&AC goals, above, and grantees developed 16 different program activities, including institutional policy changes, farmers markets, and social marketing campaigns (see Table 1). This approach represents a bold and potentially fruitful new strategy in the fight against obesity.

The external evaluation relies on an approach known as cluster evaluation, which was developed by the W.K. Kellogg Foundation. Cluster evaluation is the most appropriate methodology to accomplish these goals because it is designed to "1) to strengthen projects through networking and technical assistance and 2) to strengthen foundation programs and policymaking through the collection of information about the…outcomes of the cluster".[1] It goes beyond typical multi-site evaluation techniques by allowing for an evaluation of the Initiative as a whole, while simultaneously providing insight into disparate individual projects. Cluster evaluation allows individual projects to be placed in context, encourages the evaluation to contribute to individual projects, evolves with the project, and emphasizes the development of collaborative process between the projects and the H&AC Initiative.[2] Each of the H&AC grantee's programs is unique with different focuses, populations, and resource levels. By recognizing these differences in context, the cluster evaluation technique allows the external evaluation to synthesize the lessons learned from one project and transfer the knowledge to others. As part of the cluster evaluation, projects are brought together to network and discuss issues with other project directors, cluster evaluators, and funders. This provides a collaborative framework in which the funder, award recipients, and outside evaluators work together to set goals, develop, appropriate measures of success, collect data to assess outcomes, and, ultimately improve the quality of the funded projects.

Year One Evaluation (2006)

Activities and Procedures

The first year of evaluation involved a great deal of activity to learn about grantee activities and the scope of the H&AC Initiative. This and initial Initiative evaluation was achieved through a comprehensive review of the 2005 grantees' proposals, Initiative meetings, site visits, focus groups, and community-wide surveys. Institute staff also attended a kick-off meeting of the grantees. At this meeting, questions were asked about the various projects, and MFH staff provided clarification on the goals of the Initiative and the role of the external evaluator. Based on this meeting, a logic model (see Appendix B) was developed for the evaluation process. The model generally portrays the *inputs* (e.g., MFH funding, grantee staff and resources, community characteristics), *outputs* (e.g., program activities and community participation) as well as the *outcomes* of the Initiative. Outcomes are distinguished into short-term (e.g.., increased community awareness), medium-term (e.g., changes in community culture and coalition formation), and long-term impacts (e.g., reduction in obesity levels).

To gather information about the inputs, outputs and outcomes of the Initiative, the evaluation activities during year one consisted of:

Proposal review

To gain an initial understanding of the scope of the grantees' work, an in-depth review of grantee proposals and the reviewer comments for each was conducted. This provided insight into the Initiative and began the development of the Initiative logic model and plans for evaluation.

Site visits

The primary activity during year one was conducting comprehensive site visits to each of the 15 grantees. Institute staff spent much of June and July conducting site visits. A team of two evaluators went to each site and were able to interview program staff, review program materials,

[1] W. K. Kellogg Foundation. (1991). *Information on cluster evaluation*. Kellogg Foundation.
[2] Chelimsky, E., & Shadish,W. (Eds.) (1997). *Evaluation for the 21st Century: A Handbook*. Sage Publications, Thousand Oaks, CA.

and observe aspects of the program in action.

1. *Review Project Materials:* Site visits were a time to collect copies of project documents, such as needs assessments, survey instruments, and recruitment flyers. The information collected during the site visits was invaluable in helping develop an in-depth understanding of the grantees and beginning to assess their strengths and weaknesses and how they relate to the H&AC Initiative.

2. *Staff Interviews:* Interviews with key program staff were conducted one-on-one using a semi-structured interview guide. These interviews provided insight into how different aspects of the programs were implemented.

3. *Project in Action:* Evaluation staff also arranged to see portions of the grantees' programs in action. This involved walking groups, cooking classes, facilities in progress, home health parties, etc. Seeing these activities continued to develop the evaluators understanding of the Initiative and commonalities among the grantees.

4. *Feedback Reports:* Brief reports were sent to sites after site visits were complete, providing them with an outsiders' look at their projects and suggested recommendations or changes. After the first round of site visits few significant problems were identified. Projects had successfully demonstrated that they were executing their respective projects with very few problems. The information compiled for the feedback sheets is discussed in more depth in the technical assistance section below.

Focus groups

The evaluation team conducted focus groups in areas not served by a H&AC grant in order to illuminate how communities who are not receiving H&AC Initiative funds were undertaking healthy and active living programming. Focus groups were held in Hannibal (assessing Ralls and Marion counties) and Joplin (assessing Jasper and Newton counties). Both focus groups were held with health leaders in the community such as hospital administrators, health department directors, and health extension employees. Details on how the focus groups in these two communities were conducted as well as the results of the focus group are summarized in the evaluation team's report from year one.

Countywide phone surveys

Countywide phone surveys were conducted in two H&AC grantee communities to assess the extent of community need and receptiveness to H&AC efforts. Boone and Polk Counties were chosen because they had marketing campaigns in place regarding their H&AC projects and were perceived to be at different stages in their adoption of healthy and active lifestyles.

The Institute contracted with the Health and Behavioral Risk Research Center (HBRRC) at the University of Missouri to conduct the phone surveys. The sample was designed to be representative at the county level and 400 surveys were completed for each county. Information collected from county residents included basic demographic information, types of physical activity conducted, and eating habits. Additionally, individuals were asked specific questions regarding knowledge and use of specific resources in each of their communities that had been funded by MFH in order to assess how successful the marketing campaigns have been. Details of the method and results of the community surveys are described in the evaluation team's report from year one.[3]

The team concluded that conducting surveys in more than two counties during the second year of the evaluation would yield more insight. After discussions with the MFH H&AC Initiative staff, the evaluation team and the MFH H&AC Initiative team decided it would be better to not conduct the community wide survey during year 2 of the evaluation. Instead, the Foundation funded a statewide county level survey as part of its Tobacco Prevention and Cessation Initiative.

Technical assistance

One of the major goals of the external evaluation was to provide assistance to the grantees as well as to foster interaction among the grantees. These tasks were accomplished in several ways. After the initial site visit, feedback sheets were sent to each grantee. These sheets summarized the information received from the site visit (both as expressed by the interviewees as well as observed

[3] Institute of Public Policy. (2006). *Findings from Year One of the External Evaluation of the Healthy & Active Communities Program*. Report to the Missouri Foundation for Health.

by the Institute) and offered suggestions for improvement. At or after the site visits, several grantees expressed a desire for assistance with some aspect of their internal evaluation. For example, staff at one project wanted to use a Microsoft Access database to track survey responses. The evaluation team helped the site develop this database and worked with project staff to implement the tool. One site needed help in entering and analyzing survey data. Institute staff worked with them to build an Excel spreadsheet that allowed them to easily upload the data and present results, saving hours of critical time for that organization. Other grantees requested assistance in identifying survey instruments for specific populations. Still others requested research on best practices that would help inform their project. Each of these activities was supported by the overall evaluation team.

First annual convening

To encourage interaction among the grantees, a meeting of the grantees was designed and coordinated by the H&AC program officers and the evaluation team in the fall of 2006. At the meeting, grantees discussed how they dealt with common challenges and difficulties. Many of the grantees faced similar issues and hearing strategies for overcoming these issues proved very useful. Those exchanges helped to cultivate a sense of community among the grantees and allowed them to feel comfortable discussing challenges and setbacks openly.

Findings from Year 1

During the first year, the evaluation identified many grantee strengths both prior to the award of the MFH grant as well as additional strengths that emerged as the projects were implemented. The strengths identified by the evaluation were the creation of community collaborations, the use of existing resources (skills and expertise) and proven curriculum, the talent of grantee staff, the increased awareness of healthy and active living, and the implementation of flexible programs. Grantees had generated extensive partnerships with universities, clinics, schools and local businesses, to name a few. They had also developed programs based on their staff skills and expertise, and many have also relied on proven curricula for their programming. Most importantly, grantees had raised awareness regarding healthy and active living in their communities by aggressively promoting outreach activities in their local areas.

While the aforementioned strengths were part of each H&AC project, the projects also faced challenges as they began their second year. The challenges identified by the evaluation team were maintaining initial momentum, hiring and retaining staff, internal evaluation, and securing buy-in with particular populations or groups. Grantees were concerned about sustaining initial momentum in order to see lasting behavioral change. In addition, about 20 percent of grantees had staff turnover in the first year, and several more sites had difficulties with hiring delays. Staff turnover within the H&AC organization could also disrupt partnerships as the collaborative relationship disappears once an individual leaves. Furthermore, some H&AC grantees found it challenging to develop partnerships with some segments of their target populations (i.e. engaging parents of children in programming or developing networks in urban areas). Grantees also had difficulty determining appropriate evaluation techniques and instruments, especially in finding ways to measure outcomes as opposed to outputs. Finally, many grantees were unsure at the end of year one how they would sustain not just programming, but outcomes for healthy and active living as well.

Lessons Learned from Year 1

The evaluation team used the preliminary findings from year one as a basis for more in-depth analysis in year two. In cluster evaluation, the analysis evolves with the project with an emphasis on the development of collaborative processes between the projects and the H&AC Initiative. With this in mind, the multi-year, multi-site evaluation continues to focus on the factors that promote or hinder H&AC organizations and communities' ability to initiate changes toward more healthy and active living. As well, the evaluation seeks to determine if H&AC funding can replicate the positive components for these organizations and communities, both across the state and into the policy arena.

Several key findings in year one were further explored in year two, including partnerships, staff hiring and turnover, and internal evaluation. Partnerships were identified as important components in program success, but the original findings did not examine the nature of the community collaborations. Year two evaluation considered not only the quantity of partnerships and collaborations, but also the quality and depth of partnerships. The variable of staffing levels and turnover was also examined as a factor of program success in the year two analysis given the findings from year one. Finally, the nature and extent of internal

evaluation activities was incorporated into the year two analysis.

Considering both grantees' strengths and challenges identified in year one, the evaluation team developed analyses to identify characteristics correlated with successful programs. These new techniques focused on organizational capacity, community readiness and sustainability. The findings from year one indicated that grantees recognized the need to encourage capacity building, but they were not aware of all of the components of organizational capacity. Year two evaluation activities included an evaluation of organizational capacity across the H&AC Initiative grantees, including financial, human, and structural capacity.[4] Year one findings emphasized the grantees' success in raising community awareness about healthy and active living. However, there is a great deal of variation in the levels of awareness across grantee communities, and the evaluation team needed a way to measure awareness as well as the community's capacity to address healthy and active living. The Community Readiness Model (described in-depth in the next section) allows the external evaluators to determine each communities' level of readiness, awareness and capacity for healthy and active programming and policies.

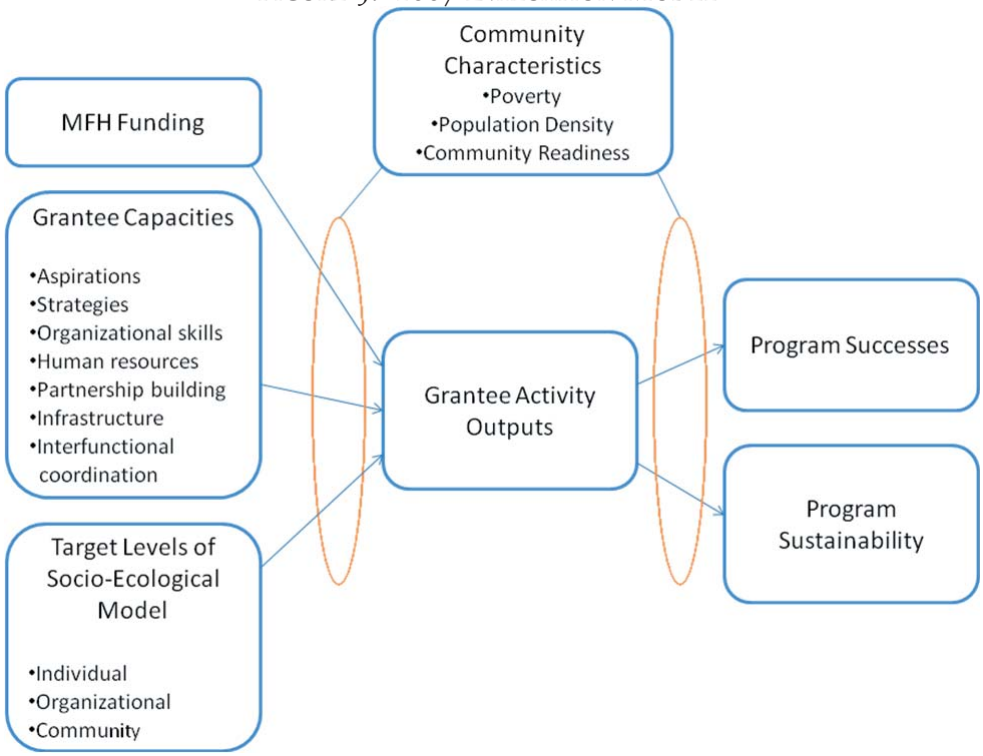
Finally, programming sustainability after the H&AC Initiative was a common concern at the end of year one. Some grantees could identify portions of their projects that could be maintained at little or no cost, but others recognized that they could not continue programming without funding for staff or other components. Therefore, in year two, the evaluation team included the issue of sustainability in the analysis.

In sum, the evaluation plan for the second year was to assess the profiles of each grantee organization on community readiness, as well as program characteristics, program capacity, outputs (e.g., partnerships, policies), success and sustainability. By doing so, the external evaluation identified and discussed factors which played a role in strengthening the H&AC Initiative's efforts (across geographical, demographic, and other boundaries) and the factors that may have hindered efforts.

Year 2 Methodology

The existing literature on program evaluation suggests that community readiness and organizational capacity are important determinants of program success and

Figure 3: 2007 Evaluation Model



[4] Sharpe, Erin K. (2006). Resources at the grassroots of recreation: Organizational capacity and quality of experience in a community sport organization, *Leisure Sciences*, 28, 385-401.

sustainability. Borrowing from the scholarly and professional literature, the evaluation team refined the logic model to include these concepts. The team subsequently defined and operationalized the concepts using measurement tools adopted for use in the multi-site, multi-program context of the H&AC Initiative. Each grantee was then scored on readiness and organizational capacity, success and sustainability, and the data were analyzed.

Expanding the Initiative Logic Model

As shown in Appendix B, the year one evaluation logic model specifies all of the Initiative's resources, efforts, and expected short, intermediate, and long-term outcomes. The logic model recognized the great variability in the characteristics of the communities within which the programs were embedded.

In the 2007 evaluation, elements of the inputs, outputs and outcomes of the Initiative logic model were selected to be measured specifically and evaluated as a chain of events that produce the Initiative's impact on Missourians. Figure 3 above shows how MFH funding and grantee capacities produce grantee activities which in turn produce program successes and sustainability.

Defining and Measuring the Constructs of the Initiative

The team introduced the constructs of grantee organizational capacity, program success and program sustainability in the second year of the evaluation. The definition of each construct is provided below followed by the method used to operationalize each.

Organizational capacity. Organizational capacity has been broadly defined as: "a set of attributes that help or enable an organization to fulfill its missions."[5] Organizational capacity includes management, governing board, human resources, infrastructure and other resources that are harnessed to fulfill a nonprofit's mission. Non-profits that evaluate their organizational capacity can work to expand it in order to meet existing or emerging needs.

Partnering Organizations. Partnership building is a key element of organizational capacity (i.e., external relationships) that can amplify the outputs and success of an organization's program.[6,7] H&AC Initiative grantees that partner with health care providers, school systems, businesses, or other organizations reach more community members through those partners. Partners also help to boost the sustainability of program activities by contributing resources, adopting policy prescriptions, and helping to engage the target population.

The Institute used a modified version of the McKinsey Capacity Assessment tool for assessing organizational capacity in order to identify common capacity strengths and gaps across H&AC grantees (See Appendix C).[8] The McKinsey Capacity Assessment Grid scores the organization on seven components of capacity. The elements of aspirations, strategies, organizational skills, human resources, partnership building, infrastructure, and interfunctional coordination were scored on a 4-point rating scale (1 – Clear need for increased capacity; 2 – Basic level of capacity in place; 3 – Moderate level of capacity in place; 4 – High level of capacity in place). The team's consensus scores for each grantee were then examined to determine whether sets of items that represent major categories of capacity were highly associated, and thus could be combined into composite scores. For those sets of items that showed internal consistency (Cronbach's alpha) greater than 0.5, the items were averaged together into a single composite score for subsequent analyses.[9] Appendix I displays the indicators with the internal consistency statistics for item sets. Each element of grantee capacity was correlated with its program success and sustainability to identify components that increase a program's likelihood of achieving its mission.

[5] Eisinger, P. (2002). Organizational capacity and organizational effectiveness among street-level food assistance programs, *Nonprofit and Voluntary Sector Quarterly*, 31:115.

[6] Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Reviews*, 19, 173-202.

[7] Gamm, L.D. (1998). Advancing community health through community health partnerships. *Journal of Healthcare Management*, 43(1), 52-66.

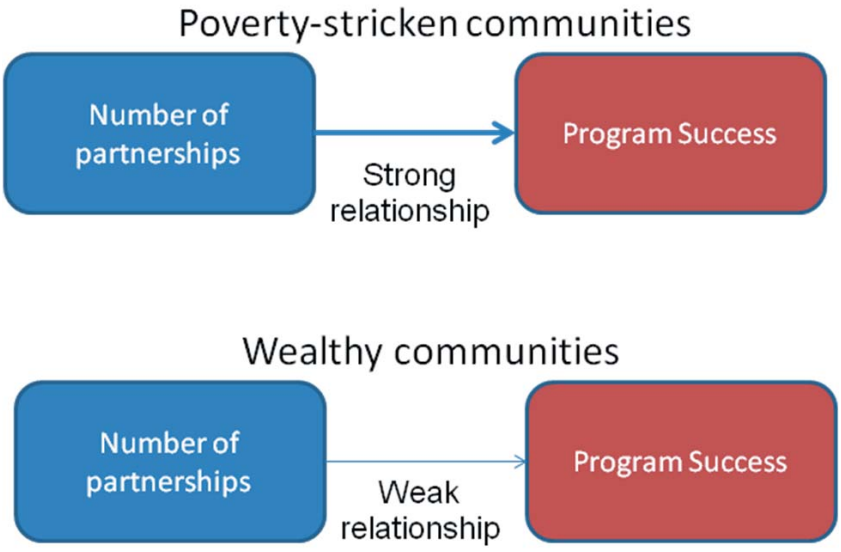
[8] McKinsey & Company. (2001). *Effective capacity building in non-profit organizations.* Retrieved from http://www.venturepp.org/learning/reports/capacity/full_rpt.pdf on April 29th, 2008.

[9] Internal consistency refers to the degree that scores for items that are thought to represent different pieces of a single construct (e.g., aspirations is represented by the items mission and objectives in the McKinsey tool). If a set of items are significantly positively inter-correlated, it is common practice to combine the scores into a single index by averaging or another method. One statistic for internal consistency is Cronbach's alpha coefficient, and that statistic was calculated for each set of items. Higher values indicate more consistency, with .5 indicating a moderate level.

Targeting of School and Community Levels of the Socio-Ecological Model. Conventional models of health behavior change, including the U. S. Department of Health and Human Service's *Healthy People 2010* plan, that predict greater impact by programs that influence people via multiple avenues. These ecological (i.e., environmental) models acknowledge that individual behavior is influenced by the opportunities to engage in healthy behaviors in the surrounding environment as well as the perceived social norms for engaging in those behaviors and institutional regulatory support. Specific to obesity prevention, several programs in other states have documented how school-based programs that also involve family members are particularly effective. [10, 11] However, health education scholars note that there is limited evidence for the effectiveness of programs that include changes to a community's built environment, availability of healthy foods, or social norms in addition to school-based components. In other words, while theory supports these types of interventions, there is not yet a sufficiently large body of evidence to prove the effectiveness of environmentally-based programs. If H&AC Initiative grantees who target both school and community levels of influence are more successful, their stories could be valuable evidence in promoting the use of multi-level approaches to obesity prevention. The Initiative logic model incorporated the socio-ecological model of change to reflect that people are affected by family, schools, and the broader community. The 2007 evaluation model specifically includes the scope of grantees' targeting of schools and community levels as factors influencing program success and sustainability.

Community characteristics. In addition to identifying the major variables that were conceptualized for the evaluation, the 2007 model also enables the evaluation team to more deeply examine how community characteristics can affect program success and program sustainability. The model accounts for the possibility that success or sustainability would be created by different ingredients depending on whether grantee's target community is stricken by poverty, or situated in a rural environment, or if community members are only vaguely aware of the existence of a problem (i.e., community readiness). For example, there is a growing literature on health disparities that has documented the lack of public health infrastructure in poverty-stricken communities. If the existing resources in those communities are fragmented and disorganized, then a H&AC program would need to coordinate with several other organizations to form a unified, coalition

Figure 4: Example of community factor (poverty) that could moderate the impact of program capacity (partnerships) on success



[10] Sallis, J. F., McKenzie, T. L., Alcaraz, J. E., Kolody, B., Faucette, N., & Hovell, M. F. (1997). Effects of a two-year health-related physical education program (SPARK) on physical activity and fitness in elementary school students. *American Journal of Public Health*, 87, 1328-1334.

[11] Luepker, R. V., Perry, C. L., McKinlay, S. M., et al. (1996). Outcomes of a field trial to improve children's dietary patterns and physical activity: The child and adolescent trial for cardiovascular health. *Journal of the American Medical Association*, 275, 768-776.

effort where none existed before. In theory, these ideas are supported by the Community Readiness Model, as well as Chen's (2005) program theory model. Therefore, in order to evaluate a community's ability to facilitate change across the Initiative as a whole, the Institute team also had to consider what kind of impact these outside community factors had on the relationships between outputs and sustainability, or capacity and success. Figure 4 above demonstrates how these types of relationships were examined with poverty as an example.

Community readiness. The Institute also examined community readiness in each of the grantee's communities as part of the three year evaluation cycle. "Community readiness is the degree to which a community is ready to take action on an issue."[15] The evaluation team chose to measure community readiness using the Community Readiness Model (CRM) from the Tri-Ethnic Center for Prevention Research at Colorado State University (Appendix D). The CRM explores how the leadership, climate, and resources of a community are being utilized to address healthy and active living with the goal of identifying and providing the tools needed for a lasting change in a community. The CRM assesses a community's readiness to address an issue based on six dimensions: community efforts, community knowledge of efforts, leadership, community climate, community knowledge about the issue, and resources related to the issue. This tool can be thought of as a group corollary to the transtheoretical model (stages of change) of behavior change for individuals.[16] Each of these models asserts that a person or community falls somewhere on a continuum of readiness and will need different interventions depending upon that readiness. In the transtheoretical model of individual behavior, a "pre-contemplator" may be impacted most by an awareness-raising intervention.

A similar analysis applies to communities with little to no awareness about a specific issue. These communities may benefit most from a similar intervention that lays out their risks and susceptibility to the specific health issue. According to *Community Readiness: A Handbook for Successful Change* (2006), matching an intervention to a community's level of readiness is absolutely essential for success. Intervention must be challenging enough to move a community forward in its level of readiness but not so ambitious that the project risks failure because community members are not ready or able to respond. To maximize chances for success, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies. While choosing an intervention that is appropriate for the readiness of the community is certainly a necessary step, it does not ensure a successful program.

Community readiness was assessed for the grantees as a part of the year two activities. Each grantee's target community readiness was scored from key informant interviews using the procedure in the community readiness handbook. The tool is attached in Appendix D. Communities were scored on a 9-point rating scale (1 – No awareness; 2 – Denial; 3 – Vague Awareness; 4 – Preplanning; 5 – Preparation; 6 – Initiation; 7 – Stabilization; 8 – Confirmation/Expansion; 9 – Professionalization). For each segment of the community readiness model, two evaluation team members came to a consensus on the rating. These six consensus scores were then averaged together to determine the site's overall level of readiness. Benchmark data is presented in Appendix E of this report and a measure of change will be obtained from the grantees in year three.

Program success. To evaluate the Initiative as a whole, it would be ideal if all grantees measured standard "core" outcomes from their individual participants but they cannot, given the diversity of programs funded in H&AC grants. Because the grantees each define and measure program outcomes in a different way, evaluating the Initiative overall requires a definition of program success that applies to all grantees. These considerations led the team to use the Colorado Trust's measurement of program success, a tool developed to conceptualize and measure multi-site, multi-program success. The Colorado Initiative is similar to the Missouri Initiative, and so the instruments used in Colorado are useful and applicable for this evaluation. Using the Colorado Trust's definitions and measures of program success, program success was rated on each of these six possible types:

1. The project accomplished its specific objectives.

2. The project achieved more than its original goals.

[15] Plested, B., Edwards, R., Jumper-Thurman, P. (2006, April.) *Community readiness: A handbook for successful change.* Fort Collins, Co: Tri-Ethnic Center for Prevention Research.

[16] Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), 38-48.

3. The project had a concrete impact on the root problem it targeted.

4. The project led to other projects or efforts.

5. The project helped change the way the community works together on public issues.

6. The project led to some individuals becoming new leaders or to more engaged community members.

The adapted tool is attached in Appendix J. The evaluation team rated each grantee on the percentage (0 – 100%) of each level that had been accomplished using MFH funds. The scores for the six levels of success were observed to be internally consistent (Cronbach's alpha = 0.6). A total success score was computed for each site as the sum of its six scores.

Program sustainability. The sustainability of grantee programs was distinguished from the long-term impacts of those programs in the second year of the evaluation. Whereas the lasting extent of a program's impact on community outcomes was conceptualized as a component of grantee success, the sustainability of program activities post-H&AC funding was also examined distinctly. Each particular activity (e.g., nutrition classes, walking trails) conducted by each grantee was considered in the context of the amount of continued grantee effort or funding that would be required to sustain that activity. The evaluation team rated each grantee on the percentage (0 – 100%) of its MFH-funded activities that the evaluation team believed would be sustainable post-award. Activities were estimated to be sustainable if a grantee was expecting additional support money from another source, or if the activity was conducted by a partnering organization that had pledged to continue the activity (e.g., grantees that provided curriculum for other educational professionals). Wellness policies that were formally adopted by target organizations were also considered sustainable.

Evaluation Activities and Procedures

The activities conducted in year two of the external evaluation consisted of reviewing grantee proposals, conducting site visits, administering grantee surveys, conducting a community readiness assessment, and reviewing interim/final reports. The evaluation team gathered additional information from communication with grantees throughout the grant period, secondary data, and through functions such as regional trainings and the annual MFH H&AC convening. The activities of the external evaluation in year two consisted of:

Proposal review

The first step of the second year consisted of the evaluation team conducting a comprehensive review of the proposals from the additional 18 H&AC Initiative grantees in order to understand how they fit with each other and with the original 15 grantees.

Site visits

The evaluation team used site visits as the primary data collection activity. The evaluation team assigned two staff members to conduct the site visits with one person functioning as the lead and the other taking notes. The site visit lead was the team member who served as the primary liaison between the grantee and the evaluation team. This person established contact with the grantee, arranged visits, and provided technical assistance to the grantee. Each site visit consisted of the following activities:

1. *Review project documents:* The evaluation team examined existing project data, history, rationale, and other documents to assess how each project was designed and to assess each project's success.

2. *Interviews with key program staff and the internal evaluator:* The external evaluators used a modified version of the interview protocol instrument developed in year one of the external evaluation for the interviews with key program staff and the internal evaluator in year two (Appendix F). The questions in year two focused the discussions with key staff on goals, impact, and outcome measures for the project. The site visit team learned about each program's objectives and goals and worked with the internal evaluators to collect data that could be used to demonstrate the overall effectiveness of the H&AC Initiative. Data included program materials distributed to participants as well as evaluation tools (evaluation plans, data collection tools such as

[17] Colorado Trust. (2002). *Colorado Healthy Communities Initiative: 10 years later.* Retrieved from http://www.thecoloradotrust.org/repository/publications/pdfs/CHCIreport04.pdf on April 29th, 2008.

surveys, and other key evaluation materials). All interviews were recorded and transcribed.

3. *View program in action:* When applicable, the site visit team and, when feasible, the H&AC program officer reviewed an element of the program while it was happening. While reviewing the program in action, the site visit team looked for differences between what was stated in the application and what was occurring. Were there gaps in delivery? Was the project being implemented as intended? Additionally, seeing the project in action provided the site visit team a better sense of the program by providing context.

The evaluation team conducted site visits from March through September 2007. Generally, the site visits took between 4 and 8 hours to conduct. The duration of the visit correlated with the complexity of the program and how many grantee staff members were involved.

Grantee surveys
The evaluation team administered surveys to representatives of each grantee organization. The surveys were aimed at collecting data to facilitate an understanding of the organization that received the funds, what impacts the programs were having in the community, and to access the programs' outputs, level of success, and partnerships (See Appendices G & H). The evaluation team administered the surveys online through the Healthy & Active Communities website and via email.

Community readiness interviews
The Community Readiness Model (CRM) data collection relies on telephone interviews with individuals who are connected to the issue. The external evaluation liaison asked the grantees to provide a list of 5-10 potential key informants for each "community." Key informants could have been any individual the grantee felt was connected to the issue of healthy and active living in their community. The community was defined as the area where the grantee's organization is functioning. All interviews were recorded, transcribed, and scored by two Institute staff members.

Four key informant interviews were conducted for each grantee community with a few exceptions. Three grantees could either not provide a complete list of potential community key informants, or informants in those communities did not participate the interview process.

Interim report review
The evaluation team reviewed the grantees' interim reports to gather information about their project updates, outcome measures, and process information.[18] Interim reports also offered insight into any problems sites might have been having and explained delays in project implementation.

Second annual convening
In an effort to continue cultivating the sense of community among the H&AC grantees, the evaluation team and the H&AC program officers once again collaborated to host a second annual convening. During the second annual convening, the grantees were again brought together to discuss common challenges, difficulties, and successes. In an effort to continue the collaboration, the grantees were invited to facilitate roundtables with their fellow grantees and set up displays about their H&AC projects.

Technical assistance
The evaluation team continued to provide technical assistance to the grantees that ranged from very simple suggestions to more elaborate database development to training sessions. Examples of assistance offered included offering suggestions for collecting data, connecting grantees with each other, developing electronic data management systems for the collection of evaluation related information, providing summaries and assessments of scholarly research related to specific programs, and providing presentations on evaluation topics at the annual convening.

Year Three Evaluation Activities
At the end of the second year, the evaluation team made changes to some of the planned activities for year three. Changes were made to the site visit procedure, the assessment of organizational capacity, the technical assistance offered to grantees, and the analysis of community readiness. The year three activities are described in Appendix K of this report.

[18] November 2007 reports were not available at the time of this report for Support a Child, Polk County Health Department, and Dunklin County Health Department

Site Scoring Procedure

Each grantee was scored by the evaluation team to produce a standardized measure of the variables, using the site rating tools described above.

> *Community readiness* – Two evaluation team members independently scored key informant interviews and then developed a consensus score for each site.
>
> *Program capacity, success and sustainability* – The primary contact for each site scored that site and one team member scored all sites. These two scorers then developed a consensus score for each site.

This system provides consistency across all sites while simultaneously informing the scoring process with information that was gleaned from site visits that was not evident from the transcripts. For instance, a primary contact person may have additional information about a site that helps better understand why a site had a particularly high or low level of participation in a project. This scoring method ensures that the nuanced information from each site is incorporated into the analysis while providing consistency across all grantees.

Quantitative Analysis Strategy

Descriptive statistics were computed for all variables of program capacity, partnerships, success and sustainability. To assess whether each program's success and sustainability was associated with components of capacity, partnerships and community characteristics, bivariate correlations were computed among those variables. The success and sustainability of grantees that target schools was compared to other grantees using general linear models. Those analyses also included a comparison of grantees that target the community level of change with grantees that target other levels of change. To assess whether the success of grantees' strategies depended on the level of readiness in their target communities, regressions of success and sustainability were computed from strategy capacity ratings and community readiness scores as well as the two-way multiplicative interaction among those factors. The evaluation team also tested whether the relationships among capacity, success and sustainability differ between grantees in rural vs. urban communities, as well as in communities with lower vs. higher rates of poverty, by testing 2-way interaction terms (e.g., number of partnerships and community poverty rate) in regressions of success and sustainability.

Findings

Overview. Overall, the Initiative has positively impacted the lives of Missourians living within MFH's service region. Grantees have changed school and workplace policy, have increased opportunities for physical activity, have improved access to healthy foods, and have built facilities in their communities that will have a lasting impact on the environment with which people make decisions about their health. Grantees have developed mutually beneficial partnerships that add their own resources and services. Grantee efforts also inspired other efforts or engagement of community members in the problem that was targeted. Generally, grantees that targeted the community level tended to be more successful than those that did not. The data also suggest that those grantees that targeted schools were more successful when partnered with other powerful community organizations.

The evaluation team also found that grantees are not reaching their full potential in a few capacity areas that were significant factors of program success. Namely, strategic planning for program replication and development of new programs could be improved upon. In addition, human resources levels are often below optimal levels, which can impact program success. Finally, designing evaluation alone was not sufficient for program success. It was also necessary to analyze data during the grant period so that the results could be used to make informed adjustments to programming. Generally, H&AC grantees need to strengthen evaluation and data analysis capacity.

Grantees in more rural communities tended to have more successful and sustainable programs, perhaps because more policies (a sustainable activity) were implemented by grantees in rural communities than in urban communities. Generally, policy implementation seems to be a mechanism for sustainability in rural communities but requires partnerships to accomplish. Policy implementation is frequently not a component of programs in urban areas, perhaps because of the more complex bureaucracy in those communities. Also, rural grantees had built trails to support physical activity but that option was less feasible for grantees for in urban environments.

The details of these findings are described below, and the implications of these findings are addressed in the final section of this report.

Summative Evaluation

The major constructs of the Initiative logic model were evaluated separately to document general Initiative levels of grantee capacity, outputs, successes, and sustainability across the Initiative. The goal of this summative section of the evaluation is to identify areas of strength and areas that can be improved. Following the summative evaluation is a formative evaluation that assesses which Initiative inputs and outputs are the strongest factors of success and sustainability. Connections are drawn between the major constructs of the Initiative logic model in that later section.

Program capacity

Each capacity dimension is defined in Table 2, and the scoring tool used is in Appendix C.

The grantees have good level of capacity in many areas of organizational functioning, but there are also many capacities that grantees could work on to improve.

The areas of grantee strength were project aspirations, external relationship building, leadership, monitoring of landscape, financial planning, fundraising, staff quality, physical and technological infrastructure, and interfunctional coordination. Table 3 displays the descriptive statistics for the grantee capacity areas of strength. The relationships of each capacity to success and sustainability are described in a later section.

The program capacities that were rated as having room for improvement were strategic planning capacity, public relations and marketing, internal evaluation, revenue generation, influencing of policy-making, human resource levels, and volunteer quality. Table 4 displays the descriptive statistics for the grantee capacity areas that can be improved.[19] The relationships of each capacity to success and sustainability are described in a later section.

Program outputs

The program outputs that were examined were numbers of individuals engaged, and number of policies implemented. The total numbers reported by 2005 and 2006 grantees are in Table 5, along with the number of reported media features, partnerships, and schools involved.

In the survey conducted in fall 2007, most grantees (65.6%) reported having engaged at least 1,000 participants in their Healthy & Active project. However, the range of reports varied with grantees reporting as few as 15 individuals engaged and as many as 33,128. Grantees with lower numbers of participants are 2006 grantees that are currently developing strategic plans with community organizations but have not yet launched any programming. Grantees with greater numbers of participants tend to be 2005 grantees in larger communities that have targeted all residents via public fairs, or radio and television broadcasts (e.g., Columbia/Boone County Health Department).

Policy implementations were notable outputs of the grantees. Although a third of grantees (30.3%) reported having implemented no policies, the majority of grantees had implemented at least one and as many as twenty-two. Grantees self-defined policy implementation in this evaluation. The examples of policies that were implemented were in worksite or school district settings, and often outlined prescriptions for nutritional content of foods served in those settings. A few programs that targeted schools had implemented policies to expand times for students to receive physical education or to improve the content of existing P.E. curricula. Descriptive statistics and details of grantee outputs, including examples of the grantees' policy implementations, are in Appendix L.

Program success

Generally, grantees' projects were successful in their target communities. The following sections summarize each type of success across the Initiative. More detail and examples of grantee successes are in Appendix M.

[19] Two-tailed, one-sample t-tests were used to assess which elements of organizational capacity were strong (at least 3 out of 4). The following tests show which elements of capacity were significantly less than 3: Strategic, $t(31) = -3.92$, $p < .001$; Performance Management and Analysis, $t(31) = -6.65$, $p < .001$; PR and Marketing, $t(32) = -3.34$, $p < .01$; Influencing of Policy-Making, $t(32) = -5.99$, $p < .001$; Human Resources, $t(28) = -4.08$, $p < .001$; Revenue Generation, $t(32) = -1.42$, $< .001$; Volunteer Quality, $t(21) = -2.70$, $p < .05$.

Table 2: Definitions of the McKinsey program capacity Dimensions

Capacity Dimensions	Definitions
Aspirations	Mission Overarching objectives
Strategies	Overall strategy Goals/performance targets Program relevance and integration Program growth and replication New program development Funding model
Internal Evaluation (i.e., performance management and analysis	Internal evaluation design Performance analysis and program adjustments
External Relationshp Building	Partnerships and alliances development and nurturing Local community presence and involvement
Financial Planning/Budgeting	Budget integrated into full operations as strategic tool; performance-to-budget monitored closely
Monitoring of Landscape	Knowledge of players and alternative models in program area
Fundraising	Internal fund-raising skills and expertise in all funding source types
Public Relations and Policy-Making	Public relations and marketing Influencing of policy-making
Human Resources	Staffing levels Board involvement and support
Staff Quality	Staff are highly capable in multiple roles, committed both to mission/strategy and continuous learning
Volunteer Quality	Capable, reliable individuals who bring complementary skills to program
Leadership	Executive Director leadership and effectiveness Executive Director analytical and strategic thinking Executive Director experience and standing Management team and staff dependence on Executive Director
Infrastructure	Physical infrastructure, buildings and office space Telephone, fax, and voice-mail Computers, applications, network, and email
Interfunctional Coordination	Integration between different program units with few coordination issues

Table 3: Descriptive statistics for grantee organizational capacity elements that have good levels of functioning, and their correlations with success and sustainability

1 = Clear need for increased capacity
2 = Basic level of capacity
3 = Moderate level of capacity
4 = High level of capacity

	Median Capacity	Standard Deviation	Correlation with Total Program Success	Correlation with Sustainability
Aspirations Capacity	3	0.56	.483**	.226
Monitoring of Landscape	3	0.63	.419**	.153
Financial Planning/Budgeting	3	0.76	.048	.297*
Fundraising	3	0.74	.025	.245^
External Relationship Building	2.88	0.59	.376*	.088
Number of Partnerships	6	15.58	.247^	.009
Leadership Capacity	3	0.46	.539**	.446*
Staff Quality	3	0.58	.323*	.175
Infrastructure Capacity	3.33	0.57	.002	.097
Interfunctional Coordination	3	0.68	.247^	.073

** Correlation is significant at 0.01 level.
* Correlation is significant at 0.05 level.
^ Correlation is significant at 0.09 level.

Table 4: Descriptive statistics for grantee organizational capacity elements that can be improved, and their correlations with success and sustainability

1 = Clear need for increased capacity 2 = Basic level of capacity 3 = Moderate level of capacity 4 = High level of capacity	Median Capacity	Standard Deviation	Correlation with Total Program Success	Correlation with Sustainability
Strategic Capacity	2.71	0.41	.466**	.380*
Internal Evaluation Overall (i.e., performance management & analysis)	2.25	0.62	.214	.028
Internal Evaluation Design	2.88	0.80	.019	.110
Internal Evaluation Analysis and Program Adjustment	2	0.72	.355*	-.074
Public Relations & Marketing	2.50	0.73	.251^	.024
Influencing of Policy-Making	2.25	0.64	.056	.116
Human Resources Capacity	2	0.77	.370*	.172
Volunteers	2.50	0.83	.376*	-.054

** Correlation is significant at 0.01 level.
* Correlation is significant at 0.05 level.
^ Correlation is significant at 0.09 level.

Table 5: Total Grantee Outputs and Activities by Year and for the Initiative

	2005 Grantees	2006 Grantees (after 1 year)	H&AC Initiative Total
Total Number of Participants Engaged	89,045	40,089	129,134
Total Number of Policies Implemented	85	33	118
Total Number of Partnerships	254	118	372
Total Number of Media Features	372	238	610
Total Number of Schools Involved	109	80	189
Educated Public Officials about community needs	67%	61%	64%
Partnered with Local Government	60%	44%	51%

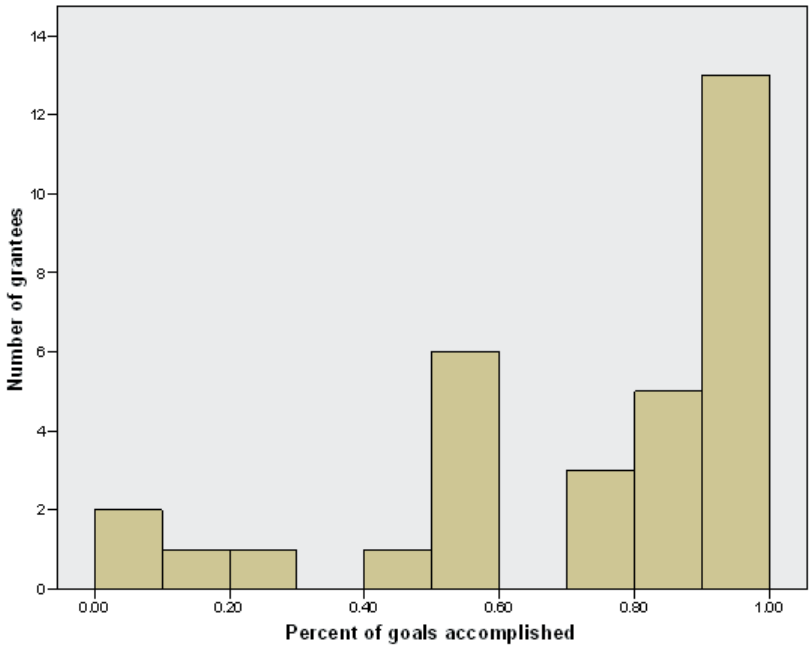
Table 6: Percent of grantees achieving each factor of success

	Completely	Partially
1. The project accomplished its specific objectives	33%	60%
2. The project achieved more that its original goals	45%	n/a
3. The project had a concrete impact on the root problem it targeted	39%	24%
4. The project led to other projects or efforts	42%	6%
5. The project helped change the way the community works together on issues	49%	6%
6. The project led to some individuals becoming new leaders or to more engaged commununity members	58%	6%

Accomplishing objectives. As depicted in Figure 5, 84% of grantees had accomplished at least half of their specific objectives in the proposed timeframes, although only 33% of grantees had accomplished all of their proposed objectives. For some grantees, these shortfalls were in program outputs such as numbers of classes held, or numbers of participants enrolled or served. For others, proposed goals for participant outcomes such as percent reduction in BMIs or knowledge gained were not achieved. Still, there are many grantee projects that fully met proposed objectives for both program outputs and participant outcomes, even when those objectives were demanding.

Achieving more than original goals. Almost half (45%) of the grantees had achieved more than their original goals. Most often, grantees surpassed their goals in terms of the number of participants served by the program.

Figure 5: Distribution of grantees meeting varying percentages of goals, N = 32.



Concrete impact on the root problem. Depicted in Figure 6, concrete impact on the root problem was achieved by 39% of Healthy & Active grantees, with another 24% making some impact on the root problem. Thus, the majority of grantees had made some impact on the environment or culture of the communities that were targeted in creating opportunities and motivation for physical activity and healthy eating. In this evaluation, concrete impact was defined by the evaluation team as:

> *Program outputs that change the environment or culture in which people are making decisions. Examples would be policies (i.e. changes in snack or school lunch policies) or environmental impacts (i.e. installing a walking track or sidewalks, or providing access to healthier foods through a farmer's market). Additionally, a changed "culture" of the school or community around these issues could be accepted if there is a strong argument. Outcomes should be sustainable, even if the program itself is not sustainable. Education by itself is not sufficient without changing the environment as well. Large percentages of a community's population must be involved.*

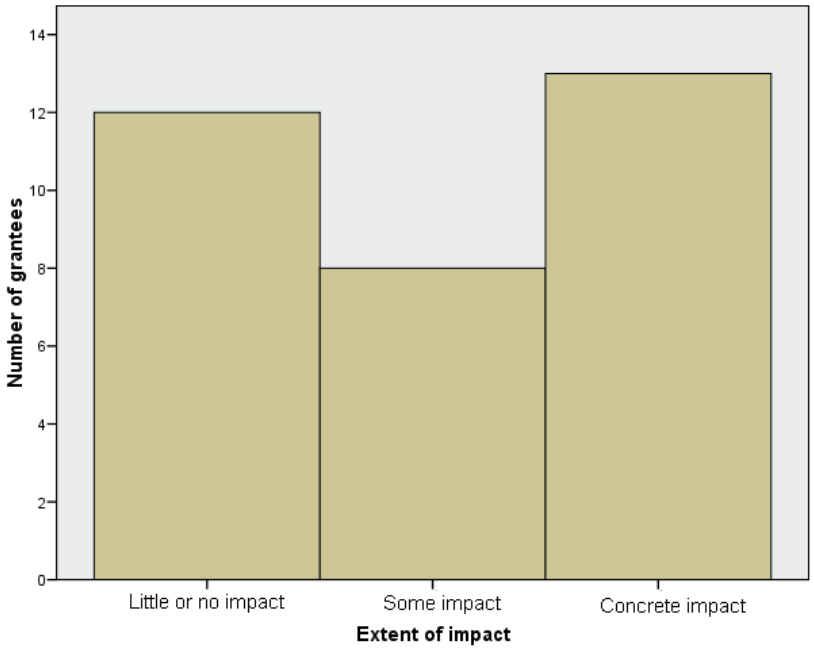
According to the Colorado Trust, this is the most demanding criteria of program success and is difficult to obtain. In the present evaluation of the H&AC Initiative, the evaluation team recognized that grantees could make degrees of impact in their communities. Grantees that implemented policies that were disseminated to small segments of the community (e.g., a few worksites), or that had difficulty engaging residents to make use of healthy foods that the grantee attempted to distribute, were scored as having partial impact in their communities.

Inspiring other efforts. Half of grantee programs led to other projects or efforts.

Changing the way the community works together. Half of grantees helped to change the way the community works together on public issues.

Engaging the community and creating new leaders. Most grantee programs (64%) led some community members to become new leaders or to become generally more engaged. Many grantees have inspired particularly influential community members to buy into the healthy and active mission, and to contribute efforts in their own right. Grantees like the New Madrid County Health

Figure 6: Distribution of grantees making varying degrees of concrete impact, N = 33.



Department and the OASIS Institute have actively built social support networks by deputizing community members as peer leaders. Described as 'lay leaders' by OASIS and 'captains' by New Madrid, community volunteers coordinate walking or other fitness groups, and recruit new participants. Walking School Bus programs (as in Columbia) also deputize community members as group coordinators and leaders.

The extent of engagement did vary among the communities, with some grantees having more success than others. Also, some grantees had met their objectives in recruiting participants but struggled to engage community members as active components of programs (especially parents of schoolchildren). Grantees commonly cited these concerns in their interim reports and requested assistance in identifying strategies for recruiting and engaging participants.

Sustainability of programs

Grantee programs are also largely sustainable. Sixty percent of the grantees can sustain at least half of program activities post-award. As depicted in Figure 7, a significant number (12%) are fully sustainable. However, a similar portion (15%) has no observed plan or potential for sustainability of programs post-award. Of the 4 grantees that were rated as fully sustainable, three are 2005 grantees, suggesting that the building of sustainability takes time. Also, the sustainability of the 2006 grantees could be expected to improve in their second year of funding (2008). Table 6 contains a list of 2005 grantees who can sustain 80% or more of their programs. It should be noted that many other 2005 grantees have sustainability plans for portions of their programs, the six grantees listed are only those with the largest portion of their programs that are sustainable. 2006 grantee sustainability will be reported in the final evaluation report to provide grantees the full grant period to build sustainability strategies. More details and examples of grantee program sustainability are in Appendix N.

Formative Evaluation: Factors Influencing Program Success and Sustainability

A major goal of the evaluation was to assess what specific Initiative inputs might have led to the observed successes of the Initiative. Identifying those factors helps to provide additional direction to the Initiative's development efforts via technical assistance offered by program and evaluation coaches. To assess which factors of community characteristics, program capacity elements and outputs

Figure 7: Distribution of grantees with varying degrees of expected sustainability of programs post-award, N = 33.

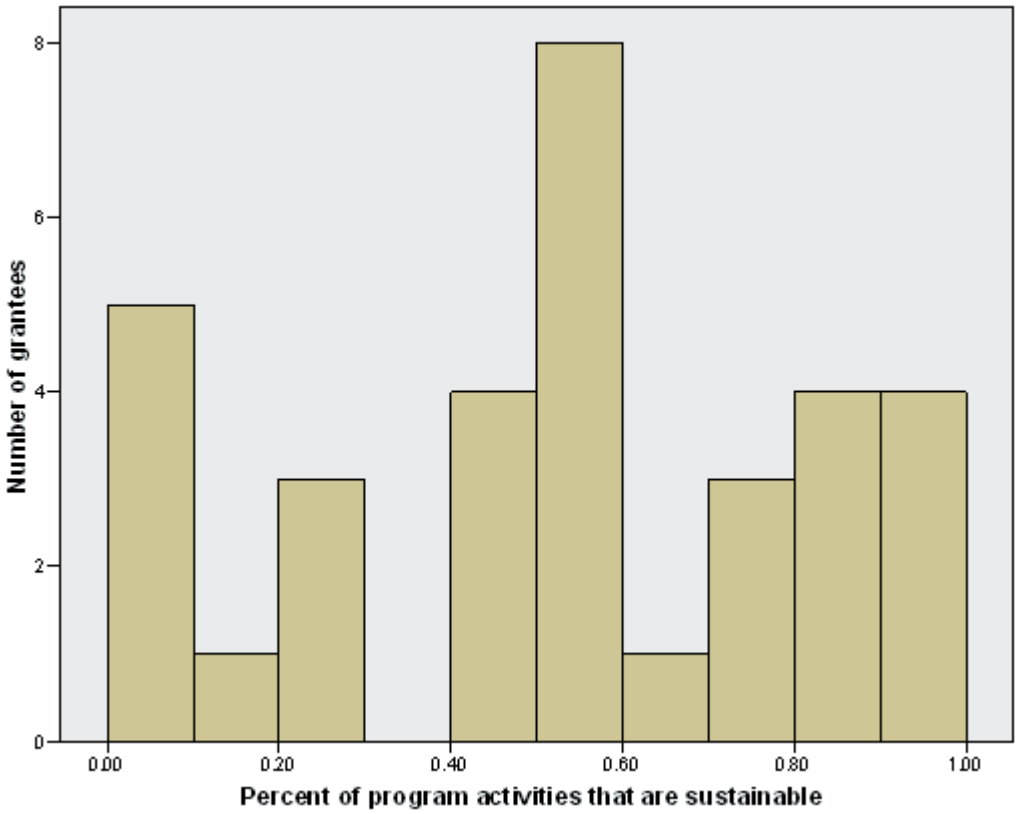


Table 7. 2005 Grantees with more than 80% sustainability

Columbia/Boone County Health Department
Douglas County Health Department
Jefferson County Health Department
Mark Twain Forest Regional Health Alliance
Polk County Health Center
Saint Louis County Department of Health

were associated with program success and sustainability, each of the factors was correlated with those Initiative outcomes. The correlations are presented in Tables 3 and 4 and Appendix L. The findings are discussed below.

Program capacity elements and success

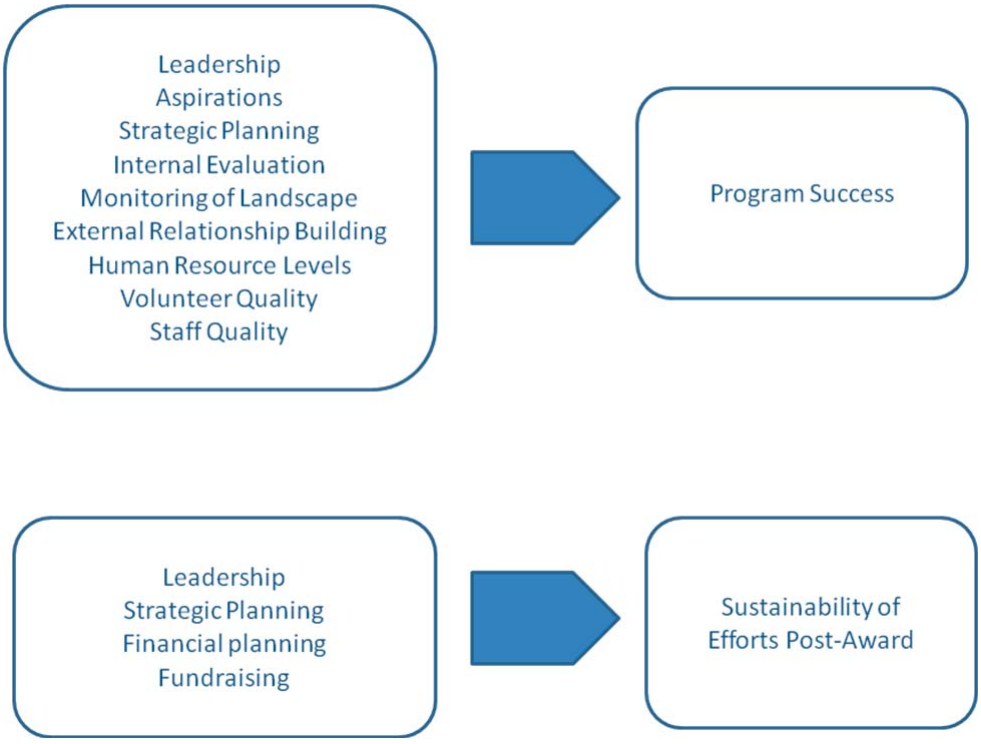
To further assess which inputs of the Initiative could have led to its successes, the rated elements of grantee program capacity (listed in Table 2 above) were also tested as factors of success. Many capacities were significantly correlated with total program success. In order of magnitude beginning with the greatest, the significant factors of success were: leadership, aspirations, strategies, monitoring of landscape, external relationship building, human resource levels, volunteer quality and staff quality. The correlations are displayed above in Tables 3 and 4, and a visual overview of the findings is presented in Figure 8.[20]

Most of the factors of success are currently grantee strengths (e.g., leadership, external relationship building) as described above in the section on 'Summative Evaluation of Grantee Capacity'. These capacities are generally fine across the Initiative. However, there is some variability among the grantees in those critical areas of capacity; some grantees were rated as having low leadership capacity and others had formed few external partnerships. Those individual grantees could benefit from specialized program coaching and peer support.

Other factors of success are capacity areas that were rated as needing improvement across the Initiative (e.g., human resource levels, internal evaluation, strategies for program replication and development). Those capacity areas are priorities for improvement, more so than other capacity elements that were not associated with program success. Initiative-wide training (e.g., peer sharing at the convening, workshops, online courses) could help to improve those capacities generally.

The critical success factors are described and illustrated in more detail below.

Figure 8. Program capacity elements that are significant factors of success and sustainability.



[20] Other capacity elements were marginally significantly related with total success: interfunctional coordination, as well as public relations and marketing. Also, a marginal trend of revenue generation was a negative one with total success, suggesting that programs that charged fees for services or sold products tended to be less successful. These marginally reliable trends should be interpreted with caution, however, and the next report will attempt to replicate the associations.

Factors of success that are currently areas of grantee strength: Foremost, successful grantees tended to have more effective leadership. That success could be due in part to the ability of those leaders to pursue their aspirations via logical strategies that included plans for growing program outputs and creating new program elements that would allow current programming to more fully satisfy the needs of the community. In support of that explanation, leadership capacity was also associated with strategic capacity.[21]

Grantees with relatively advanced abilities to build external relationships (requiring monitoring of community landscape) were more likely to have successful programs. The raw number of reported partnerships was only marginally significantly correlated with total success, perhaps indicating that the quality of a partnership, rather than the number of partnerships, is instrumental in program success. Overall, those grantees with more visibility and impact tended to have multiple, mutually beneficial partnerships with influential organizations in the community.

Factors of success that are priority areas for improvement: Human resource levels. The correlation between the ratings of human resource levels and program success indicate that lower staffing levels and turnover noticeably detracted from program success. This finding was not significantly moderated by indicators of program scope, such as the targeting of the community level or the number of schools involved. Beyond the loss of project knowledge that results from staff turnover, grantees described how project participants' motivation is also affected by the interruption and change to program delivery. It is a recoverable loss, although one that takes time. One grantee described the impact in this way:

> *The staff turnover has been tough on us at the very beginning of this project. We've gone through a lot of change and because of that it's been difficult to be able to meet the requirements that we've been trying to do. I think we've got them, but I could see if we would have had consistent staff, it would have been much better. We would be much further along than where we're at. We've been pretty stable for this few months and I think we're definitely seeing a good response for having consistent people there.*

Strategic planning. Strategic planning for program replication and new program development are also priorities for improvement given their associations with program success but relatively low prevalence among grantees. Programs with strategies for replication had continually sought new locations, targets, and participants for their activities, and were adept at getting community members and organizations to buy-in to the mission of the program. Programs with strategies for new development had persistently assessed the needs and resources in their community and had continued to design additional program activities to match those needs with resources throughout the grant period.

Internal evaluation. Although the quality of internal evaluation design was not correlated with program success, the extent that grantees had analyzed evaluation data and incorporated the findings into program adjustments was a factor of success. This finding indicates that designing evaluation alone is not sufficient for program success. It is also necessary to analyze data during the grant period so that the results can be used to make informed adjustments to programming. Demonstrating how evaluation data can be used to improve program success, program adjustment was found to be correlated with other factors of success that require using a feedback loop: monitoring of landscape, and interfunctional coordination.[22]

Internal evaluation is a critical area of improvement for grantees. Performance management and analysis were rated at level-2 capacity, on average. The rating reflects tendencies to only partially track program outputs and outcomes, to use non-validated measures, or to incompletely analyze data. The grantees with particularly strong internal evaluation plans tracked specific individuals throughout their programs, had a control group, tracked number of interactions with specific individuals (dosage), tracked physiological measures, and analyzed data.

Several H&AC grantees have some of these strengths in their internal evaluation plans. For example, the St. Louis County Health Department's internal evaluation plan calls for a pre and post-test of student participant self-report behavior. Also, they worked with a school who was not participating in their program to administer the survey as a control group.

[21] $r(30) = .59$, $p < .001$

[22] One-tailed Pearson correlations with internal evaluation: $r(30) = .48$, $p < .01$, $r(30) = .43$, $p < .01$.

Also, the Douglas County Health Department is tracking individual participants pre- and post- intervention. They are tracking individual students using anonymous identifier codes in order to match their pre and post test answers. They are documenting knowledge of concepts learned during their program. Additionally, they are tracking participants' self-reported nutrition and physical activity, as well as their confidence in making healthy choices.

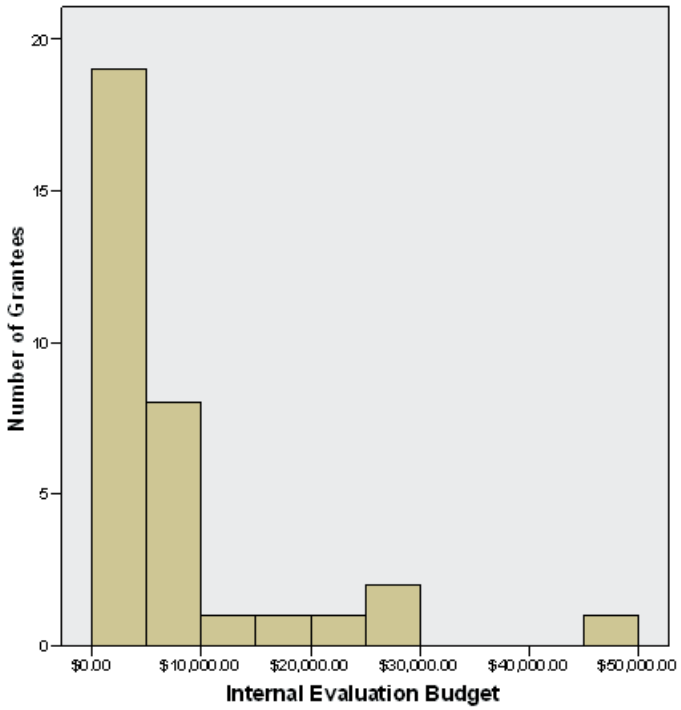
Lastly, the Healthy Communities of St. Charles' evaluation plan exhibits other strengths. They are collecting pre- and post- intervention measures of participants' reported steps taken each day, physiological measurements of participants, and participation data. Tracking a participant's reported steps taken each day allows them to see if people who walk more show greater success. If a person in the program walking 1,000 steps each day loses less weight than a person walking 10,000 steps each day, it is likely that the weight loss can be attributed to participation in the walking program.

Pre-planning for evaluation could have limited grantee internal evaluation capacity. For each of the 2005 and 2006 grantees, the total requested award from MFH and budgeting information was taken from each grantee's proposal. Although requested awards were substantial (most greater than $250,000), the most common budgeted amount for internal evaluation expenses was $0. Figure 9 displays the distribution of explicit internal evaluation budgets. Nearly half of the grantees (48.5%) did not explicitly budget for internal evaluation expenses, but instead incorporated payment for evaluation activities into other salaried project roles.

The percentages of grantee awards that were budgeted for internal evaluation were significantly positively correlated with each grantee's rated degree of performance management and analysis capacity. [23] Thus, grantees who had explicitly budgeted for internal evaluation activities were more likely to have tracked both project outputs and outcomes on a repeated basis, and were more likely to have used internal data to make adjustments to the project.

More importantly, the percentages of grantee awards that were budgeted for evaluation was correlated with two types of program success: degree of concrete impact,

Figure 9: Number of grantees with internal evaluation budget, N = 32



[23] One-tailed Pearson correlation, r(29) = .41, p < .05

and changing the way the community worked together.[24] These findings collectively indicate that budgeting for internal evaluation is required for conducting an internal evaluation that allows findings to be translated into program adjustments and successes.

Program capacity elements and sustainability

Most of the factors of sustainability are currently grantee strengths (e.g., leadership, financial planning, funding) as described above in the section on 'Summative Evaluation of Grantee Capacity'.

Other factors of sustainability are capacity areas that were rated as needing improvement across the Initiative (e.g., strategies for program replication and development). Those capacity areas are priorities for improvement, more so than other capacity elements that were not associated with program sustainability. Initiative-wide training (e.g., peer sharing at the convening, workshops, online courses) could help to improve those capacities generally.

The critical sustainability factors are described and illustrated in more detail below.

Factors of sustainability that are priority areas for improvement.

As with program success, key factors of sustainability were strategic planning for program growth and development in response to community needs. While most grantees need to develop these capacities more, some grantees can serve as models. One grantee described how a project can take on a life of its own within the broader community:

> *Well they just took ownership. We presented the idea to them, initially to a couple of their volunteer types. Next thing we know, we've got their paid staff involved and they're coming. I mean it's always great when you ask "are you interested?" and they start presenting you ideas.*

A particularly innovative and effective approach to engaging the community in healthy and active programs was to allow residents to design their own activities. Both the University of Missouri-St. Louis (UMSL) and the Polk County Health Department described a vision and sets of possibilities to residents, and then solicited project pitches from residents. In UMSL's work, residents of Scott County developed individual plans to build basketball courts or playground equipment in their neighborhoods. Similarly, Polk County allocated $5,000 to school-based partners with their MFH award. These funds leveraged resources in the school and helped create walking trails, buy equipment for school kids, and provide access to environments where community members could engage in physical activity. Furthermore, this money was being used to create items that are inherently sustainable such as walking trails around schools. Once constructed, those trails will be there for decades with minimal upkeep. Also, any equipment purchased will stay with the schools for years providing necessary materials for physical education teachers and others to implement healthy and active lifestyles in the schools.

Targeting of school and community and program success

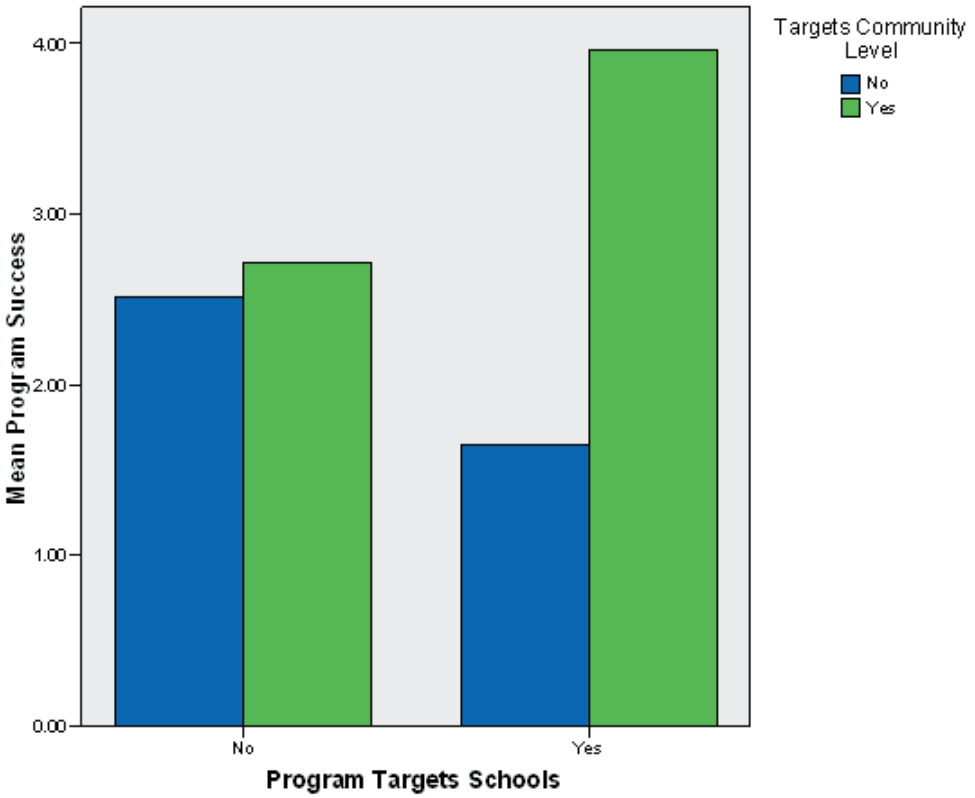
Generally, grantees that targeted the community level of the socio-ecological model were significantly more successful (mean = 3.34, s.e. = .29) than those that targeted only limited numbers of individuals or specific organizations (mean = 2.08, s.e. = .51). A crosstabulation of school and community targeting shows that grantees that targeted the broader community tended to also target schools. Only 15% of grantees that targeted schools did not also target the broader community. Grantees that targeted both tended to be more successful than grantees that only targeted one or neither. Whereas the success of targeting the community level is a reliable finding, it should be noted that the greater success of targeting both school and community is marginally reliable ($p = .08$). Next year's report will attempt to replicate the pattern. Figure 10 displays the pattern of means, and the details of the analysis can be viewed in Appendix O.

It is not the case that grantees that targeted schools and/or community levels had more MFH funding or more partnerships or human resource levels. Instead of more resources, those programs had greater scope of targeting that appeared to translate into greater success by addressing multiple sources of influence in Missouri communities.

A similar pattern was found with targeting of schools and external relationship building capacity. Those factors are weakly correlated (also marginally reliable), indicating a trend for grantees that target schools to have more developed partnerships and community presence.[25] The

[24] One-tailed Pearson correlations, $r(30) = .27$, $p < .07$, $r(30) = .33$, $p < .05$.
[25] $r(31) = .25$, $p = .08$

Figure 10: Total program success by targeting of schools and community levels, N = 32, range of success: 0 – 6.



analysis testing the combination of school targeting and external relationship development showed that grantees that targeted schools tended to be more successful if partnerships and community presence were strong. The pattern is marginally reliable (p = .08), and next year's report will attempt to replicate the pattern. The details of the analysis can be viewed in Appendix O.

To illustrate these findings, the Clearwater R-1 School District has someone on staff that not only implements the project, but has convinced others in the district about the importance of health. The school has also been able to institutionalize the ideas of H&AC Initiative into the day to day activities of the organization and behind the scenes. They added participating in the activities into the Career Ladder program for teachers and staff. Her work has resulted not only in the creation of a weight room and dance/aerobics room as proposed in the grant but has also resulted in vending machine policy changes in the elementary, middle, and high school. Furthermore, additional physical education time has been granted for elementary school students by the school board. These types of policy changes would not have happened if the person driving the grant did not engage parents and school-board members to buy-in to the healthy and active mission. Clearwater staff could have just purchased equipment and made sure it was installed correctly. Instead they are using the purchased equipment as a rallying point in the community to emphasize the importance of physical activity. They have opened up use of the new facilities to staff and their families, and the grant coordinator is planning on approaching the local for profit fitness center to collaborate and work together.

Another notable grantee that has linked school programs to broader community efforts is the New Madrid County Health Department. All ages are targeted by the Health Department, with specific programming for each. The Health Department took stock of community resources, and then reached out to those local school districts, senior centers, and 5 churches in the region. Since the pastors of the churches in the community do not live in the community, the health department staff worked with the pastors to identify members of the church who were

local residents to be captains for the program within the church. Residents who were home health care workers trained in physical fitness or nutrition were hand-picked to lead the charge. A synergy was created between church- and school- settings; school children who attend church with their families received program exposure in multiple waves, and family members were given more opportunities to interact in healthy activities together. Also, as in Clearwater, school resources were applied to the broader community by opening up gymnasiums beyond school hours for community use.

In summary, there are trends to watch with the targeting and involvement of the greater community, including partnering organizations. The findings suggest that those grantees targeting schools were more successful when partnerships were mutually beneficial and involved powerful community organizations. This finding conforms with conventional models of health behavior change, including the U. S. Department of Health and Human Service's Healthy People 2010 plan, that predict greater impact by programs that target multiple levels of influence in the socio-ecological model. The evaluation team's preliminary findings support the socio-ecological model's theory that multiple levels of intervention are better. If this finding is maintained in the final year of evaluation, the H&AC Initiative grantees' stories could be valuable evidence in promoting the use of multi-level approaches to obesity prevention.

Community characteristics

The only community characteristic that was significantly correlated with success was population density. A similar, although marginally reliable trend, was observed for sustainability. The correlations, in both cases, were negative, indicating that grantees in more rural communities tended to have more successful and sustainable programs. This could be because more policies (a sustainable activity that impacts large numbers of people) were implemented by grantees in rural communities (mean = 5.6, s. d. = 6.3) than in urban communities (mean = .79, s. d. = .80).[26] Also, only rural grantees had built trails to support physical activity. These findings do not necessarily imply that urban grantees' choices of activities were less strategic. Instead, the urban environment might not afford policy change or physical infrastructure development as the rural environment does. Urban communities typically already have sidewalks, but safety concerns might prevent residents from using those for physical activity. Policy change could be hindered by greater bureaucratic complexity in urban settings. Thus, the community characteristics that accompany rural and urban settings could have influenced grantees' choices of program activities, but the definitions of program success and sustainability used in this evaluation could have been less fitting for urban programs.

Community poverty levels were not directly related to total program success.

Capacity factors of success do not depend on community characteristics

The preceding sections of the evaluation findings have described patterns that hold generally across the entire Initiative. The 2007 evaluation model allowed for the possibility that different types of communities (e.g., higher vs. lower poverty) could require different kinds of organizational capacities to ensure the success of a program. No evidence was found for that possibility.[27] The significant organizational capacities influencing program success did not depend on the level of poverty in the grantees' communities or the population density of those communities. Thus, the program inputs of leadership, strategic planning, human resource levels and partnerships are equally important for grantees in all of the areas in the MFH service region.

Community characteristics matter: different ways of building sustainability

The factors of success are the same for grantees with different community characteristics. However, grantees in different types of communities (e.g., rural vs. urban) built the sustainability of their programs in different ways.

Community poverty rates. The impact of sheer numbers of partners on sustainability depends on the poverty rate of

[26] Two-tailed, independent-groups, $t = 3.312$, $p < .01$.

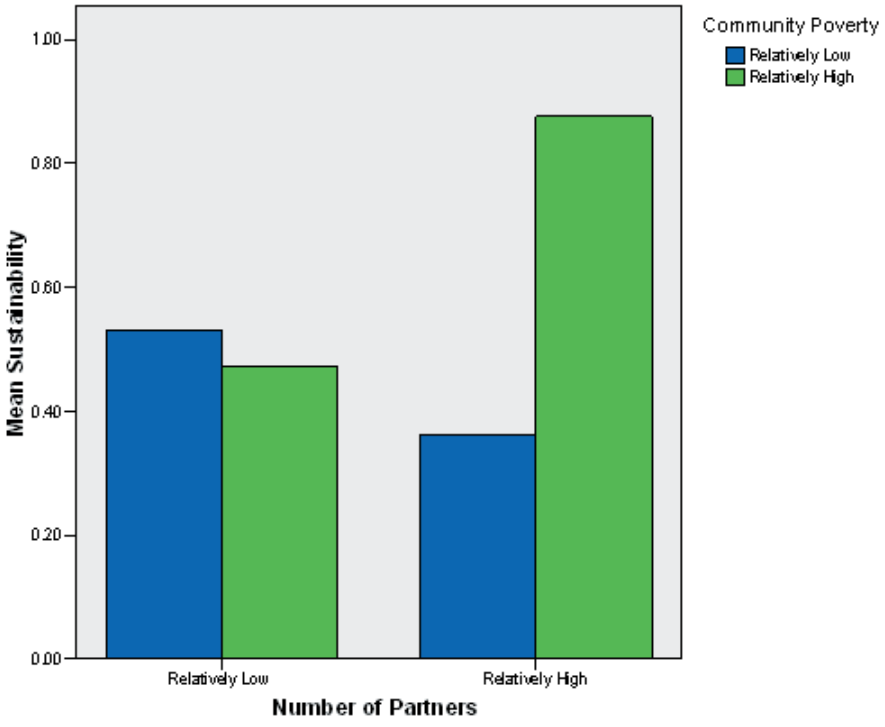
[27] Combinations of community factors, as well as community factors with program capacity elements, were also tested in multiple regressions or general linear models to establish whether any particular combination is associated with greater program success or sustainability. Only two-way interactions were tested given the low sample size and resulting low statistical power. Most combinations among factors were not associated with differences in program success or sustainability after controlling for the factors alone. With three exceptions, combinations of these variables were tested and were observed to be nonsignificant: targeting of schools, targeting of communities, population density, poverty rates, human resource levels, strategies, number of partnerships, external relationship building, and community readiness. Two of the significant exceptions are described in the section on 'Targets of Programs and Success' above: the target school x target community combination, and the target school x external relationship building combination.

the grantee's community. The number of partnerships that grantees built was more strongly related to sustainability in communities with relatively higher poverty. Figure 11 displays the pattern of means, and the details of the analysis can be viewed in Appendix Q. It is not the case that grantees in poverty-stricken communities developed more partnerships than grantees in other communities. Instead, the data suggest that the number of partnerships is especially important for sustainability in relatively poor communities. It is possible that the partner organizations for H&AC grantees in these communities have low sustainability, themselves. If so, the partners' instability would affect grantee stability, as well. Generally, if each single partnership is contributing less to sustainability of efforts in poverty-stricken communities, public health organizations will need to expend extra effort in building broad, impactful coalitions than would be needed in more affluent communities.

Old North St. Louis Restoration Group exemplifies this trend by having collaborated with 8 partners to provide their programming, and many of those program activities are sustainable. The grantee coordinates several farmers to provide a market that also generates revenue used to contract with Hopebuild and other organizations to offer education to the public. The Whole Kids Outreach project was also established with sustainability in mind. In a rural area with few resources, the primary health and social service groups in the region came together to pool resources as much as possible into the Mark Twain Forest Regional Health Alliance. On the other hand, an exception to the pattern in poverty-stricken communities is St. Louis for Kids. They have high sustainability with their train-the-trainer approach, but reported having accomplished their healthy and active programming with relatively few partners.

Rural and urban communities. Grantees in rural and urban communities also built sustainability in different ways. Generally, policy implementation seems to be a mechanism for sustainability in rural communities, but requires partnerships to accomplish.[28] As described above, rural programs tended to be more sustainable, perhaps because more policies (a sustainable activity) were implemented by

Figure 11: Sustainability by community poverty and number of partnerships



[28] Two-tailed Pearson correlation between number of partnerships and number of policies implemented, r(31) = .57, p < .001.

grantees in rural communities than in urban communities. The resulting significant interaction between rural status and number of policies on sustainability (statistical details in Appendix R) warrants more examination in future evaluations of the Initiative. Urban sites tended to pursue sustainability of efforts in ways other than policy implementation. It is possible that organizational and community bureaucracy is more complex in urban environments, thus making policy implementation more difficult.

Summary

Overall, the Initiative has positively impacted the lives of Missourians living within MFH's service region. In fulfilling Goal 1 of the Initiative, grantees have educated their communities on the importance of healthy and active living. For Goal 2, grantees have increased opportunities for physical activity, have improved access to healthy foods, and have built facilities in their communities that will have a lasting impact on the environment within which people make decisions about their health. Grantees have also changed school and workplace policy, making progress to fulfill Goal 4. The policy and environmental changes that have been created will continue to have lasting impact on the well-being of future generations of community members.

The success of the projects is no doubt a result of the care that was taken in assessing the needs and interests of the communities. Grantees have worked hard to engage the community in their mission and activities, and as a result have developed mutually beneficial partnerships that add their own resources and services (Goal 3 of the Initiative). The ideals and goals of the Healthy & Active Communities Initiative will be sustained through these partnerships.

The findings of the year one evaluation were replicated and extended in year two. Building community coalitions, use of existing community resources, and the talent of grantee staff clearly translated into impact on community awareness and behaviors. The challenges identified in the first year of the Initiative were also observed in the second year. Namely, retaining project staff, internal evaluation capacity, and maintaining broad participation by community members continued to be common obstacles. On the basis of both years' evaluation, the team has outlined six themes to ensure the success and sustainability of the Initiative in the coming years.

Partnerships matter

Many H&AC grantees have fostered significant partnerships with other community organizations, businesses, health care providers, community members, and local governments to name a few. These partners help create a sustainable program by contributing resources, providing insights, and linking programs to their target population. Developing consensus, bringing partners to the table, and leveraging resources takes time and effort. Whereas many will agree that collaboration with key partners is hard work, it is also characteristic of successful programs.[29,30]

Human resources quality and retention are key

Among H&AC grantees, a variety of human resource characteristics led to more successful programs. This includes effective leadership, low staff turnover, and good volunteer and staff quality. Effective leadership was found to be an overall strength among grantees, whereas staff retention needs improvement. The organizational memory, experience, and wisdom that staff develop help organizations run successful programs. Additionally, as staff stay in positions, they have the opportunity to develop professionally and improve their skills. Consequently, grantees that actively minimize staff turnover or mediate the effects of staff turnover while providing leadership and professional development opportunities for staff can contribute significantly to the likelihood of a successful program.

The challenges of retaining staff and managing staff transitions are not unique to MFH H&AC grantees,[31, 32] nor are they limited to non-profits [33,34] in general. Working to minimize staff turnover or buffer the effects of

29 Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Reviews*, 19, 173-202.

30 Gamm, L. D. (1998). Advancing community health through community health partnerships. *Journal of Healthcare Management*, 43(1), 52-66.

31 Lynn, D. B. (2003). Symposium: Human resource management in nonprofit organizations, *Review of Public Personnel Administration*, 23, 91.

32 Hinden, D. R., & Hull, P. (2002). Executive leadership transition: What we know. *The Nonprofit Quarterly*, 9(4).

33 Cotton, J. L., & Tuttle, J. M. (1986). Employee turnover: A meta-analysis and review with implication for research. *Academy of Management Review*, 11(1), 55-70.

34 Podsakoff, N. P., LePine, J. A., & LePine, M. A. (2007). Differential challenge stressor–hindrance stressor relationships with job attitudes, turnover intentions, turnover, and withdrawal behavior: A meta-analysis. *Journal of Applied Psychology*, 92(2), 438-454.

staff turnover have the potential to foster further success among grantees. The next step is to identify strategies for retaining staff and designing plans for efficient project director transitions.

Successful programs plan for replication and development
Strategic planning was found to be a key factor of program success and sustainability, and strategic capacity was generally high across the Initiative. However, planning for program replication and new development could be improved. Programs with strategies for replication had continually sought new locations, targets, and participants for their activities, and were adept at getting community members and organizations to buy-in to the mission of the program. Programs with strategies for new development had persistently assessed the needs and resources in their community and had continued to design additional program activities to match those needs with resources throughout the grant period. The continued success and sustainability of programs could benefit from coaching and guidance in those types of post-award strategies.

Community characteristics play a role
The evaluation team identified community characteristics and conditions that play a role in the grantees' ability to implement successful and sustainable programs. The community conditions include the population density (influencing success and sustainability), and the concentration of poverty in the area (influencing sustainability). Specifically, grantees in more rural communities tended to have more successful and sustainable programs, perhaps because more policies and physical infrastructure (both sustainable activities) were implemented by grantees in rural communities than in urban communities. The urban environment affords different types of program impact, however. Urban communities have existing infrastructure to support physical activity, but residents' safety concerns could prevent them from using it. Policy change could be hindered by complex bureaucracy. Grantees cannot control these conditions, but recognizing them and incorporating them into program planning is necessary for successful program implementation. For example, community poverty levels play a role in program sustainability by changing the weight of partnerships – more are needed for sustainability in communities with relatively high poverty.

Internal evaluation improves success
Designing evaluation alone is not sufficient for program success. It is also necessary to analyze data during the grant period so that the results can be used to make informed adjustments to programming. Generally, H&AC grantees need to strengthen evaluation and data analysis capacity. There is a tendency among H&AC to only partially track program outputs and outcomes, to use non-validated survey tools, or to incompletely analyze data. Thorough and accurate evaluation of program process and outcomes requires substantial planning before implementation, however. Grantees with greater evaluation capacity tended to have budgeted money specifically for that purpose, had consulted with a professional evaluator with training in research methods to write an evaluation logic model and identify measures, and had contracted with an evaluator to execute that plan so as to free up program staff to focus on program activities. The most informative program evaluations had conducted several rounds of data collection and analysis (about every 6 months). Data entry was particularly time-consuming for those grantees with large numbers of participants. Some grantees had commissioned databases to be set up and designed procedures that would allow front-line staff to enter data as it was being collected. The distributed labor, paired with a pre-planned script for analysis, allowed those programs to track program performance nearly in real-time. For example, the Clearwater School District purchased and used the FitnessGram software to track students' BMIs, percent body fat, and physical fitness abilities over time.

Many grantees have requested assistance with their internal evaluation, particularly the analysis of data and reporting of findings. In the evaluation team's assessment of many projects' interim reports and documentation, nearly all of the projects that have conducted pre- and post-assessments are potentially not capturing the full impact on participants' outcomes. Revealing the true successes of individual participant changes requires 1) keeping track of which participants have completed both the pre- and post- assessments, and then 2) calculating changes only for those. Showing that participants who attend the program more often have more positive outcomes than participants who attend less often can also help to show program effectiveness. The evaluation team will conduct workshops for grantees in 2008 (described in Appendix K) on tracking individual participant contacts with the program and using that information to calculate full program impact.

Another common request from grantees is for standard, effective outcome measures. In community-based health programs, asking participants to self-report their own physical activity levels and food consumption is essential in demonstrating program impact. A survey of participants' self-reports allows the evaluator to document information or activities they would not be able to observe or measure otherwise. The evaluation team has identified several validated self-report tools, listed with descriptions in Appendix S, which may assist grantees in their internal evaluation plans.

Allowing adequate resources for evaluation, recruiting the right evaluation skills, and completing evaluation in a timely manner are all characteristics of H&AC grantees that have demonstrated having met their short- and long- term output and outcome objectives. Beyond merely documenting the efficacy of a program, grantees who effectively evaluate individual programs will have a better understanding of their successes and challenges. This understanding can help to improve the reach and effectiveness of programs through feedback and monitoring of progress.

Grantees seek to engage and motivate community members

Community engagement was a prominent type of success across the Initiative. The extent of engagement did vary among the communities, with some grantees having more success than others. Also, some grantees had met their objectives in recruiting participants but struggled to engage community members as active components of programs. A common request from grantees is for successful strategies for recruiting participants and fostering continued participation in program activities and evaluation (particularly parents in school-based projects). This particular challenge is an ongoing struggle from establishing partnerships, to recruiting participants, maintaining participation and cooperating in evaluation. This difficulty is not unique to MFH H&AC grantees[35,36] nor is it limited to healthy and active community work[37,38] in general.

The next step is to identify a list of intervention components and social marketing strategies that emphasize motivational/volitional approaches and have documented increased program participation and completion rates.

Conclusion

Based on findings from years one and two, the H&AC Initiative is on track for achieving its goals. Grantees have made and continue to make strides in changing both individual behavior (H&AC Goal 1) and community access to physical activity opportunities and healthful foods (H&AC Goal 3). Grantees have developed partnerships that enable them to facilitate these changes (H&AC Goal 2). They have educated their communities on the importance of healthy and active living. Finally, grantees are beginning to translate these changes into workplace, school and local policies (H&AC Goal 4), which solidify them as part of the community environment. As the H&AC grantees achieve their goals, they are contributing to the success of the Initiative as a whole. The ultimate goal of the third year of the evaluation will be to assess and report on the successes of the Initiative across all three years and provide recommendations for future directions.

[35] Brill, P. A., Kohl, H. W., Rogers, T., et al. (1991). The relationship between sociodemographic characteristics and recruitment, retention, and health improvements in a worksite health promotion program. *American Journal of Health Promotion*, 5(3), 215-221.

[36] Hans-Joachim, F., Z., Friebe, D., Seppelt, B., et al. (1999). Perceived benefits and barriers to physical activity in a nationally representative sample in the European Union, *Public Health Nutrition*, 2(1a), 153–160.

[37] Kabat-Zinn, J., & Chapman-Waldrop, A. (1988). Compliance with an outpatient stress reduction program: Rates and predictors of program completion. *Journal of Behavioral Medicine*, 11(4), 333-352.

[38] Hurley, S. F., Jolley, D. J., Livingston, P. M., et al. (1992). Effectiveness, costs, and cost-effectiveness of recruitment strategies for a mammographic screening program to detect breast cancer. *Journal of the National Cancer Institute*, 84(11), 855-863.

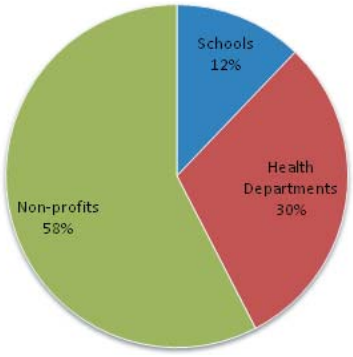
APPENDICES CONTENTS

Appendix A:

H&AC Grantee Program Characteristics

Fifteen sites were funded in January of 2005, and eighteen additional sites were funded in January of 2006. Of the 33 sites, four are school districts, ten are county health departments and 19 are non-profit organizations (see Figure 1).

Figure 1: Grantee Organization Type



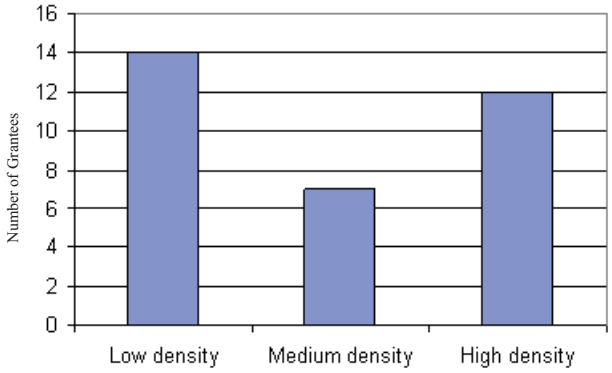
The non-profits included places that would traditionally be considered "healthy and active" such as YMCAs. However, grantees also included community coalitions, faith based organizations, national non-profits, and local agencies. While only four schools were grantees, many of the health department and non-profit groups partnered with schools. Using data collected as of October 18th, 58.1% of programs targeted school children, 51.6% of grantees targeted children in after school programs, and 23.3% targeted pre-school children. Clearly, this initiative focused heavily on youth but programs also targeted seniors, the general community, work sites, and health care (see Table 1).

Table 1: Percent of programs that target different population segments

Target	Percent of Programs
School	58.1
After School	51.6
Pre-School	23.3
Community	76.7
Work site	53.3
Health care	40.0
Seniors	9.0

The programs operated primarily in low and high density regions of MFH's service area with far fewer programs in the medium density areas (see Figure 2).

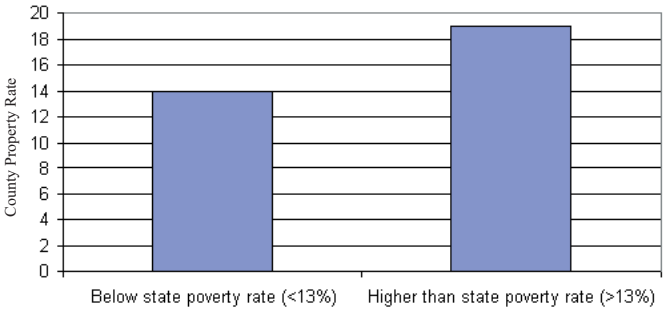
Figure 2: Population density of grantee area



All of the grantees classified as high density were located in St. Louis City whereas the low density sites were scattered across the state and the medium density sites were in the Springfield area or suburban St. Louis.

Currently thirteen percent of Missourians live under the poverty level.[1] Nineteen of the 33 Healthy & Active grantees were located in counties with poverty rates that were higher than the state percentage whereas 14 grantees were located in counties with lower poverty rates than the state (see Figure 3).

Figure 3: Grantees by county poverty rate

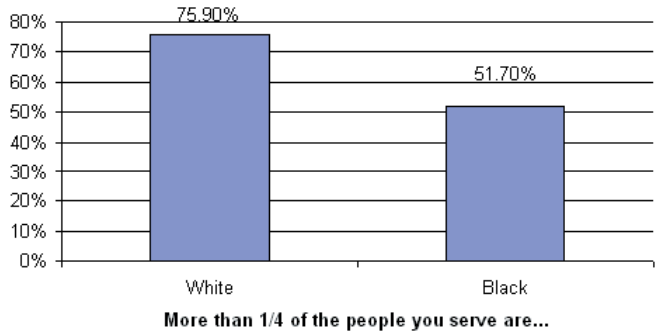


Grantees also chose the groups they targeted with their projects. Grantees were asked to identify their targeted groups by completing the statement "more than ¼ of the people you serve are ____" Figure 4 demonstrates that whites were the largest target population followed by

[1] Missouri Quick Facts from the U.S. Census Bureau. http://quickfacts.census.gov/qfd/states/29000.html

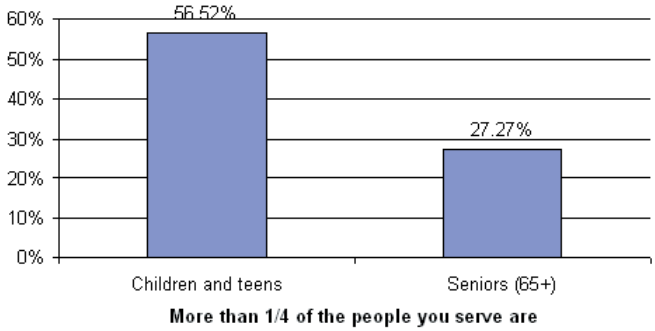
African – Americans. Other programs targeted different ethnic and racial groups but they did not consist of over 25% of the project's participants.

Figure 4: Target racial groups



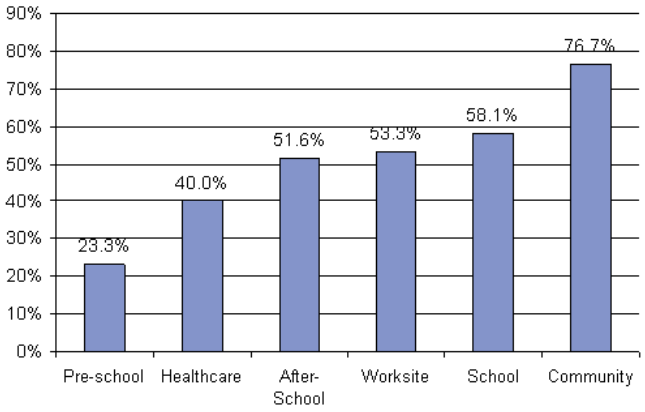
Similarly, grantees were asked to identify the age group that made up 25% of their participants or more. Children and teens were targeted more heavily than seniors as Figure 5 shows.

Figure 5: Target age groups

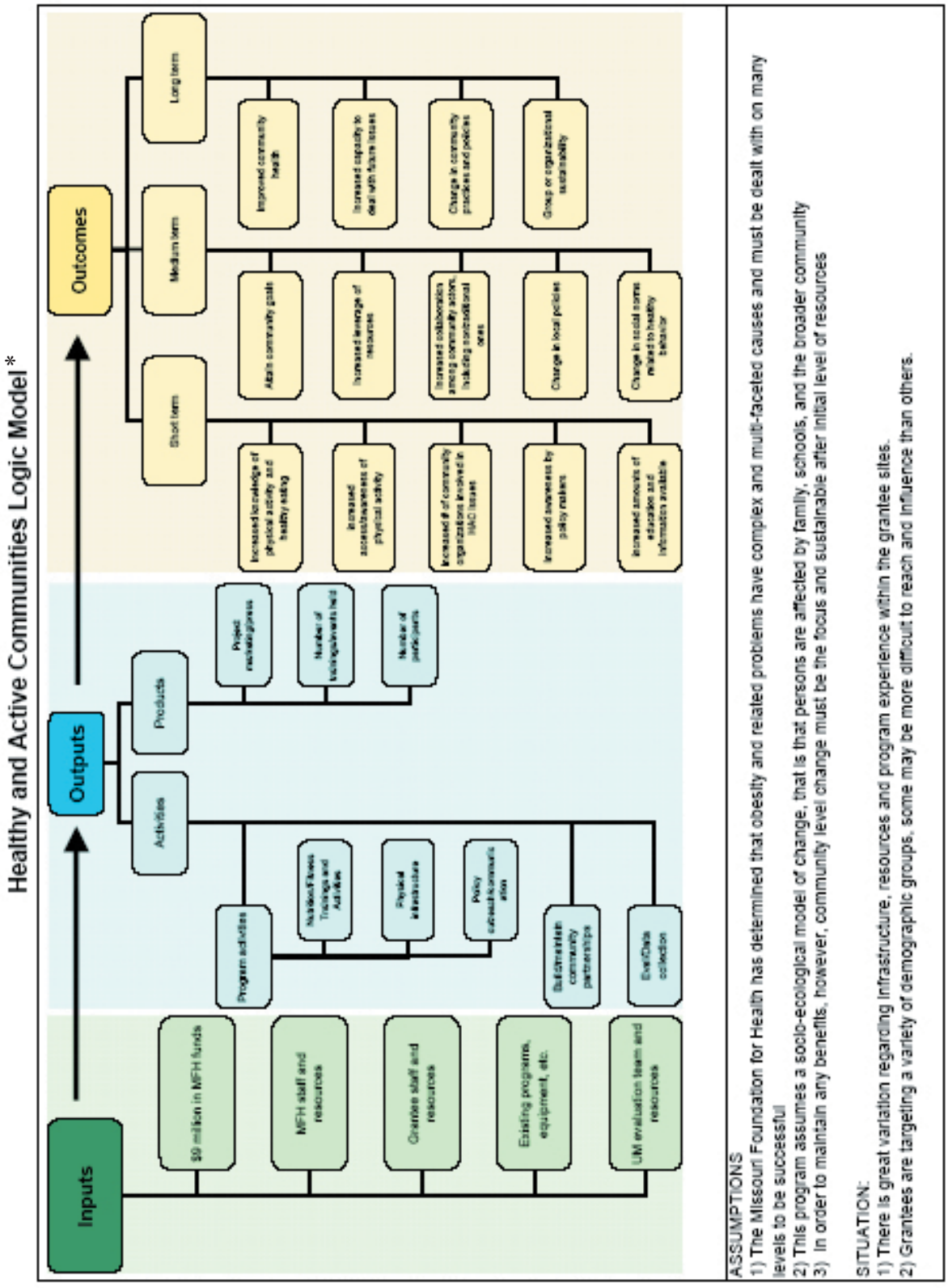


Grantees also had their choice of settings. Figure 6 shows the diversity of the settings grantees chose. Over three-quarters of grantees targeted the broader community level of the socio-ecological model for their project while less than a quarter focused on pre-school settings.

Figure 6: Target settings



Appendix B: Logic Model



*See p.11 for a discussion of the H&AC Logic Model.

Appendix C: Modified McKinsey Tool*

I. Aspirations	**1. Clear need for increased capacity**	**2. Basic level of capacity in place**	**3. Moderate level of capacity in place**	**4. High level of capacity in place**
Mission	No written mission or limited expression of the program's reason for existence; lacks clarity or specificity; either held by very few in program or rarely referred to	Some expression of program's reason for existence that reflects its values and purpose, but may lack clarity; held by only a few, lacks broad agreement or rarely referred to	Clear expression of program's reason for existence which reflects its values and purpose; held by many within program and often referred to	Clear expression of program's reason for existence which describes an enduring reality that reflects its values and purpose; broadly held within program and frequently referred to
Overarching Objectives	Program objectives (if exist) not explicitly translated into small set of concrete goals, through there may be general (but inconsistent and imprecise) knowledge within program of overarching objectives and what it aims to achieve	Program objectives translated into a concrete set of goals; goals lack at least two of following four attributes: clarity, boldness, associated metrics, or time frame for measuring attainment; goals known by only a few, or only occasionally used to direct actions or set priorities	Program objectives translated into small set of concrete goals, but goals lack at most two of following four attributes: clarity, boldness, associated metrics, or time frame for measuring attainment; goals are known by many within program and often used by them to direct actions and set priorities	Program objectives translated into clear, bold set of (up to three) goals that program aims to achieve, specified by concrete to measure success for each criterion, and by well-defined time frames for attaining goals; goals are broadly known within program and consistently used to direct actions and set priorities
II. Project Strategy	**1. Clear need for increased capacity**	**2. Basic level of capacity in place**	**3. Moderate level of capacity in place**	**4. High level of capacity in place**
Overall Strategy	Strategy is either nonexistent, unclear, or incoherent (largely set of scattered initiatives); strategy has no influence over day-to-day behavior	Strategy exists but is either not clearly linked to mission, concrete goals, and overarching objective or lacks coherence, or is not easily actionable; strategy is not broadly known and has limited influence over day-to-day behavior	Coherent strategy has been developed and is linked to mission and goals but is not fully ready to be acted upon; strategy is mostly known and day-to-day behavior is partly driven by it	Program has clear, coherent medium to long term strategy that is both actionable and linked to overall mission, goals, and overarching objectives; strategy is broadly known and consistently helps drive day-to-day behavior at all levels of program

See p.11 of the report for a description of the use of the McKinsey tool.

II. Project Strategy	1. Clear need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
Goals/Performance Targets	Targets are non-existent or few; targets are vague, or confusing, or either too easy or impossible to achieve; not clearly linked to aspirations and strategy, and may change from year to year; targets largely unknown or ignored by staff	Realistic targets exist in some key areas, and are mostly aligned with aspirations and strategy; may lack aggressiveness, or be short-term, lack milestones, or mostly focused on "inputs" (things to do right), or often renegotiated; staff may or may not know and adopt targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/ outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, through may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work	Limited set of quantified, genuinely demanding performance targets in all areas; targets are tightly linked to aspirations and strategy, output/ outcome-focused (i.e., results of doing things right, as opposed to inputs, things to do right), have annual milestones, and are long-term nature; staff consistently adopts targets and works diligently achieve them
Program relevance and integration	Core programs and services vaguely defined and lack clear alignment with mission and goals; programs seem scattered and largely unrelated to each other	Most programs and services well defined and can be solidly linked with mission and goals; program offerings may be somewhat scattered and not fully integrated into clear strategy	Core programs and services well defined and aligned with mission and goals; program offerings fit together well as part of clear strategy	All programs and services well defined and fully aligned with mission and goals; program offering are clearly linked to one another and to overall strategy; synergies across programs are captured
Program growth and replication	No assessment of possibility of scaling up existing programs; limited ability to scale up or replicate existing programs	Limited assessment of possibility of scaling up existing programs and even when judged appropriate, little or limited action taken; some ability either to scale up or replicate existing programs	Occasional assessment of possibility of scaling up existing programs and when judged appropriate, action occasionally taken; able to scale up or replicate existing programs	Frequent assessment of possibility of scaling up existing programs and when judged appropriate, action always taken; efficiently and effectively able to grow existing programs to meet needs of potential service recipients in local area or other geographies

II. Project Strategy	1. Clear need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
New Program Development	No assessment of gaps in ability of current program to meet recipient needs; limited ability to create new programs; new programs created largely in response to funding availability	Limited assessment of gaps in ability of existing program to meet recipient needs, with little or limited action taken; some ability to modify existing programs and create new programs	Occasional assessment of gaps in ability of existing program to meet recipient needs, with some adjustments made; demonstrated ability to modify and fine-tune existing programs and create new programs	Continual assessment of gaps in ability of existing programs to meet recipient needs and adjustment always made; ability and tendency efficiently and effectively to create, new, truly innovative programs to the needs of potential service recipients in local area or other geographies; continuous pipeline of new ideas
Funding Model	Program highly dependent on a few funders, largely of same type (e.g., government or foundations or private individuals)	Program has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders	Solid basis of funders in most types of funding source (e.g., government, foundations, corporations, private individuals); some activities to hedge against market instabilities (e.g., building of endowment); program has developed some sustainable revenue-generating activity	Highly diversified funding across multiple source types; program insulated from potential market instabilities (e.g., fully developed endowment) and/or has developed sustainable revenue-generating activities; other non-profits try to imitate program's funding-raising activities and strategies

III. Program Skills	1. Clear need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
Performance Management	Very limited measurement and tracking of performance; all or most evaluation based on anecdotal evidence; program collects some data on program activities and outputs (e.g., number of children served) but has no social impact measurement (measurement of social outcomes, e.g., drop-out rate lowered)	Performance partially measured and progress partially tracked; program regularly collects solid data on program activities and outputs (e.g., number of children served) but lacks data-driven, externally validated social impact measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and program impact of program and activities; multiplicity of performance indicators; social impact measured, but control group longitudinal (i.e., long term) or third-party nature of evaluation is missing	Well-developed comprehensive, integrated system (e.g., balanced scorecard) used for measuring program's performance and progress on continual basis, including social, financial, and program impact of program and activities; small number of clear, measurable, and meaningful key performance indicators; social impact measured based on longitudinal studies with control groups, and performed or supervised by third-party experts
Performance Analysis and Program Adjustments	Few external performance comparisons made; internal performance data rarely used to improve program and program	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve program	Effective internal and external benchmarking occurs but driven largely by top management and/or confined to selected areas; learnings distributed throughout program, and often used to make adjustments and improvements	Comprehensive internal and external benchmarking part of the culture and used by staff in target-setting and daily operations; highly awareness of how all activities rate against internal and external best-in-class benchmarks; systematic practice of marking adjustments and improvements on basis of benchmarking

III. Program Skills	1. Clear need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity
Planning				
Monitoring of Landscape	Minimal knowledge and understanding of other players and alternative models in program area	Basic knowledge of players and alternative models in program area but limited ability to adapt behavior based on acquired understanding	solid knowledge of players and alternative models in program area; good ability to adapt behavior based on acquired understanding, but only occasionally carried out	Extensive knowledge of players and alternative models in program area; refined ability and systematic tendency to adapt behavior based on understanding
Financial Planning/ Budgeting	No or very limited financial planning; general budget developed; only one budget for entire central program; performance against budget loosely or not monitored	Limited financial plans, ad hoc update; budget utilized as operational tool; used to guide/assess financial activities; some attempt to isolate divisional (program or geographical) budgets within central budget; performance-to-budget monitored periodically	Solid financial plans, regularly updated; budget integrated into operations; reflects program needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to-budget monitored regularly	Very solid financial plans, continuously updated; budget integrated into full operations; as strategic tool, it develops from process that incorporates and reflects program needs and objectives; well-understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored
Fundraising and Revenue Generation				
Fundraising	Generally weak fund-raising skills and lack of expertise (either internal or access to external expertise)	Main fund-raising needs covered by some combination of internal skills and expertise, and access to some external fund-raising expertise	Regular fund-raising needs adequately covered by well developed internal fundraising skills, occasional access to some external fund-raising expertise	Highly developed internal fund-raising skills and expertise in all funding source types to cover all regular needs; access to external expertise for additional extraordinary needs

III. Program Skills	1. Clear need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity
Fundraising and Revenue Generation				
Revenue Generation	No internal revenue-generation activities; concepts such as cause-related marketing, free-for services and retailing are neither explored nor pursued	Some internal revenue-generation activities, however financial net contribution is marginal; revenue-generation activities distract from programmatic work and often tie up senior management team	Some proven internal revenue-generation activities and skills; these activities provide substantial additional funds for program delivery, but partially distract from programmatic work and require significant senior management attention	Significant internal revenue-generation; experienced and skilled in areas such as cause related marketing, fee for services, and retailing; revenue-generating activities support, but don't distract from focus on creating social impact
External Relationship Building and Management				
Partnerships and Alliances, Development and Nurturing	Limited use of partnership and alliances with public sector, nonprofit, or for-profit entities	Early stages of building relationships, and collaborating with other for-profit, nonprofit, or public sector entities	Effectively built and leveraged some key relationships with few types of relevant parties (for-profit, public, and non-profit sector entities); some relations may be precarious or not fully "win-win"	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long-term, mutually beneficial collaboration
Local Community Presence and Involvement	Program's presence either not recognized or generally not regarded as positive; few members of local community (e.g., academics, other nonprofit leaders) constructively involved in the program	Program's presence somewhat recognized, and generally regarded as positive within the community; some members of larger community constructively engaged with program	Program reasonably well-known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in program	Program widely known within larger community, and perceived as actively engaged with and extremely responsive to it; many members of the larger community (including many prominent members) actively and constructively involved in program (e.g., board, fundraising)

III. Program Skills	**1. Clear need for increased capacity**	**2. Basic level of capacity in place**	**3. Moderate level of capacity in place**	**4. High level of capacity**
Other Program Skills				
Public Relations and Marketing	Program makes no or limited use of PR/ marketing; general lack of PR/marketing skills and expertise (either internal or accessible external or expertise)	Program takes opportunities to engage in PR/ marketing as they arise, some PR/ marketing skills and experience within staff or via external assistance	Program consider PR/marketing to be useful, and actively seeks opportunities to engage in these activities; critical mass of internal expertise and experience in PR/ marketing or access to relevant external assistance	Program fully aware of power of PR/ marketing activities, and continually and actively engages in them; broad pool of nonprofit PR/ marketing expertise and experience within program or efficient use made of external, sustainable, highly qualified resources
Influencing of Policy Making	Program does not have ability or is unaware of possibilities for influencing policy-making; never called in on substantive policy-discussions	Program is aware of its possibilities in influencing policy-making; some readiness and skill to participate in policy-discussion, but rarely invited to substantive policy discussions	Program is fully aware of its possibilities in influencing policy-making and is one of the several programs active in policy-discussions on state or national level	Program pro-actively and reactively influences policy-making, in a highly effective manner, on state and national levels, always ready for and often called on to participate in substantive policy discussion and at times initiates discussion
IV. Human Resources	**1. Clear need for increased capacity**	**2. Basic level of capacity in place**	**3. Moderate level of capacity in place**	**4. High level of capacity in place**
Staffing Levels	Many positions within and peripheral to programs (e.g., staff, volunteers, board, senior management) are unfilled, inadequately filled, or experience high turnover and/or poor attendance	Most critical positions within and peripheral to programs (e.g., staff, volunteers, board, senior management) are staffed (no vacancies), and/or experience limited turnover or attendance problems	Positions within and peripheral to program (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems	Positions within and peripheral to program (e.g., staff, volunteers, board, senior management) are all fully staffed (no vacancies); no turnover or attendance problems

IV. Human Resources	1. Clear need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
Board Involvement and Support	Provide little direction, support, and accountability to leadership; board not fully informed about 'material' and other major program matters; largely "feel-good" support	Provide occasional direction, support and accountability to leadership; informed about all 'material' matters in a timely manner and responses/decisions actively solicited	Provide direction, support and accountability to programmatic leadership; fully informed of all major matters, input and responses actively sought and valued; full participant in major decisions	Provide strong direction, support and accountability to programmatic leadership and engaged as a strategic resource; communication between board and leadership reflects mutual respect, appreciation for roles and responsibilities, shared commitment and valuing of collective wisdom
Executive Director and/or Senior Management Team				
People and Program Leadership/ Effectiveness	Has difficulty building trust and rapport with others; micromanages projects; shares little of own experiences as developmental/ coaching tool	Is responsive to opportunities for others to work together; expresses confidence in others' ability to be successful; shares own experience and expertise	Actively and easily builds rapport and trust with others; effectively encourages others to succeed; gives others freedom to work their own way; gives people freedom to try out ideas and grow	Constantly establishing successful, win-win relationships with others, both within and outside the program; delivers consistent, positive and reinforcing messages to motivate people; able to let others make decisions and take charge; finds or creates special opportunities to promote people's development
Analytical and Strategic Thinking	Is uncomfortable with complexity and ambiguity and does whatever possible to reduce or avoid it; relies mainly on intuition rather than strategic analysis	Is able to cope with some complexity and ambiguity; able to analyze strategies but does not yet generate strategies	Quickly assimilates complex information and able to distill it to core issues; welcomes ambiguity and is comfortable with the unknown; develops robust strategies	Has keen and exceptional ability to synthesize complexity; makes informed decisions in ambiguous, uncertain situations; develops strategic alternatives and identifies associated rewards, risks, and actions to lower risks

IV. Human Resources	1. Clear need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
Experience and Standing	Limited experience in nonprofit management and few relevant capabilities from other fields; little evidence of social entrepreneur-like qualities; limited recognition in the nonprofit community	Some relevant experience in nonprofit management; some relevant capabilities from other field(s); emerging social entrepreneur-like qualities; some local recognition in the nonprofit community	Significant experience in nonprofit management; many relevant capabilities form other field(s); significant evidence of social entrepreneur-like qualities; some national recognition as a leader/shaper in particular sector	Highly experienced in nonprofit management; many distinctive capabilities form other field(s) (e.g., for-profit, academia); exceptional evidence of social entrepreneur-like qualities; possesses a comprehensive and deep understanding of the sector; recognized national as a leader/ shaper in particular sector
Management Team and Staff Dependence on Executive Director	Very strong dependence on executive director; program would cease to exist without his/ her presence	High dependence on executive director; program would continue to exist without his/her presence, but likely in a very different form	Limited dependence on executive director; program would continue in similar way without his/ her presence but areas such as fund-raising or operations would likely suffer significantly during transition period; no member of management team could potentially take on ED role	Reliance but dependence on executive director; smooth transition to new leader could be expected; fund-raising and operations likely to continue without major problems; senior management team can fill in during transition time; several members of management team could potentially take on ED role
Staff	Staff drawn from a narrow range of backgrounds and experiences; interest and abilities limited to present job; little ability to solve problems as they arise	Some variety of staff backgrounds and experiences; good capabilities, including some ability to solve problems as they arise; many interested in work beyond their current jobs and in the success of the program's mission	Staff drawn from diverse backgrounds and experiences, and bring a broad range of skills; most are highly capable and committed to mission and strategy; eager to learn and develop, and assume increased responsibility	Staff drawn from extraordinarily diverse backgrounds and experiences, and bring broad range of skills; most staff are highly capable in multiple roles, committed both to mission/strategy and continuous learning; most are eager and able to take on special projects and collaborate across divisional lines; staff are frequent source of ideas and momentum for improvement and innovation

IV. Human Resources	**1. Clear need for increased capacity**	**2. Basic level of capacity in place**	**3. Moderate level of capacity in place**	**4. High level of capacity in place**
Volunteers	Limited abilities; may be unreliable or have low commitment; volunteers are poorly managed	Good abilities; mostly reliable, loyal, and committed to program's success; volunteers managed but without standards and little accountability	Very capable set of individuals, bring required skills to program; reliable, loyal and highly committed to programs success and to "making things happen"; work easily with most staff, but do not generally play core roles without substantial staff supergoals; volunteers are managed and contribute to the overall success of the program	Extremely capable set of individuals, bring complementary skills to program; reliable, loyal, highly committed to program's success and to "making things happen"; often go beyond call of duty; able to work in a way that serves program well, including ability to work easily with wide range of staff and play core roles without special supergoals; volunteers managed very well and significantly contribute to overall success of the program
V. Systems and Infrastructure	**1. Clear need for increased capacity**	**2. Basic level of capacity in place**	**3. Moderate level of capacity in place**	**4. High level of capacity in place**
Physical Infrastructure Building and Office Space	Inadequate physical infrastructure, resulting in loss of effectiveness and efficiency (e.g., unfavorable locations for clients and employees, insufficient workspace for individuals, no space for teamwork)	Physical infrastructure can be made to work will enough to suit program's most important and immediate needs; a number of improvements could greatly help increase effectiveness and efficiency (e.g., no good office space for teamwork, no possibility of holding confidential discussions, employees share desks)	Fully adequate physical infrastructure for the current needs of the program; infrastructure does not impede effectiveness and efficiency (e.g., favorable locations for clients and employees, sufficient individual and team office space, possibility for confidential discussions)	Physical infrastructure will-tailored to program's current and anticipated future needs; well-designed and thought out to enhance program's efficiency and effectiveness (e.g., especially favorable locations for clients and employees, plentiful team office space encourages teamwork, layout increases critical interactions among staff)

IV. Human Resources	1. Clear need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
Technological infrastructure - telephone/fax	Status, lack of sophistication, or limited number of telephone and fax facilities are an impediment to day-to-day effectiveness and efficiency	Adequate basic telephone and fax facilities accessible to most staff; may be moderately reliable or user-friendly, or may lack certain features that would increase effectiveness and efficiency (e.g., individual voice-mail), or may not be easily accessible to some staff (e.g., front-line deliverers)	Solid basic telephone and fax facilities accessible to entire staff (in office and at front line); cater to day-to-day communication needs with essentially no problems; includes additional features contributing to increased effectiveness and efficiency (e.g., individual, remotely accessible voice-mail)	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency
Technological infrastructure - computers, applications, network and email	Limited / no use of computers or other technology in day-to-day activity; and/or little or no usage by staff of existing IT infrastructure	Well-equipped at central level; incomplete/limited infrastructure at locations aside from central offices; equipment sharing may be common; satisfactory use of IT infrastructure by staff	Solid hardware and software infrastructure accessible by central and local staff; no or limited sharing of equipment is necessary; limited accessibility for frontline program deliverers; high usage level of IT infrastructure by staff; contributes to increased efficiency	State-of-the-art, fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and email; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency
VI. Program Structure	**1. Clear need for increased capacity**	**2. Basic level of Capacity in place**	**3. Moderate level of capacity in place**	**4. High level of capacity in place**
Interfunctional Coordination	Different programs and organizational units function in silos; little or dysfunctional coordination between them	Interactions between different programs and program units are generally good, though coordination issues do exist; some pooling of resources	All programs and units function together effectively with sharing of information and resources; few coordination issues	Constant and seamless integration between different programs and program units with few coordination issues; relationships are dictated by program needs (rather than hierarchy or politics)

Appendix D: Community Readiness Questions and Scoring*

ISSUE: Healthy and Active Living

A. Community Efforts (programs, activities, policies, etc.)

B. Community Knowledge of Efforts

Bold face questions are required whereas non-bold are supplementary questions.

1. Using a scale from 1 to 10, how much of a concern is this issue in your community (with 1 being "not at all" and 10 being "a very great concern")? Please explain. ***(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way – it is only to provide a reference point.)***

2. Please describe the efforts that are available in your community to address this issue. *(a)*

3. How long have these efforts been going on in your community? *(a)*

4. Using a scale from 1 to 10, how aware are people in your community of these efforts (with 1 being "no awareness and 10 being "very aware")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way – it is only to provide a reference point.) (b)*

5. What does the community know about these efforts or activities? *(b)*

6. What are the strengths of these efforts? *(b)*

7. What are the weaknesses of these efforts? *(b)*

8. Who do these programs serve? *(Prompt: for example, individuals of a certain age group, ethnicity, etc) (a)*

9. Would there be any segments of the community for which these efforts/services may appear inaccessible? *(Prompt: for example, individuals of a certain age group, ethnicity, income level, geographic region, etc) (a)*

10. Is there a need to expand these efforts/services? If not, why not? *(a)*

11. Is there any planning for efforts/services going on in your community surrounding this issue? If yes, please explain. *(a)*

12. What formal or informal policies, practices and laws related to this issue are in place in your community, and for how long? *(Prompt: an example of "formal" would be established policies of schools, police or courts. An example of "informal" would be similar to the police not responding to calls from a particular part of town, etc) (a)*

13. Are there segments of the community for which these policies, practices and laws may not apply? *(Prompt: for example, due to socioeconomic status, ethnicity, age, etc) (a)*

14. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain. *(a)*

*See p. 13 of the report for a description of the use of the community readiness questions

15. How does the community view these policies, practices and laws? *(a)*

c. Leadership

16. Who are the "leaders" specific to this issue in your community?

17. Using a scale from 1 to 10, how much of a concern is this issue to the leadership in your community (with 1 being "not at all" and 10 being "of great concern")? Please explain.

18. How are the leaders involved in efforts regarding this issue? Please explain (For example: are the involved in a committee, task force, etc? How often do they meet? Etc)

19. Would the leadership support additional efforts? Please explain.

d. Community Climate

20. Describe _____ (name of your community).

21. Are there ever any circumstances in which members of your community might think that this issue should be tolerated? Please explain.

22. How does the community support the efforts to address this issue?

23. What are the primary obstacles to efforts addressing this issue in your community?

24. Based on answers that you have provided so far, what do you think it the overall feeling among community members regarding this issue?

e. Knowledge About the Issue

25. How knowledgeable are community members about this issue? Please explain. *(prompt: for example, dynamics, signs, symptoms, local statistics, effects on family and friends, etc.)*

26. What type of information is available in your community regarding this issue?

27. What local data are available on this issue in your community?

28. How do people obtain this information in your community?

f. Resources for Prevention Efforts (time, money, people, space, etc)

29. To whom would an individual affected by this issue turn to first for help in your community? Why?

30. On a scale from 1 to 10, what is the level of expertise and training among those working on this issue (with 1 being "very low" and 10 being "very high")? Please explain. *(Note: this figure between one and ten is NOT figured into your scoring of this dimension in any way – it is only to provide a reference point.)*

31. Do efforts that address this issue have a broad base of volunteers?

32. What is the community's and/or local business' attitude about supporting efforts to address this issue, with people volunteering time, making financial donations, and/or providing space?

33. How are current efforts funded? Please explain.

34. Are you aware of any proposals or action plans that have been submitted for funding that address this issue in your community? If yes, please explain.

35. Do you know if there is any evaluation of efforts that are in place to address this issue? If yes, on a scale of 1 to 10, how sophisticated is the evaluation effort (with 1 being "not at all" and 10 being "very sophisticated")? ***(note: this figure between one and ten is NOT figured into your scoring of this dimension in any way – it is only to provide a reference point.)***

36. Are there evaluation results being used to make changes in programs, activities, or policies or to start new ones?

In scoring each of the communities, readiness is assessed on 6 different dimensions: existing community efforts, community knowledge of the efforts, leadership, community climate, community knowledge about the issue, and resources related to healthy and active living. The rating scales for each dimension are displayed on the following pages.

Dimension A. Existing Community Efforts

1. No awareness of the need for efforts to address the issue.

2. No efforts addressing the issue.

3. A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything.

4. Some community members have met and have begun a discussion of developing community efforts.

5. Efforts (programs/activities) are being planned.

6. Efforts (programs/activities) have been implemented.

7. Efforts (programs/activities) have been running for several years.

8. Several different programs, activities and policies are in place, covering different age groups and reaching a wide range of people. New efforts are being developed based on evaluation data.

9. Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements.

Score for Dimension A: _____

Dimension B. Community Knowledge Of The Efforts

1. Community has no knowledge of the need for efforts addressing the issue.

2. Community has no knowledge about efforts addressing the issue.

3. A few members of the community have heard about efforts, but the extent of their knowledge is limited.

4. Some members of the community know about local efforts.

5. Members of the community have basic knowledge about local efforts (e.g., purpose).

6. An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.

7. There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.

8. There is considerable community knowledge about different community efforts, as well as the level of program effectiveness.

9. Community has knowledge of program evaluation data on how well the different local efforts are working and their benefits and limitations.

Score for Dimension B: _____

Dimension C. Leadership (includes appointed leaders & influential community members)

1. Leadership has no recognition of the issue.

2. Leadership believes that this is not an issue in their community.

3. Leader(s) recognize(s) the need to do something regarding the issue.

4. Leader(s) is/are trying to get something started.

5. Leaders are part of a committee or group that addresses this issue.

6. Leaders are active and supportive of the implementation of efforts.

7. Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency.

8. Leaders are supportive of expanding/improving efforts through active participation in the expansion/improvement.

9. Leaders are continually reviewing evaluation results of the efforts and are modifying support accordingly.

Score for Dimension C: _____

Dimension D. Community Climate

1. The prevailing attitude is that it's not considered, unnoticed or overlooked within the community. "It's just not our concern."

2. The prevailing attitude is "There's nothing we can do," or "Only 'those' people do that," or "We don't think it should change."

3. Community climate is neutral, disinterested, or believes that the issue does not affect the community as a whole.

4. The attitude in the community is now beginning to reflect interest in the issue. "We have to do something, but we don't know what to do."

5. The attitude in the community is "we are concerned about this," and community members are beginning to reflect modest support for efforts.

6. The attitude in the community is "This is our responsibility" and is now beginning to reflect modest involvement in efforts.

7. The majority of the community generally supports programs, activities, or policies. "We have taken responsibility."

8. Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for efforts. Participation level is high. "We need to keep up on this issue and make sure what we are doing is effective."

9. All major segments of the community are highly supportive, and community members are actively involved in evaluating and improving efforts and demand accountability.

Score for Dimension D: _____

Dimension E. Community Knowledge About The Issue

1. Not viewed as an issue.

2. No knowledge about the issue.

3. A few in the community have some knowledge about the issue.

4. Some community members recognize the signs and symptoms of this issue, but information is lacking.

5. Community members know that the signs and symptoms of this issue occur locally, and general information is available.

6. A majority of community members know the signs and symptoms of the issue and that it occurs locally, and local data are available.

7. Community members have knowledge of, and access to, detailed information about local prevalence.

8. Community members have knowledge about prevalence, causes, risk factors, and consequences.

9. Community members have detailed information about the issue as well as information about the effectiveness of local programs.

Score for Dimension E: _____

Dimension F. Resources Related To The Issue (people, money, time, space, etc.)

1. There is no awareness of the need for resources to deal with this issue.

2. There are no resources available for dealing with the issue.

3. The community is not sure what it would take, (or where the resources would come from) to initiate efforts.

4. The community has individuals, organizations, and/or space available that could be used as resources.

5. Some members of the community are looking into the available resources.

6. Resources have been obtained and/or allocated for this issue.

7. A considerable part of support of on-going efforts are from local sources that are expected to provide continuous support. Community members and leaders are beginning to look at continuing efforts by accessing additional resources.

8. Diversified resources and funds are secured and efforts are expected to be ongoing. There is additional support for further efforts.

9. There is continuous and secure support for programs and activities, evaluation is routinely expected and completed, and there are substantial resources for trying new efforts.

Score for Dimension F: _____

Appendix E: Descriptive Statistics of Community Characteristics

The characteristics of communities that were examined in this report were: community readiness, population density and poverty rates. Table 1 displays the descriptive statistics for each and their correlations with program success and sustainability.

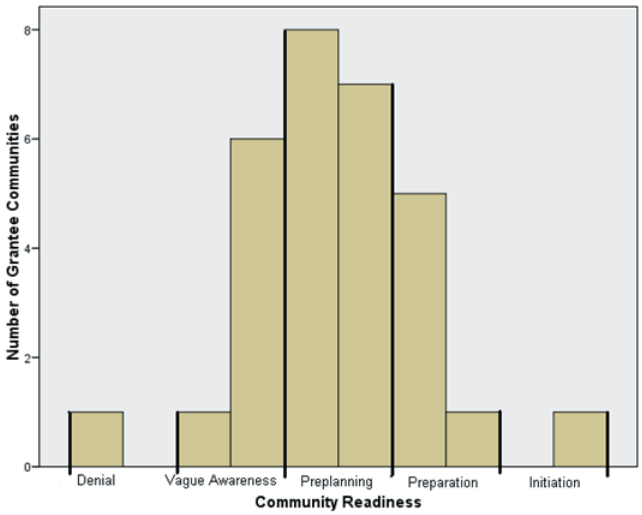
Table 1. Descriptive statistics of community characteristics and correlations with program success and sustainability.*

	Median	Standard Deviation	Correlation with Total Program Success	Correlation with Sustainability
Community Readiness	4.40	0.83	.10	.12
Community Poverty Rate	15.15%	6.56	.120	.018
Community Population Density	197.62	2,199.44	-.296*	-.267^

*Correlation is significant at 0.05 level. ^ Correlation is significant at 0.09 level.

Figure 1 shows the distribution of the ratings of community readiness. The readiness of grantees' target communities was normally distributed in 2007. The largest percentage of grantee communities (50%) were rated to be in the 'Preplanning' stage of the Community Readiness Model. Other grantee communities were observed to be in the 'Preparation' stage (20%) or the 'Vague Awareness' stage (23%). One community was rated to be in the 'Denial' stage, and another was in the 'Initiation' stage.

Figure 1: Number of grantees' communities that were rated to be in each stage of community readiness, N = 33



Grantees targeted a range of rural and urban communities, with the least dense community having 12 people per square mile, and the most densely populated communities having 5,622 people per square mile. County demographics, including population density and poverty rates, were obtained from the U. S. Census Bureau. Communities with fewer than 500 people per square mile were considered rural in the analyses described below. Poverty rates also varied among grantee target communities, with the highest poverty rate observed to be nearly 27% and the lowest at 4%.

*See p. 13 of the report for additional information about the community readiness measure.

Appendix F: Protocol for Site Visit Interviews

Site:	Site Visit Date:
Interviewee:	Title:

Research Question: Does H&AC lay the foundation for achieving the goals identified in the RFP?

Five measures were identified and connected to one of the four goals identified in the H&AC initiative (see below for goals). This information was used to identify grantee technical assistance needs, and later to score their organizational capacity.

1. Background Information
    a. Can you tell me what type of work you do and how you are involved with the MFH Project?
    b. How long have you been involved with the project?
    c. What activities have you held to date?
    d. Which events/activities seem to be the most successful with participants?
    e. Why do you think that is the case?

2. Community Context (Goal 4)
    a. What problem are you trying to address with the H&AC funds?
    b. How was the problem identified? (Probe: Organizations involved, Were there key informants/community leaders involved? Did the decision use local statistics?)
    c. What is the extent of this problem in your community?
    d. Why was obesity prevention selected over other problems in your community?
    e. Does the broader community view this as a problem? (Community climate to address this issue.)
    f. How did you determine the program or strategy to use?
    g. Can you provide specific information regarding the ways in which you are accomplishing the goals identified by MFH (see below)?
        i. Were your focused on the same goal before you received H&AC funding?
        ii. What results have you seen regarding the accomplishment of this goal?
        iii. Can you be specific? (e.g. # of persons counseled, miles of trail built)

3. Community capacity (Goal 2)
    a. Do you have all the partnerships you need to successfully implement your H&AC project? Which partner has been the most vital to your H&AC project and why? What resources are your partners providing? What resources or needs are not being met through these partnerships?
        i. What additional activities are your partners doing related to healthy and active living?
    b. Have your partners changed policies consistent with H&AC ideas? (Probes: exercise, food at office events, etc.)
    c. Do you have all the necessary external resources you need to successfully implement your H&AC project?
    d. How has the broader community (i.e. – all citizens) responded to your project?
    e. Has participation been adequate and what you anticipated? Has participation in your project led to additional involvement or info seeking?

4. Organizational capacity (Goal 2 and 3)
    a. What, if any, organizational structures did you have in place to address obesity prevention prior to receiving H&AC funds?
    b. Do you have all the necessary internal resources you need to successfully implement your H&AC project?
        i. Staff (numbers, skill sets, knowledge)
        ii. Physical needs, including space, equipment, etc.
    c. What changes in staffing or infrastructure (meetings, trainings, space, etc) would enhance your agency's ability to implement H&AC?
        i. Have training needs been met?
    d. Has your organization changed internal policies to reflect the ideas of the H&AC Initiative? (If yes) what new policies have you adopted?
    e. How have the H&AC funds improved your ability to successfully implement your H&AC project?

5. Program Reach (Goal 1)
    a. Who are your participants? (age, gender, race)
    b. Why did you choose this target audience?
        i. What challenges have you had getting participants?
        ii. What challenges have you had maintaining participation?
        iii. What successes have you had getting participants?
        iv. What successes have you had maintaining participation?
    c. What information are you sharing with your participants? Do you have written material that you provide to participants? (If so) could I have a copy?
    d. Do you know if the participants are using the information, infrastructure, etc. you are providing? How? (anecdotal, numbers etc.)
    e. What challenges and successes are you experiencing in getting participants to adopt the lessons learned from your project?

6. Sustainability
    a. What is the most important lesson you have learned during the implementation of your H&AC project?
    b. From what you have learned, what would you try to employ in the next year (changes from lessons learned to date)?
    c. Where do you want your H&AC project to be by the end of the MFH H&AC grant?
    d. How will the project and outcomes be maintained after the MFH H&AC funding?

7. Advocacy/Education/Lobbying Questions (Goal 4)
    a. How have you educated the public about the activities of your organization?
    b. Have you included your H&AC project in this information?
    c. Did H&AC funds help support this type of public relations/education?
    d. Have you directly contacted legislators to discuss policies that would facilitate your H&AC goals?
    e. Have you contacted other government agencies (state, county, or local agencies) to discuss policies that might facilitate your H&AC goals? If so, please list what agencies.

8. Conclusion
    a. Is there anything else you would like to tell us regarding your H&AC project?
    b. Do you have any questions for us?

INTERNAL EVALUATOR QUESTIONS

1. In an ideal world, what would be the most useful information for you to obtain from the evaluation of your H&AC project?

2. Can you describe your evaluation plan in depth? Do you have a written copy of your evaluation plan? If so, can we get a copy to take with us?
   Probing questions
   a. What data have you collected or are planning on collecting
   b. Are other people collecting data (partners)
   If yes…
   i. How frequently do you verify that the data is being collected?
   c. How are you assessing/measuring change
   d. How is data kept/maintained (data management)

3. What do you feel is the most important aspect of the evaluation plan?

4. If no plan for evaluation, how are you planning on addressing the evaluation of your H&AC project?

Ask for copies of data collection tools/instruments and evaluation plan

Appendix G: Survey of Grantee Organizational Capacity

Section One: Organizational History

1. Your organization… [Read from the list and choose all that apply]
   a. is a 501(c)(3)
   b. has applied for 501(c)(3) status
   c. receives funding through the following 501 (c)(3) organization:
   d. is a branch of a larger 501(c)(3)
   e. is not tax-exempt (private firm, etc.)
   f. is a government agency
   g. is a religious congregation (church, synagogue, mosque, etc.) but not a 501(c)(3)
   h. is a 501(c)(4)
   i. other: _____

2. What year was your organization started?
   a. _____
   b. Don't Know

3. If applicable, when was your organization incorporated? _____

4. What is your organization's primary program area? [Choose only one]
   a. Animal related
   b. Arts, culture, humanities (incl. museums, libraries, parks)
   c. Community improvement & capacity building
   d. Crime, criminal justice
   e. Education
   f. Employment, job related
   g. Environment
   h. Health care–general & rehabilitative
   i. Housing & shelter
   j. Human services (day care, family services, youth services food)
   k. International, foreign affairs, & national security
   l. Legal services, civil rights
   m. Mental health and crisis intervention (incl. drug addiction, alcoholism, AIDS)
   n. Private grantmaking foundation
   o. Public, society benefit
   p. Recreation & sports
   q. Religion related
   r. Research in science & technology and social sciences
   s. Other – please fill in: _____

Section Two: Service to Individuals

1. Does your organization serve individuals?
   a. Yes
   b. No (Go to Question 9)

2. On average, how many people per day, do you serve **at your location?**

a. _____

b. Don't know

3. Please specify service units (e.g., persons fed, persons treated, persons case managed, etc.)

_____

_____

4. Does your organization provide any of the human/social services listed below?

Please read through the table and check to indicate whether or not your organization provides each particular service. If Yes for any of the services, please indicate whether a fee is charged for that service. Please also enter the total number of slots available **at this particular location.**

	Provide?	Fee Charge?	Number of Slots
Child day care			
Recreation and/or sports			
Tutoring			
Mentoring			
Family counseling and/or other family services, parenting education			
Financial counseling, money management			
Reproductive health and family planning, pregnancy prevention			
Drop-out prevention			
Adoption assistance, foster care			
In-home assistance			
Job training, vocational rehabilitation, job placement or job referral			
Medical services, health treatment, rehabilitation - primarily outpatient, health support services			
In-patient substance abuse treatment			
Out-patient substance abuse treatment			
Public health education, wellness programs			
Housing development, rehab, construction			
Emergency Shelter			
Violence prevention			
Legal services, civil rights protection			
Other _____			

5. In the past year, have you ever had to turn away people eligible for your services?

a. Yes

b. No

c. Don't Know

d. Not applicable

6. Over the past two years, has the number of people served by your organization declined, stayed the same, or increased?
   a. Substantial Decline (Go to question 7)
   b. Moderate Decline (Go to question 8)
   c. Stayed the Same (Go to question 8)
   d. Moderate Increase (Go to question 8)
   e. Substantial Increase (Go to question 7)

7. If your organization experienced a substantial decline or substantial increase in number of persons served, please indicate all the likely reasons below: [Read from the list and choose all that apply]
   a. Population change in your service area
   b. Change in government funding
   c. Change in foundation and/or corporate support
   d. Change in your organization's mission
   e .Change in outreach efforts
   f. Loss/gain of key staff
   g. Change in programs offered
   h. Other – please specify: _____

8. More than one-quarter of the people you serve are: [Choose all that apply.]
   a. White (non-Hispanic)
   b. Black (non-Hispanic)
   c. Asian
   d. Hispanic/Latino
   e. Multi-racial
   f. Children and teens
   g. 65+
   h. Below Poverty Level (specify current poverty level guidelines in parentheses)
   i. Immigrants
   j. Mentally or physically challenged
   k. Prisoners, released prisoners or ex-offenders
   l.. Lesbian/Gay/Bisexual/Transgender
   m. Single mothers or single fathers
   n. Other – please specify: _____

9. Does your organization provide services in languages other than English?
   a. Yes (Go to question 10)
   b. No (Go to section 3)

10. If Yes, which languages? _____

Section Three: Organizational Technology

1. Do you consider the space you occupy to be adequate for your needs?
   a. Yes
   b. No
   c. Don't Know

2. Computer and office technology used in your organization includes:
   How often do you use: Sometimes, Often, Very Often, Not Available
   a. Fax
   b. Copiers
   c. E-mail
   d. Networked computers
   e. Cellular phones/beepers
   f. Voice mail
   g. Other (please specify):_____
3. Do you agree or disagree with the following statements?
   Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree
   a. Our technology is adequate for us to compete for contracts and grants.
   b. We lack trained employees to make the best use of technology now available to us.
   c. Additional technology would enable us to improve the services we provide.
   d. Computers and office technology have little to offer in the kind of work we do.

4. What does your organization use computers for? [Choose all that apply.]
   a. Correspondence and reports
   b. Budgets
   c. Management of lists, inventory, or other databases (e.g., client records)
   d. Marketing and advertising of services
   e. Purchasing online
   f. Filing funding applications online
   g. Fundraising over the Internet
   h. Other – please specify: _____
   i. We do not use computers

Section Four: Organizational Leadership

1. Is there a formal Board of Directors or set of advisors for your organization?
   a. Yes
   b. No
   c. Don't Know

2. How many Board of Directors slots do you have?
   a. _____
   b. Don't Know

3. How many are currently filled?
   a. _____
   b. Don't Know

4. How often does your board have difficulty reaching a quorum?
   a. Often
   b. Sometimes
   c. Rarely
   d. Never
   e. Not Applicable

5. To what extent does your organization have difficulty recruiting new board members?
   a. Often
   b. Sometimes
   c. Rarely
   d. Never
   e. Not Applicable

6. Do the members of your board include… [Choose all that apply]
   a. Neighborhood residents
   b. Business community
   c. Other nonprofit leaders
   d. Government officials
   e. Clients and others who benefit from your services
   f. In your opinion, someone in the community "who matters."
   g. In your opinion, someone with extensive external connections.
   h. Anyone else? (other – please specify: _____)

7. What do board members do for your organization?
   A major focus of their activity, A minor focus of their activity, Rarely or never
   a. Make individual donations
   b. Assist in fundraising
   c. Assist in obtaining contracts and grants
   d. Conduct lobbying and advocacy
   e. Provide professional or technical expertise regarding knowledge of programs
   f. Provide professional or technical expertise regarding evaluation
   g. Provide professional or technical expertise regarding finances and budgeting.
   h. Other – please specify: _____

Section Five: Finances

The information you provide is completely confidential. No financial information will be released to anyone.

1. Please indicate your total operating budget for the past two fiscal years.
$_____ FY2005
$_____ FY2006

2. Approximately what percentage of your organization's total operating revenues came from the following sources during the 2006 fiscal year? (total should equal 100%):
_____% Local government
_____% State government
_____% Federal government
_____% United Way
_____% Direct donations from individuals
_____% Corporate or foundation grants
_____% Fee and charges for services, products, and sales
_____% Endowment and interest income
_____% Fundraisers or special events
_____% Membership fees
_____% Other sources (specify:_____)
_____ 100% Total

3. Approximately what percentage of your operating revenue is in multi-year operating support?
   a. _____ %
   b. Don't Know

4. Does your organization have a formal budget?
   a. Yes
   b. No
   c. Don't Know

5. Please tell us if your organization has done any of the following. In the first column, please check if your organization has ever done the following, in the second column, please check if your organization has done the following in the past two years:

SCALE: Ever done? In the past two years? Not Applicable

6. Fundraising/Revenue Generating Practices
   a. Set up for-profit subsidiary
   b. Wrote grant proposals jointly with for-profit organization
   c. Wrote grant proposals jointly with non-profit organization
   d. Hired outside fundraising specialists
   e. Hired full-time fundraiser on staff
   f. Held special events to raise funds
   g. Built evaluation or performance measures into funding requests

7. Management Practices
   a. Implemented new management structure
   b. Developed a formal strategic plan
   c. Chose new program areas that draw upon existing skills
   d. Merged with another organization
   e. Partnered with another organization in joint venture
   f. Became part of a comprehensive community initiative, coalition or partnership
   g. Attracted and maintained multiple funders
   h. Devoted major effort to secure flexible, multi-year operating support
   i. Used management information systems to control costs and ensure quality and affordability of projects

8. Networking, Community Organizing
   a. Organized community events to increase resident involvement
   b. Encouraged community input in setting organizational agenda/priorities
   c. Encouraged community input in organization sponsored activities
   d. Created or participated in networking opportunities, conferences, social events, etc
   e. Disseminated information on government policies and activities that affect residents
   f. Advocated with, and educated public and private officials about community needs
   g. Partnered with city officials/local government to carry out service projects when not receiving funds from them
   h. Participated in routine meetings with other service providers (for strategic planning or client case reviews, etc.)
   i. Someone from your organization testified in front of local government officials
   j. Someone from your organization talked to local government officials about an issue

Section Six: Organizational Staffing

1. How many paid employees (not including consultants) does your organization have?
   a. _____ number full-time
   b. _____ number part-time
   c. We have no paid employees (Go to question 4)

2. Do you agree or disagree with the following statement regarding paid staff:
   Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree
   a. We can easily recruit dependable paid staff.
   b. Retaining staff is a problem for us.
   c. Finding quality staff is a problem for us.
   d. Staff are generally satisfied with salary/wages they receive.
   e. We provide our staff adequate fringe benefits.

3. Were any additional staff hired to work on the MFH project?
   a. Yes (Go to question 4)
   b. No (Go to question 5)

4. If Yes, how many_____

5. Does your organization use volunteers?
   a. Yes
   b. No (Go to Question 10)

6. What is the total number of volunteers used by your organization during an average week?
   a. _____

7. What is the average number of hours an individual volunteer works during a typical week?
   a. _____

8. What do volunteers do for your organization?
   A major focus of their activity A minor focus of their activity Rarely or never
   a. Office/administrative assistance (mailings, bookkeeping, etc.)
   b. Direct service (hotline, counseling, etc.)
   c. Fundraising
   d. Community organizing
   e. Other – please specify:

9. Do you agree or disagree with the following statements regarding volunteers:
   Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree
   a. We have to give up some activities because we don't have enough volunteers.
   b. We would find it difficult to absorb more volunteers.
   c. We can easily recruit dependable volunteers.
   d. Training volunteers is a problem for us.
   e. Retaining volunteers is a problem for us.

10. We use consultants or outside firms for the following activities: [Choose all that apply.]

Activity: Paid, Pro bono, Free

a. management assistance
b. technical assistance
c. advocacy/lobbying
d. public relations/media
e. fundraising
f. personnel recruitment
g. legal assistance
h. accounting/bookkeeping
i. evaluation
j. other – please specify:
k. We do not use consultants

Section Seven: Partnerships

This survey focuses on the partnership(s) established for the MFH funded project. Please answer the following questions based on how the partner(s) interact and work together to meet the goals of your MFH funded project.

1. How often do you meet with your partners?
   a. _____ (Go to question 2)
   b. We do not have partners on this project (Survey complete)

2. What type of meetings/contact do you have with your partners
   a. Face to face
   b. Teleconferences
   c. Email

3. Do you have agendas?
   a. Yes
   b. No
   c. Don't know

4. Do you take minutes?
   a. Yes
   b. No
   c. Don't know

5. How do partners work with the internal evaluator?
   a. Send info to lead organization
   b. Send info to internal evaluator
   c. Collect and report results separately
   d. Other _____

6. Please list partner(s)
   a. _____
   b. _____
   c. _____

7. How active is each partner in terms of the following areas?
    a. Partner 1
        i. Communication
        ii. Financial resources
        iii. Volunteers
        iv. Advertising
        v. Participating in project meetings
        vi. In project activities
        vii. Other _____

8. Are all the right partners at the table?
    a. Yes
    b. No
    c. Don't know

9. Who do you wish you had invited? Who do you plan to invite in the future? Who's missing?

_____

_____

10. How are project hiring decisions made?
    a. Partners interview and decide
    b. Lead agency hires
    c. We have not hired any additional personnel

11. Did you work with these partners prior to receiving H&AC funds or are these new relationships?

12. What do they do to facilitate the accomplishment of your H&AC goals?

Appendix H: Survey of Grantee Organizational Capacity

Dear Grantee:
As part of our external evaluation of the Missouri Foundation for Health funding initiative we are asking for some additional input from you. The following questions cover the scope of your program, your assessment of your success at this point, and the quality of your coalitions and partnerships. We will use this information to look at the overall success of the MFH funding initiative and common denominators among groups with different types of success. We hope that this survey will be helpful to you in preparation for writing your reports to MFH in the next few months. If you have any questions regarding this survey or our evaluation process, please feel free to contact us. We are happy to help.

Program Scope
This first set of questions asks about specific aspects of your program. Some of the questions may not apply to your site. For example, if you are not working in schools you will not have had schools participate. When questions are not applicable, please feel free to indicate that.

1. Name of your organization:

2. How many individuals (school kids, adults coming to trainings, attendees at a health fair, etc.) have you engaged in your Healthy & Active project since inception?

3. What is the average number of contacts that participants have with your program? (For example, if participants attend a health fair you would have one contact. If participants sign up to attend a four session workshop series the answer would be four.)

4. How many policies has your project helped implement? (This could be enhancement of an existing policy such as a school wellness policy, removal of vending machines, instituting a worksite wellness plan or practice, etc.) Please list the policies with starting dates, and ending dates, if applicable. Also, please indicate if a policy is internal or external.

5. How many times has your H&AC funded project been featured in the media (newspapers, TV, radio)?

6. Approximately how many people have been reached through these media features?

7. How many schools have participated in your project?

8. Please list each partnership that your project has developed, and describe the nature of the partnership. For example, has the partner provided your project with some resource such as staff time, money, space, equipment, training, etc.?

9. Did the H&AC funding help convince other agencies or people to fund your project?

    a. If yes, how much additional funding came in?

10. Please check all of the components below that are part of your program.
    a. School based component (e.g. – Nutrition education in classrooms, increase PE time, etc.)
    b. Afterschool component (e.g. – Engage kids in more physical activity, encourage nutritious snacks for kids, etc.)
    c. Pre-school component (e.g. – Teach day care providers how to prepare healthy snacks, teach kids about nutrition, etc.)
    d. Community component (e.g. – Host health fairs, home health parties, encourage community to build more trails, etc.)
    e. Worksite component (e.g. – Provide health screenings for employees, encourage worksite wellness plans, etc.)
    f. Healthcare component (e.g. – Provide health screenings for community members, etc.)
    g. Other_____

Partnerships

This second set of questions is designed to allow you to evaluate your partnerships you have developed during the implementation of your Health & Active Communities project. Partnerships are often an integral way that these projects reach sustainability and broaden or deepen their reach. Partnerships can include sites where you are implementing your program, organizations that assist you in the implementation of your program, or organizations that provide resources to your program. Please **highlight** or **bold** the number the best represents your agreement with the statement.

	Strongly Agree	Disagree	Neutral	Agree	Strongly Agree	Did not work with partners
Relationships among partners have been actively nourished as a foundation for work together.	1	2	3	4	5	6
There is a common vision among partners as to the desired impact of the program.	1	2	3	4	5	6
Partners are in agreement about the program goals and primary strategies.	1	2	3	4	5	6
The roles and responsibilities of the partners are clear and well documented.	1	2	3	4	5	6
Areas of duplication or potential conflict have been anticipated and/or resolved as they arise.	1	2	3	4	5	6
The respective resources of partners are well leveraged for the benefit of the program.	1	2	3	4	5	6
Regular meetings are scheduled and held to assure the program is on track and all partners are satisfied.	1	2	3	4	5	6
There is a spirit of trust among partners that makes it possible to work through even thorny issues.	1	2	3	4	5	6
Collaboration among partners extends beyond the program itself, evidence of good relations.	1	2	3	4	5	6
The partnership is an exemplar to the community, encouraging other partnerships to form as well.	1	2	3	4	5	6

Types of Success

This last set of questions is designed to assess different types of success. Each row describes a way in which your project may or may not have been successful. If you are in the first year of funding think of the objectives that you planned to accomplish at this point in time. Please place an "x" in the column that you believe applies to each type of success.

	Yes	No
The project accomplished its specific objectives.		
The project achieved more than its original goals.		
The project had a concrete impact on the root problem it targeted.		
The project led to other projects or efforts.		
The project helped change the way the community works together on public issues.		
The project led to individuals becoming new leaders or more engaged community members.		

Thanks for your time in completing this survey.
If you have questions about the survey please ask your Evaluation Team Contact.

Appendix I: Internal Consistency Statistics for Categories of Program Capacity Ratings

Capacity Categories	Rating Indicators of the Categories	Internal Consistency (Cronbach's alpha)
Aspirations	Mission Overarching objectives	.73
Strategies	Overall strategy Goals/performance targets Program relevance and integration Program growth and replication New program development Funding model	.61
Performance Management and Analysis	Performance management Performance analysis and program adjustments	.50
External Relationship Building	Partnerships and alliances Development and nurturing Local community presence and involvement	.70
Public Relations and Policy-Making	Public relations and marketing Influencing of policy-making	.5
Human Resources	Staffing levels Board involvement and support	.5
Leadership	Executive Director leadership and effectiveness Executive Director analytical and strategic thinking Executive Director experience and standing Management team and staff dependence on Executive Director	.69
Infrastructure	Physical infrastructure, buildings and office space Telephone, fax, and voice-mail Computers, applications, network, and email	.85

Appendix J: Tool for Scoring Site's Number of Success Areas

Types of Levels of Success	Rating	
1. The project accomplished its specific objectives. The goals or objectives established by the original stakeholder group were accomplished.	Yes	No
2. The project achieved more than its original goals.	Yes	No
3. The project had a concrete impact on the root problem it targeted. Whether the project made a difference in some tangible way on the "real" problem it addressed is a relatively demanding standard for success. Root problem: An environment (physical, cultural, economic, etc.) where people make unhealthy decisions due to lack of reasonable access to the healthiest options or where unhealthy options are significantly easier. Concrete Impact: Program outputs that change the environment or culture in which people are making decisions. Examples would be policies, environmental impacts like installing a walking track or sidewalks, or providing access to healthier foods through a farmer's market, changes in snack or school lunch policies or through other means. Or, a changed "culture" of the school or community around these issues if there is a strong argument. Outcomes should be sustainable, even if the program itself is not sustainable. Education by itself is not sufficient without changing the environment as well. Large percentages of a community's population must be involved.	Yes	No
4. The project led to other projects or efforts.	Yes	No
5. The project helped change the way the community works together on public issues.	Yes	No
6. The project led to some individuals becoming new leaders or to more engaged community members.	Yes	No

Appendix K: Changes to Year Three Evaluation Plan

The evaluation team has made significant developments to site visit protocol so that grantee personnel are actively engaged in the measurement process via a facilitated discussion with the evaluation team. This interactive process should continue to result in an accurate assessment of grantee capacity while grantees will benefit directly from participating in the assessment process via the opportunity to reflect and discuss each element of their organization's process.

Before a site visit, project staff members will be asked to complete a Program Capacity Assessment/Building Questionnaire. The questionnaire asks each grantee staff member to rate his or her program's capacity on several dimensions (e.g., governance, human resources, external relations). During the visit, two members of the evaluation team will conduct group discussions with 2-6 of the program's staff with the goal of identifying the program's strengths and growth areas. A handful of the questionnaire items have been selected to focus the discussions. At the end of the discussion, the staff will be asked to complete the questionnaire again. In sum, the plan for the site visits in year three is to:

1. Conduct the program capacity/assessment building discussion with grantee staff (2-3 hours).

2. Interview the executive director (45 minutes - 1 hour).

3. See the project in action (for grantees that conduct activities on-site, and that are conducting activities that we have not seen before).

After site visits, the evaluation staff will summarize each grantee's aggregate responses in a report back to the organization along with suggestions for each program's growth. The grantees' discussion ratings will be used in the quantitative analyses of the 2008 evaluation.

Community Readiness Assessment Analysis

The Institute conducted community readiness assessments in each of the grantee's communities as part of the year two evaluation activities. The communities of the 2006 grantees will be assessed again in year three of the evaluation. The observed changes in readiness from year 2 to year 3 will be analyzed as an additional Initiative outcome variable. Communities with programs that make concrete impact on the root problem and successfully engage community members are expected to have increased readiness.

The Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies. The model predicts that programs can maximize chances of success by designing program strategies and activities that are matched to the level of readiness in the target community. In year three the evaluation team will develop a system for measuring the level of community readiness that is targeted by each grantee's programs. The community readiness scores and the measures of grantee readiness targeting will be analyzed statistically to evaluate whether Healthy & Active projects that are matched to their community readiness have experienced greater success.

Technical Assistance in 2008

The evaluation team continues to provide evaluation coaching and consultation for individual programs. As in previous years, the evaluation team offers advice for dealing with challenging situations, identifies measurement tools, and designs procedures for data collection and analysis for internal evaluation.

Evaluation workshop

An additional technical assistance activity has also been developed based on evaluation results and feedback from grantees. A workshop on tracking individual participants in H&AC programs will be conducted in three locations

throughout the MFH service area in 2008. These workshops focus on what type of data can be gathered, program logic modeling, as well as procedures for tracking participants and analyzing the data to determine effectiveness. This workshop includes a presentation, interactive components, and individual consultation with evaluation team members.

Appendix L: Descriptive Statistics of Program Outputs and Correlations with Success and Sustainability

The grantee outputs that were examined in this report were: number of policies implemented and number of individuals engaged. Table 2 displays the descriptive statistics for both and their correlations with program success and sustainability.

Table 2. Descriptive statistics of program outputs and correlations with program success and sustainability.

	Median	Standard Deviation	Correlation with Total Program Success	Correlation with Sustainability
Number of Policies Implemented	2	5.34	.498**	.446**
Number of Individuals Engaged	1,232.50	7,847.96	.343*	.318*

** Correlation is significant at 0.01 level.
* Correlation is significant at 0.05 level.

Examples of Grantees' Policy Implementations

The examples of policies that were implemented were in worksite or school district settings, and often outlined prescriptions for nutritional content of foods served in those settings. A few programs that targeted schools had implemented policies to expand times for students to receive physical education or to improve the content of existing P.E. curricula.

For instance, the Clearwater R-1 School District has someone on staff that not only implements the project, but has convinced others in the district about the importance of health. Her work has resulted not only in the creation of a weight room and dance/aerobics room as proposed in the grant but has also resulted in vending machine policy changes in the elementary, middle, and high school. Furthermore, additional physical education time has been granted for elementary school students by the school board. These types of policy changes would not have happened if the person driving the grant did not look at the environmental level and see what was negatively impacting the health of students and took additional action. Clearwater staff could have just purchased equipment and made sure it was installed correctly. Instead they are using the purchased equipment as a rallying point in the community to emphasize the importance of physical activity.

Program outputs tended to be moderately correlated with one another.[2] Programs that implemented greater numbers of policies tended to engage greater numbers of individuals.

Illustrations of the association among policy implementation and individual engagement include Clearwater's efforts. In addition, the Polk County Health Department (PCHD) has worked with 18 schools in that county to design and implement school wellness policies. As indicated in their fall survey, PCHD has implemented 18 policies (one in each school), and has engaged 7,876 people. One notable application of those policies is their coordination of the purchase and installment of a regular salad bar in one high school. That purchase resulted in several media features in local newspapers, thereby influencing the broader community.

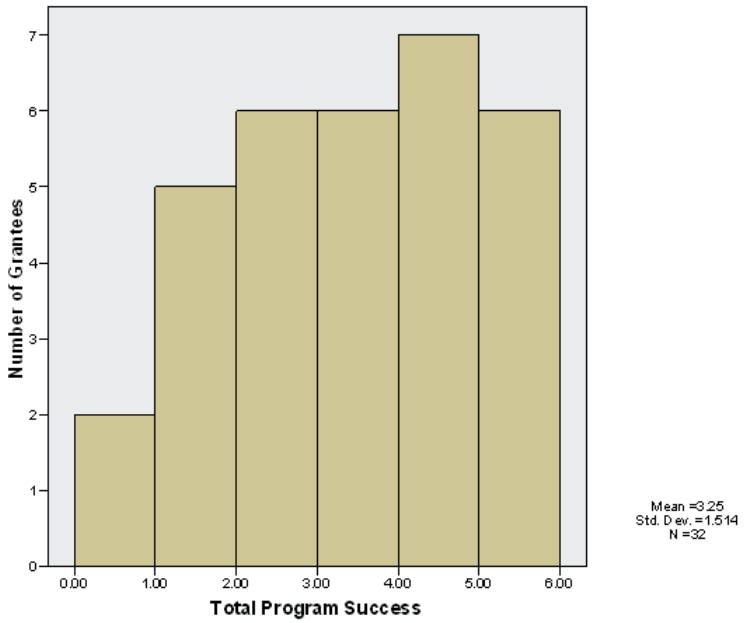
[2] One-tailed Pearson correlation, r(29) = .41, p = .01.

Appendix M: Descriptive Statistics and Examples of Program Successes

The evaluation team rated each grantee on the percentage (0 – 100%) of each of the six types of program success that had been accomplished using MFH funds. A total success score was computed for each site by adding together the six scores.[3] Thus, grantee program success could range from 0 to 6.

Figure 2 displays the distribution of grantees with each total of the 6 types of evaluated success. Half of the grantees had accomplished at least 3 of the types of success, and one-fifth of grantees (19%) had accomplished at least 5 types of success. Even so, there were 2 grantees who did not meet criteria for any of the 6 types of success. There was no observed difference in amount of program success between 2005 and 2006 grantees.

Figure 2: Distribution of grantees with each observed total of the 6 types of evaluated program success



Specific data on each type of success are described below and illustrated with examples.

Accomplishing objectives. There are many grantee projects that fully met proposed objectives for both program outputs and participant outcomes, even when those objectives were demanding. For example, the Forest Institute of Psychology (via Hand-in-Hand Ministries) conducted hundreds of home health parties in the Springfield area. Meeting the proposed objective, over half of the participants in those parties gained awareness of physical activity and healthy eating opportunities and infrastructure to support healthy and active lifestyles in their communities.

Achieving more than original goals. Almost half (45%) of the grantees had achieved more than their original goals. These successes tended to be in the numbers of participants served by the program. For example, the Forest Institute of Psychology had proposed to host 600 health parties involving 3,000 participants, and reported in November 2007 having actually completed 657 parties involving 5,330 participants. Similarly, Phelps County Community Partnership had proposed to plant 4 community gardens, but reported that 5 gardens were in place at the end of 2007.

[3] One grantee could not be scored on success due to limited information in that grantee's reports.

Concrete impact on the root problem. Grantees that made considerable concrete impact in their communities include the Phelps County Community Partnership. In addition to establishing community gardens, a walking trail, and healthy programming for school-aged children and WIC clientele, the grantee hired a marketing specialist to launch a community-wide campaign to engage the community in the use of these opportunities. Including health fairs and press releases, the campaign was instrumental in changing the behaviors of large percentages of the community. A survey of randomly-selected residents showed a significant increase (10%) in the number of residents who eat recommended amounts of fruits and vegetables daily.

Inspiring other efforts. Half of grantee programs led to other projects or efforts. Many grantees established partnerships during their projects that spurred those partners to take action in their own right. For example, the Clearwater R-1 School District inspired the local Wild Turkey Foundation to promote an archery program in the schools. Also, Independence Center is replicating wellness policies similar to their own in other mental health day-facilities via trainings and coaching.

Changing the way the community works together. Half of grantees helped to change the way the community works together on public issues. One notable example of community coalition-building is Whole Kids Outreach. Every month a group of leaders concerned about the health of their five-county region meet to coordinate and plan activities designed to improve the health of a region significantly impacted by poverty, lack of resources, and lack of infrastructure. Referred to as the Mark Twain Forest Regional Health Alliance, health department staff, hospital administrators, county commissioners, school representatives, non-profit managers, and clinic staff identify resources that they can each utilize to help them overcome obstacles to health. For instance, one member of the alliance wanted to help seniors with arthritis but needed access to a pool to conduct water aerobics. The nearest public pool was over 45 minutes away which was not going to help people in the region she wanted to impact. Through the alliance she found a hotel owner in the region who allowed her to conduct water aerobics classes for seniors. This alliance began prior to H&AC funding but because of the funding is now able to implement more projects, particularly in the 14 schools in the region. In a rural region, partnerships like this are invaluable where access to resources such as office space, meeting rooms, and exercise facilities is limited.

Engaging the community and creating new leaders. Most grantee programs (64%) led some community members to become new leaders or to become generally more engaged. Many grantees have inspired particularly influential community members to buy into the healthy and active mission, and to contribute efforts in their own right. One shining example is a staff member from one grantee organization. Their project director described a staff member who was shy, hesitant to present in public, and new to the work needed for their program. She has taken advantage of professional development opportunities and has built confidence and skills needed to be a leader in her community around healthy and active living and to take on additional responsibilities. She described her as a role model, an engaged community member, and a leader for their organization.

Appendix N: Descriptive Statistics and Examples of Program Sustainability

Grantee programs are largely sustainable. Sixty-percent of the grantees can sustain at least half of program activities post-award. As described above, grantee outputs such as equipment, trails, and many policies, require seed money to be installed or initiated but are then mainly enduring. Other grantee activities, such as after-school programming require continued human resources and supplies. To sustain those activities, a few grantees have lined up continued funding from other MFH funds, other foundations (e.g., Robert Wood Johnson), federal sources (e.g., Department of Education), or even in-kind donations from local businesses. Another common strategy for sustainability of program activities was to provide content and training for existing educational professionals in schools, day cares, or other community centers. One grantee described the 'train the trainer' approach to sustainability that was used:

> *My vision of where we will be at the end is that all of the schools will be able to self-sustain these programs after we're gone. We're training the physical activity teachers and the nutrition teachers in the schools how to do these programs so that once we're gone they can continue them with students in any grade level for that period.*

Relationship between success and sustainability. Generally, program success and sustainability were moderately positively correlated (see Appendix J). Thus, programs that had achieved more types of successes tended to be more sustainable. Some of the overlap between success and sustainability can be explained by the enduring qualities of the high-impact grantee outputs such as trail or fitness-center building and policy implementation. Also described in the report (and portrayed in Figure 10), success and sustainability have many factors in common. Thus, grantees that possessed particularly high levels of a few key kinds of capacity were most likely to be rated as having been successful and as having sustainable programs. An additional explanation for the association between program success and sustainability could be that grantees are using success stories as leverage to secure additional funding for their efforts.

Appendix O: General linear model of total program success by targeting of school and community levels

	df	F	p	partial eta^2
Target School	1	.10	ns	ns
Target Community	1	4.59	.04	.14
Target School x Target Community	1	3.28	.08	.11
Error	28			

df = degrees of freedom for F-test
F = test statistic
p = probability value of the test statistic
partial eta^2 = effect size of the factor

		Mean	s.e.
	Targeted Community Level	3.34	.29
	Did Not Target Community Level	2.08	.51
Target Schools	Targeted Community Level	3.96_a	.33
	Did Not Target Community Level	1.64_b	.77
Did Not Target Schools	Targeted Community Level	2.71_b	.47
	Did Not Target Community Level	2.52_b	.67

Different subscripts indicate significant mean differences using Games-Howell post-hoc test, p < .001.
s.e. = standard error of the mean

Appendix P: Multiple regression of total program success by targeting of schools and external relationship building

Variable	B	s.e.	β
Step 1			
Constant	-.31	.27	
Targeting of Schools	.49	.35	
Z (External Relationship Building)	.32^	.17	
Step 2			
Constant	-.41	.27	
Targeting of Schools	.54	.34	.27
Z (External Relationship Building)	-.05	.26	-.05
Targeting of Schools x Z (External Relationship Building)	.60¥	.34	.46

^ p = .07
¥ p < .09

Note: Adjusted R^2 = .14, p < .05 for Step 1; Δ R^2 = .08, p < .09 for Step 2.

B = unstandardized regression coefficient
s.e. = standard error of the coefficient
β = standardized regression coefficient

Appendix Q: Multiple regression of sustainability by number of partnerships and poverty rates

Variable	B	s.e.	β
Step 1			
Constant	.00	.18	
Z (Number of Partnerships)	.01	.18	.01
Z (External Relationship Building)	.02	.18	.02
Step 2			
Constant	.08	.17	
Z (Number of Partnerships)	.40	.24	.40
Z (External Relationship Building)	.22	.19	.22
Z(Number of Partnerships) x Z (Community Poverty Rate)	.79*	.34	.58

* $p < .05$

Note: Adjusted $R^2 = .00$, p ns for Step 1; $\Delta R^2 = .15$, $p < .05$ for Step 2.

B = unstandardized regression coefficient
s.e. = standard error of the coefficient
β = standardized regression coefficient

Appendix R: Multiple regression of program sustainability by rural vs. urban community and number of policies implemented

Variable	B	s.e.	β
Step 1			
Constant	.61	.08	
Rural vs. Urban Community	-.18	.18	-.23
Z (Number of Policies Implemented)	.12	.08	.35
Step 2			
Constant	.61	.08	
Z (Number of Partnerships)	2.18	1.22	
Z (External Relationship Building)	.11	.07	.33
Rural vs. Urban Community x Z (Number of Policies Implemented)	3.40^	1.74	3.07

^ $p < .07$

Note: Adjusted $R^2 = .15$, p ns for Step 1; $\Delta R^2 = .27$, $p < .05$ for Step 2.

B = unstandardized regression coefficient
s.e. = standard error of the coefficient
β = standardized regression coefficient

Appendix S: Self-Report Tools

In community-based health programs, asking participants to self-report their own physical activity levels and food consumption is essential in demonstrating program impact. A survey of participants' self-reports allows the evaluator to document information or activities they would not be able to observe or measure otherwise. For example, the number of servings of fruits and vegetables that a participant has eaten in the past week, or the number of minutes of physical activity a participant has engaged in, are both questions that cannot be directly observed in many programs. However, the accuracy and usefulness of self-reported health behavior is often difficult to ensure for a number of reasons. The attempt of this report is to provide a few of those scenarios that can negatively impact data received through self-report measures and the resources available to address them. The following are a few examples of common problems in self-reported behavior:

- Participants may have difficulty remembering their specific food intake or physical activity during the time period about which they are asked. For example, a person will be less likely to accurately remember the food they ate a week ago than what they ate in the last couple days.
- Some of the errors in accuracy among children's self-reporting could be related to their cognitive abilities. Specifically, children between ages 7-12 are beginning to gain the thought processes that allow them to better quantify objects. This is important to be aware of when asking about food portions.
- Another factor is the social desirability of the behavior being reported. Individuals may be less likely to acknowledge their inactivity or fat intake because of denial and/or the negative social perceptions that goes with it. Therefore it is important to ensure participant's anonymity. One technique for guarantee privacy is through the use of person-specific codes chosen by each participant that can then be used to track their responses over time, yet are completely anonymous.This way the participant feels more comfortable providing honest answers about their health behavior.

These are all important considerations in designing effective evaluations, but it is certainly not a complete list of possible problems. Luckily, there are existing tools available to collect physical activity and nutrition data that have been written by experts, rigorously tested, and validated. The use of these pre-existing questions in your own evaluations will improve the accuracy of the data reported by the participants. The questionnaires listed below have been designed to alleviate many of the self-reporting problems seen by ensuring clarity of language, appropriate length of recall, and developmental appropriateness. Still, portions of your evaluations could require additional, program-specific survey questions to be written. Daily logs are also proven to be an effective way to gather accurate accounts of behavior. However, they do require significant effort and motivation from the participants. Additionally, they are best used in situations with a small number of participants who are rewarded for the completion of each day.

We are here to help in choosing which questionnaires to use, and in writing additional surveys for your specific needs. Please let us know how we can help by calling us at 866-621-0033 or send an email to ipp@missouri.edu.

Health Promotion Research Center
http://depts.washington.edu/hprc/publications/rapa.htm
- 9 Questions (English, Spanish, Vietnamese)

Stress, the HPA and Health in Aging
http://stressandhealth.stanford.edu/measures/7Day.html
-14 Questions
-Questions target older adults

International Physical Activity Questionnaire
http://www.calwic.org/docs/wwt/walk_activity_questionnaire.pdf
- 10 Questions
- Asks participants to recall physical activity in past 7 days

Global Physical Activity Questionnaire
http://www.sdprc.net/lhn-tools/gpaq-english.pdf
- 16 Questions
- Several questions are specific to those currently in workforce

Neighborhood Environment Walkability Scale
http://www.drjamessallis.sdsu.edu/NEWS.pdf
- 66 Questions
- Questions target adults who have knowledge of community

San Diego High School Survey
http://www.drjamessallis.sdsu.edu/sdhssurvey.pdf
- 56 Question
- Designed for high school students
- Asks respondents about the factors that may prevent physical activity as well as those factors that motivate them.
- Measures the level of activity of family and friends

S.P.A.R.K. parent survey
http://www.drjamessallis.sdsu.edu/sparkparentsurvey.pdf
- 17 Questions
- Parent survey of their child's physical activity

Behavioral Risk Factor Surveillance System
http://www.cdc.gov/brfss/questionnaires/pdf-ques/2007brfss.pdf
- This survey includes sections on a variety of health related behaviors such as diabetes, hypertension awareness, arthritis burden, fruits and vegetables, and physical activity. Questions can be chosen to suit your specific program needs.

Youth Risk Behavior Surveillance System
http://www.cdc.gov/HealthyYouth/yrbs/pdf/questionnaire/2007HighSchool.pdf
- This survey measures youth health related behaviors. Questions can be chosen to suit your specific programs.

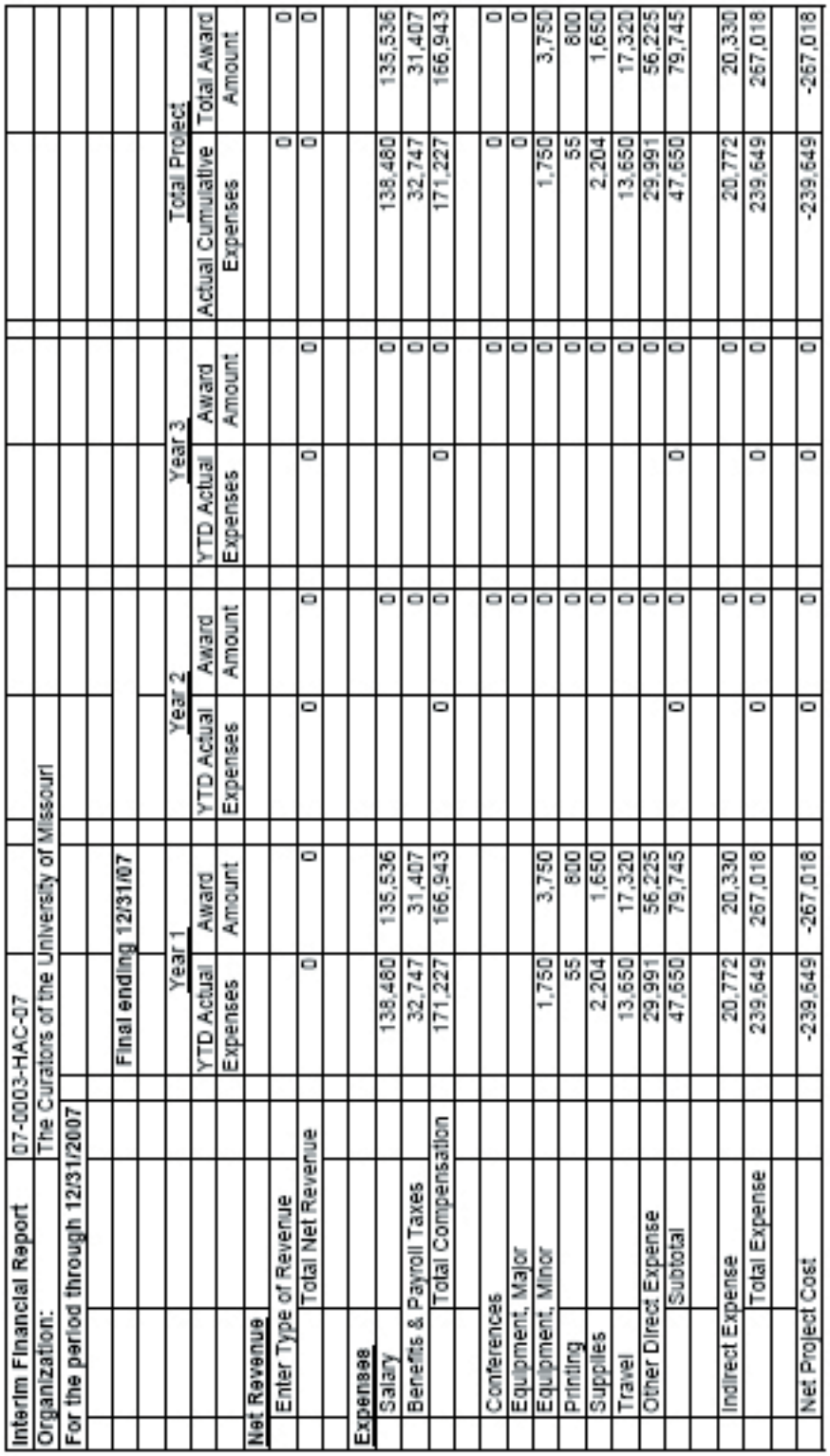
Arizona Food Frequency Questionnaire
http://www.azdiet-behavior.azcc.arizona.edu/affqEnglish.htm
- This site contains several questionnaires related to healthy living such as fruit and vegetable intake, physical activity, and smoking habits.

Readiness to Change
http://casaa.unm.edu/download/Change%20Questionnaire.pdf
- 12 Questions
- Measures respondent's readiness to change designated behavior

The Child and Adolescent Trial for Cardiovascular Health (CATCH) Food Checklist
Originally published in:
Smith, K.W., Hoelscher, D.M., Lytle, L.A., Dwyer, J.T., Nicklas, T.A., Zive, M.M., Clesi, A.L., Garceau, A.O., Stone, E.J. (2001). Reliability and validity of the Child and Adolescent Trial for Cardiovascular Health (CATCH) food checklist: a self-report instrument to measure fat and sodium intake by middle school students. *Journal of the American Dietetic Association, 101*(6), 635-647.

(Available from the Institute of Public Policy on request)
- Checklist of 40 items (food, beverages, and condiments)
- Used to measure total fat, saturated fat, and sodium intake of middle school students

Appendix T: Financial Report



Interim Financial Report	07-0003-HAC-07													
Organization:	The Curators of the University of Missouri													
For the period through 12/31/2007														
			Final ending 12/31/07											
				Year 1		Year 2		Year 3		Total Project				
			YTD Actual	Award	YTD Actual	Award	YTD Actual	Award	Actual Cumulative	Total Award				
			Expenses	Amount	Expenses	Amount	Expenses	Amount	Expenses	Amount				
Net Revenue														
Enter Type of Revenue									0	0				
Total Net Revenue			0	0	0	0	0	0	0	0				
Expenses														
Salary			138,480	135,536		0		0	138,480	135,536				
Benefits & Payroll Taxes			32,747	31,407		0		0	32,747	31,407				
Total Compensation			171,227	166,943	0	0	0	0	171,227	166,943				
Conferences						0		0	0	0				
Equipment, Major						0		0	0	0				
Equipment, Minor			1,750	3,750		0		0	1,750	3,750				
Printing			55	800		0		0	55	800				
Supplies			2,204	1,650		0		0	2,204	1,650				
Travel			13,650	17,320		0		0	13,650	17,320				
Other Direct Expense			29,991	56,225		0		0	29,991	56,225				
Subtotal			47,650	79,745	0	0	0	0	47,650	79,745				
Indirect Expense			20,772	20,330		0		0	20,772	20,330				
Total Expense			239,649	267,018	0	0	0	0	239,649	267,018				
Net Project Cost			-239,649	-267,018	0	0	0	0	-239,649	-267,018				

Budget Variance Narrative
07-0003-HAC-07

Equipment, Minor

Our proposed budget included $2,000 for an automated tracking device for walking trails monitoring, which was not expended after discussions with MFH personnel, causing a 53.33% variance in this budget category.

Supplies

The original budget requested software site licenses for use on the project as well as office supplies. The site license cost was $1,500, or $850 more than the $650 estimated causing a -33.6% variance in this category.

Travel

Site visit and focus group travel expenses fell 21.19% below the original estimate.

Other Direct Expenses

The budget variance of 46.7% in this category is due to the following:

Annual Convening expenses, originally estimated at $20,000, cost only $18,616.89.

The telephone survey originally planned at $18,200 was scrapped following discussions with MFH personnel.

Project long distance calls placed totaled $253.89 rather than the $375 requested.

Focus Group snacks and beverages were provided for only one group, saving $2,661.65.

Transcription services estimated at $14,950 totaled only $11,100.50.