

# H&AC : Promising Strategies

*Snapshot of 2009/2010 PS grantees*

H&AC Evaluation Team  
February 9, 2012

# Purpose of Presentation

*Audience:* MFH Program Officers & Board Members

- Review up-to-date data that contributes to answering evaluation questions
- Link grantee activities to evidence from the literature
- Discuss the role of partners
- Make recommendations for future grant making

# PS Evaluation Questions

1. What was the change in capacity?
2. What was the reach of the program?
3. What did the partnerships network look like?
4. How did the level of collaboration between grantees and MFH, capacity-building teams, and community change over time?
5. How did the program structure facilitate or impede implementation?
6. How have policies changed over time?
7. How have physical and built environment opportunities changed over time?

# Overview

In 2005, the Missouri Foundation for Health (MFH) established the Healthy and Active Communities (H&AC) Initiative to address rising obesity levels in Missouri.

**Promising Strategies (2009-2014)**

- 31 total grantees, 3 cohorts
- Funding informed by Healthy Eating Active Living Convergence Partnership's recommended 'promising' strategies
- Projects focused on integrating environmental and policy approaches using pre-selected menu of evidence-based, promising strategies

**Innovative Funding (2008-2012)**

- 4 grantees, 1 cohort
- Funding in response to a need for creative obesity prevention strategies that addressed gaps in the evidence
- Grantees focused on changing environments and implementing policies

**Model Practice Building (2007-2012)**

- 19 total grantees, 2 cohorts
- Funding still informed by *The Community Guide's* recommended strategies but was designed to strengthen the evidence base of obesity prevention
- Grantees focus on programming and improving opportunities for physical activity and healthy eating, but encouraged to implement environmental and policy changes

**Healthy and Active Communities (2005-2008)**

- 33 grantees, 2 cohorts
- Funding was in response to *The Community Guide* recommended strategies released in 2002 & 2006
- Focus on programming and improving opportunities for physical activity and healthy eating



**Community Guide (2002)**  
*The Community Guide* released recommended strategies to increase physical activity:

- Community-wide campaigns
- Individually-adapted behavior programming
- Social support in communities
- Enhanced physical education
- Point of decision prompts
- Enhanced access to place to be active with outreach

**Community Guide (2006)**  
*The Community Guide* released two additional recommended environmental and policy approaches to increase physical activity:

- Community urban design & land use
- Street-scale urban design & land use

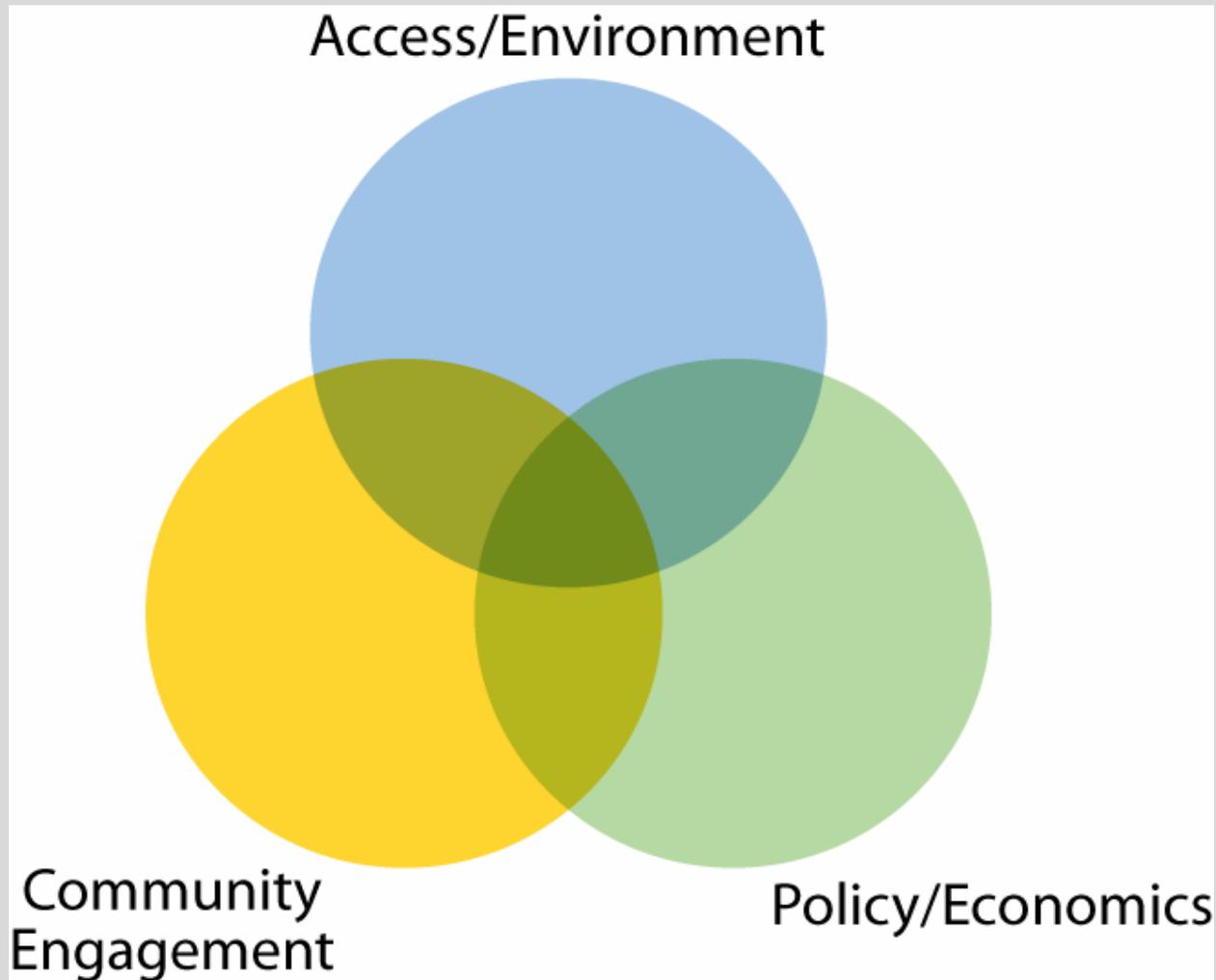
**Convergence Partnership (2008)**  
*The Healthy Eating Active Living Convergence Partnership* released recommended 'promising strategies' to increase healthy eating and physical activity across 3 domains:

- Access/Environment
- Community Engagement
- Policy/Economics

**Emerging Evidence (2009 - )**  
 Evidence is continuing to build for environmental and policy strategies, strategies that expand beyond individual programming, and foster strong partnerships:

- CDC recommends strategies across all PS domains (Kahn et al. 2009)
- Community Guide recommends worksite policies (Anderson et al. 2009)
- Childhood obesity prevention programs found effective (Waters et al. 2011)
- ENACT Community Tool and Local Policy Database provide implementation tools (Strategic Alliance 2011)

# Promising Strategies Structure



# Promising Strategies Structure

- To be eligible for PS funding, grantees must employ at least one strategy from three domains:
  - **Access/Environment**
  - **Community Engagement**
  - **Policy/Economics**

# Methodology

- Sample: 2009/2010 cohort of grantees
- HAPPE data
- Baseline key informant interviews
- Review of Interim Reports

# Promising Strategies Structure

## Average Number of Strategies Employed by 2009/2010 PS Grantees

Promising Strategy Domain	Average # of strategies employed (per grantee)
Access/Environment	1.74
Community Engagement	1.96
Policy/Economics	1.35

# Promising Strategies Structure

## What are grantees saying about the PS structure?

**The majority of grantees reported that the PS structure helped them to formulate their overarching plan for their PS project and assisted with creating goals and maintaining the focus of the project.**

*“I would say the biggest part is that it has served as a visual goal for me. I've been able to see how it all comes together and the importance of it all. Because if you take away one it's like taking a leg out from under a table.”*

# Promising Strategies Structure

## What are grantees saying about the PS structure?

**Many grantees said they may have benefited from a more dynamic RFA process, including:**

- More support during the grant writing phase at using the structure (i.e. how to select complementary strategies) to meet the needs of communities
- Clearer guidelines/definitions during the grant writing phase of what types of activities fall under the different strategies
- Feedback or support during grant writing phase about project plans and objectives (e.g. how will they measure it, what are reasonable objectives/outcomes, etc.)

# Access/Environment

**Access/Environment:** creating a healthy physical environment so people can make healthier decisions

# Access/Environment

*How have physical and healthy eating environment opportunities changed so far?*

**65%** of grantees have implemented **physical activity** environment changes

- Developed/Improved trails (35% of grantees)
- Developed/Improved Parks (31% of grantees)
- Implemented land use changes (26% of grantees)

**43%** of grantees have implemented **healthy eating** environment changes

- Implemented Farm to Institution activities (26% of grantees)
- Displayed point of purchase prompts (13% of grantees)

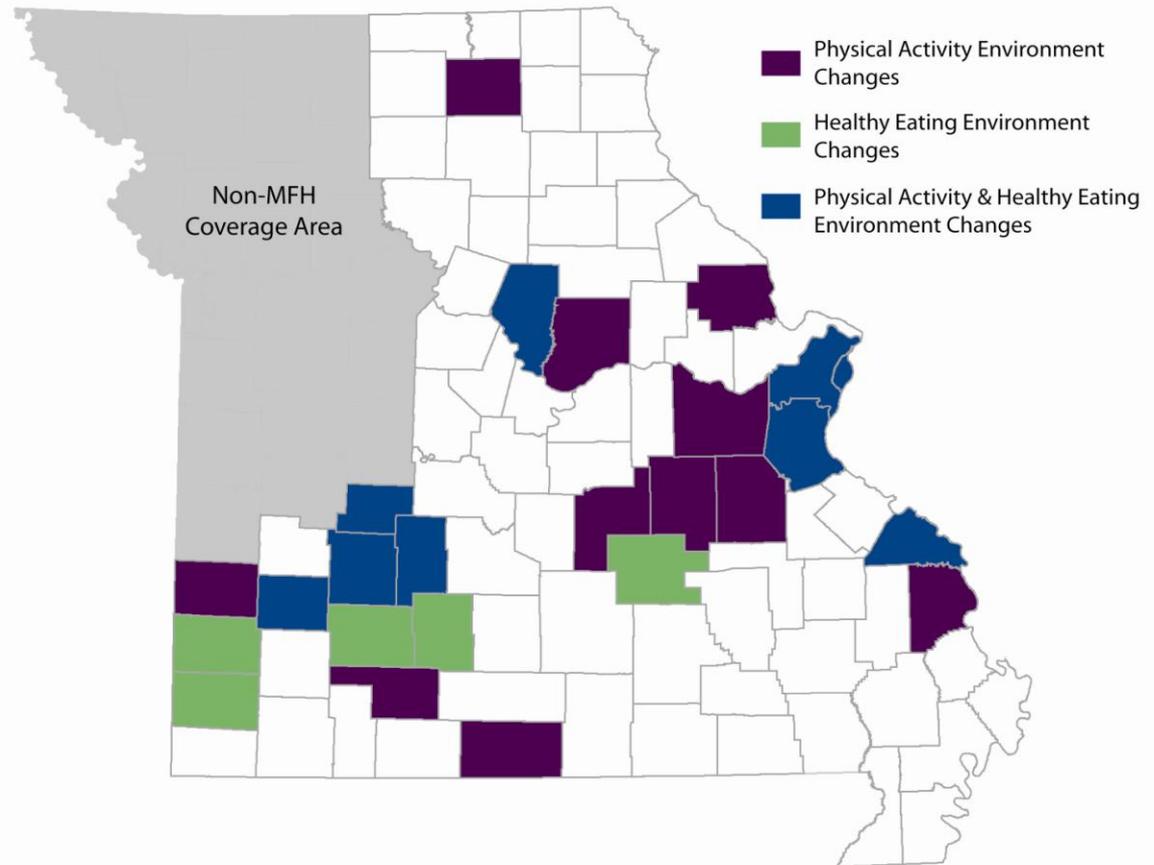
**9%** of grantees have implemented **BOTH** types of environment changes

# Location of Physical Activity and Healthy Eating Environment Changes: 2009/2010 Grantees

P.A. Environment Changes implemented in **11 counties**

H.E. Environment Changes implemented in **4 counties**

**Both** P.A. and H.E. environment changes implemented in **8 counties**, plus **City of St. Louis**



# Access/Environment

Connect roadways to complementary systems of trails and bike paths that provide safe places to walk and bike

Percent of grantees	# of MFH counties	Examples from grantee work	Evidence from the literature
Develop or improve trails <b>(35%)</b>	10	<ul style="list-style-type: none"><li>• Lutie Walking Trail and Fitness Stations</li><li>• Barton County developed Lamar City Trail</li><li>• City of Perryville added fitness equipment to trail</li></ul>	<ul style="list-style-type: none"><li>• Creating multi-use walking trails increases physical activity, especially in low-income areas, where places for recreational physical activity are fewer.<sup>1</sup></li><li>• People who live near trails are 50% more likely to meet physical activity guidelines and 73-80% more likely to bike than those without trails nearby.<sup>1</sup></li></ul>

# Access/Environment

Create regional infrastructure for production, distribution, and processing of local and regionally grown healthy foods.

Percent of grantees	# of MFH counties	Examples from grantee work	Evidence from the literature
Gardens (30%)	8	<ul style="list-style-type: none"><li>• Springfield Urban Agriculture Coalition has a network of 5-6 school gardens</li><li>• Gateway Greening has a network of community gardens across St. Louis City/County</li></ul>	<ul style="list-style-type: none"><li>• Community gardens increase fruit and vegetable consumption, nutrient intake, and physical activity.<sup>2-4</sup></li><li>• Research has linked gardening to reduced risk of obesity, heart disease, and diabetes.<sup>2</sup></li></ul>

# Access/Environment

## Support infrastructure improvements

Percent of grantees	# of MFH counties	Examples from grantee work	Evidence from the literature
Design streets for active transportation <b>(17%)</b>	4	<ul style="list-style-type: none"><li>• City of Kirksville installed bike lanes</li><li>• Washington Co. Health Dept. built sidewalks connecting Senior Center to other points of interest</li></ul>	<ul style="list-style-type: none"><li>• Evidence from Portland, Minneapolis, California, Europe, and Australia show that investment in bike and pedestrian infrastructure increases biking and walking.<sup>8</sup></li><li>• Two decades of infrastructure investments of \$3.50 per resident have increased bike trips five-fold in Portland.<sup>8</sup></li></ul>
Improve streetscapes <b>(17%)</b>	4	<ul style="list-style-type: none"><li>• City of Kirksville built a crosswalk near bike lanes</li><li>• City of Cape Girardeau installed bike racks around town</li></ul>	<ul style="list-style-type: none"><li>• The Task Force on Community Preventive Services found that street improvements like sidewalks, lighting, crosswalks, and curbs led to a median 35% increase in physical activity.<sup>9</sup></li></ul>

# Community Engagement

**Community Engagement:** developing outreach and communication strategies that get people to think about positive change, and that make the healthy choice the default choice

# Community Engagement

Offer quality programming to encourage and support physical activity in the built environment.

Percent of grantees	# of MFH counties	Examples from grantee work	Evidence from the literature
Physical Activity Programs <b>(57%)</b>	17	<ul style="list-style-type: none"><li>• Polk County Walking School Bus</li><li>• Barton County’s “Holy Rollers Bike Group”</li><li>• City of Kirksville hosted a Bike Rodeo</li></ul>	<ul style="list-style-type: none"><li>• Walking School Bus participants in Nebraska increased daily physical activity by 18% compared to non-participants, and 55% more children in participating schools met Healthy People 2010 recommendations.<sup>10</sup></li><li>• Programs to encourage use of recreational facilities significantly reduce BMI in children by age 18.<sup>11</sup></li><li>• Programs that build social support networks like walking and biking clubs are strongly recommended to increase physical activity. Programs resulted in a median 44.2% increase in time spent being active.<sup>12</sup></li></ul>

# Community Engagement

Offer quality programming to encourage and support physical activity in the built environment.

Percent of grantees	# of MFH counties	Examples from grantee work	Evidence from the literature
Physical Activity Education Programs <b>(48%)</b>	13	<ul style="list-style-type: none"><li>• Fordland Clinic’s “School Healthy Living Education” Program</li><li>• Lutie has physical activity guest speaker series</li><li>• Trailnet’s “Earn-2-Bike” class</li></ul>	<ul style="list-style-type: none"><li>• The Cochrane group’s systematic review of youth interventions recommends physical activity curricula for policymakers planning large-scale programs to reduce childhood obesity.<sup>13</sup></li><li>• Walking and biking education in the Safe Routes to School program resulted in a 144% increase in biking and 64% increase in walking to school in Marin County, CA.<sup>14</sup></li><li>• Bicycle education classes in Columbia, Missouri increased biking by 75% and self-reported physical fitness by 73%, 6 weeks after the program.<sup>15</sup></li></ul>

# Community Engagement

Campaigns promoting education and awareness of community-selected strategies.

Percent of grantees	# of MFH counties	Example from grantee work	Evidence from the literature
Marketing activities (84%)	46	<ul style="list-style-type: none"><li>Barton County distributed trail maps</li></ul>	<ul style="list-style-type: none"><li>The Task Force on Community Preventive Services found community-level informational campaigns increased energy expenditure by 16% and percentage of active people by 4%.<sup>12</sup></li><li>Informational campaigns have decreased risk factors for cardiovascular disease and increased community capacity for change on health issues.<sup>12</sup></li><li>Maps and brochures distributed at three national parks to increase trail use increased trail use of 60 minutes or more by 11%.<sup>16</sup></li></ul>

# Community Engagement

Campaigns promoting education and awareness of community-selected strategies.

Percent of grantees	Examples from grantee work	Evidence from the literature
Dissemination activities <b>(65%)</b>	<ul style="list-style-type: none"><li>Freeman Health Systems disseminated project summary of Healthy Foods on Campus Campaign</li></ul>	<ul style="list-style-type: none"><li>Dissemination is included in the U.S. National Physical Activity Plan.<sup>17</sup></li><li>Dissemination of physical activity interventions has been effective across multiple settings, such as health departments, schools, and worksites.<sup>18</sup></li><li>Effective dissemination requires selecting an appropriate intervention, active strategies targeted to specific audiences and stage of readiness, and organizational commitment.<sup>18,19</sup></li></ul>

# Policy/Economics

**Policy/Economics:** advocating for healthy policies so people are encouraged to make healthy choices.

# Policy/Economics

## Policy related work:

- **70%** of grantees did **advocacy activities**

Examples:

- developed an advocacy/policy plan
  - communicated with policy maker
  - drafted policy language
- 
- **17%** of grantees **enhanced an existing policy**

# Policy/Economics

*What is the change in the number of policies so far?*

- **30%** of grantees implemented policies

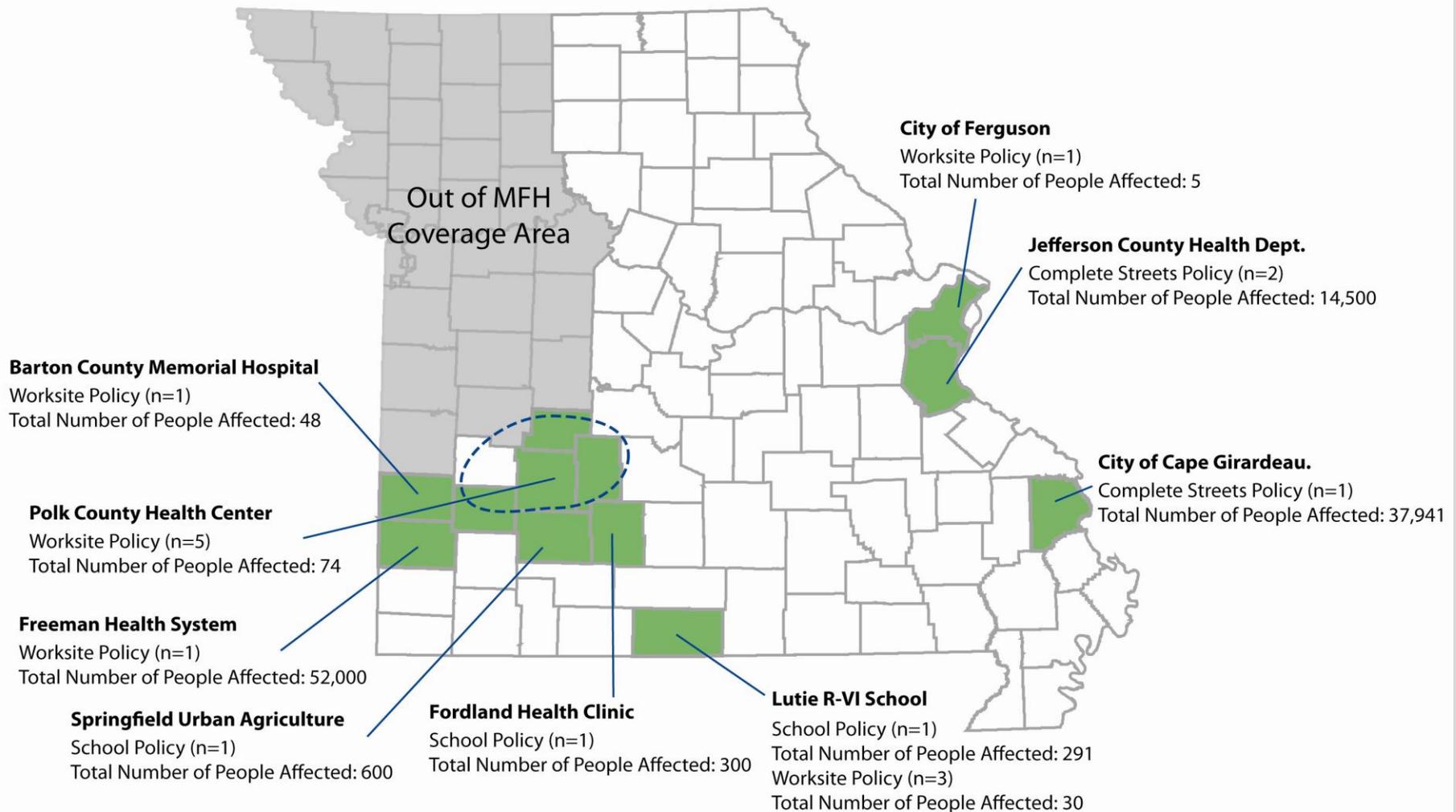
Total of 17 policies:

- 3 Complete Streets Policies
- 3 School Policies
- 11 Worksite Policies

## Policies Implemented by 2009/2010 PS grantees

Type of policy	# of policies implemented	Number of people affected	Evidence supporting policy type from the literature
Complete Streets	3	52,441	<ul style="list-style-type: none"> <li>The Task Force on Community Preventive Services found that community design policies like zoning and transit-oriented development were associated with 161% more physical activity than comparison sites.<sup>9</sup></li> </ul>
School	3	1,191	<ul style="list-style-type: none"> <li>School nutrition policies lead to modest reduced fat intake and increased fruit and vegetable consumption.<sup>21,22</sup></li> <li>Required high school PE class leads to an average 31 more minutes of physical activity per week.<sup>23</sup></li> <li>The Task Force on Community Preventive Services strongly recommends school physical activity policies, finding a net increase in moderate to vigorous physical activity in PE class of 50.3%.<sup>12</sup></li> </ul>
Worksite	11	52,157	<ul style="list-style-type: none"> <li>Worksite programs, especially those with multiple components like information, counseling, and environmental or policy changes, and those focusing on both diet and physical activity, lead to positive health outcomes.<sup>24,25</sup></li> </ul>

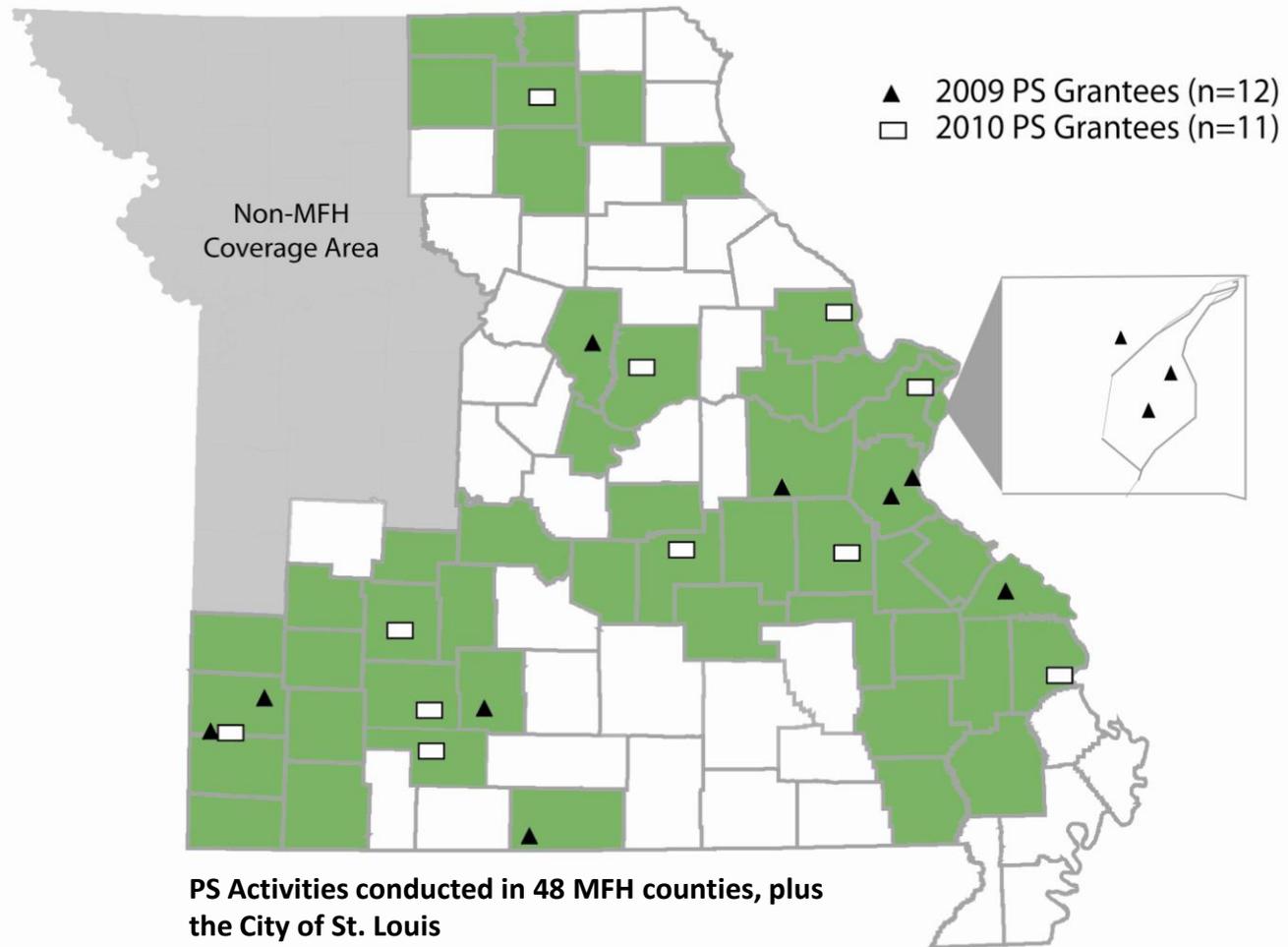
# Where were policies implemented by 2009/2010 PS grantees?



# Outputs/Outcomes Across Domains

- Overall Reach of PS activities
- Partnership Development and Contributions
- Evidence for Sustainability

# Overall Reach of All PS activities



# Partnership Development

## *What the literature says about multi-sectoral partnerships*

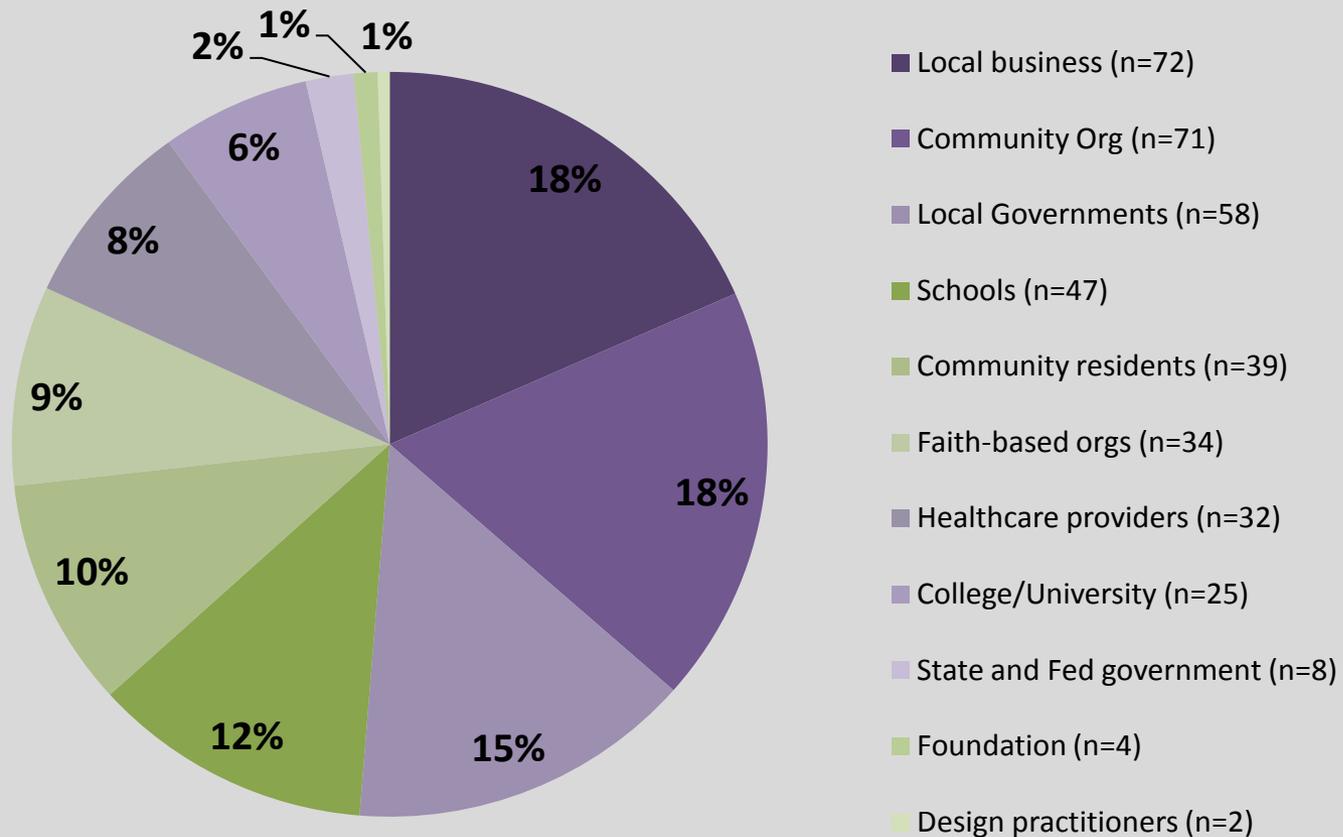
### *Partners...*

- Bring together expertise across the multiple spheres that impact health behaviors.<sup>26-28</sup>
- Help to fill knowledge gaps of practitioners.<sup>28</sup>
- Encourage locally-appropriate strategies.<sup>28</sup>
- Minimize duplication of effort within a community.<sup>26</sup>
- Are included in the U.S. National Physical Activity Plan.<sup>17</sup>
- Support program sustainability
  - increase community support for the project
  - build community capacity for action
  - leverage greater resources to support change<sup>29</sup>
- Are associated with
  - policy and environmental changes
  - changes in health behaviors
  - population-level health outcomes<sup>30</sup>

# Partnership Development

*Who are grantees partnering with?*

**Percent of total partnerships by type (n=392)**



# Partnership Development

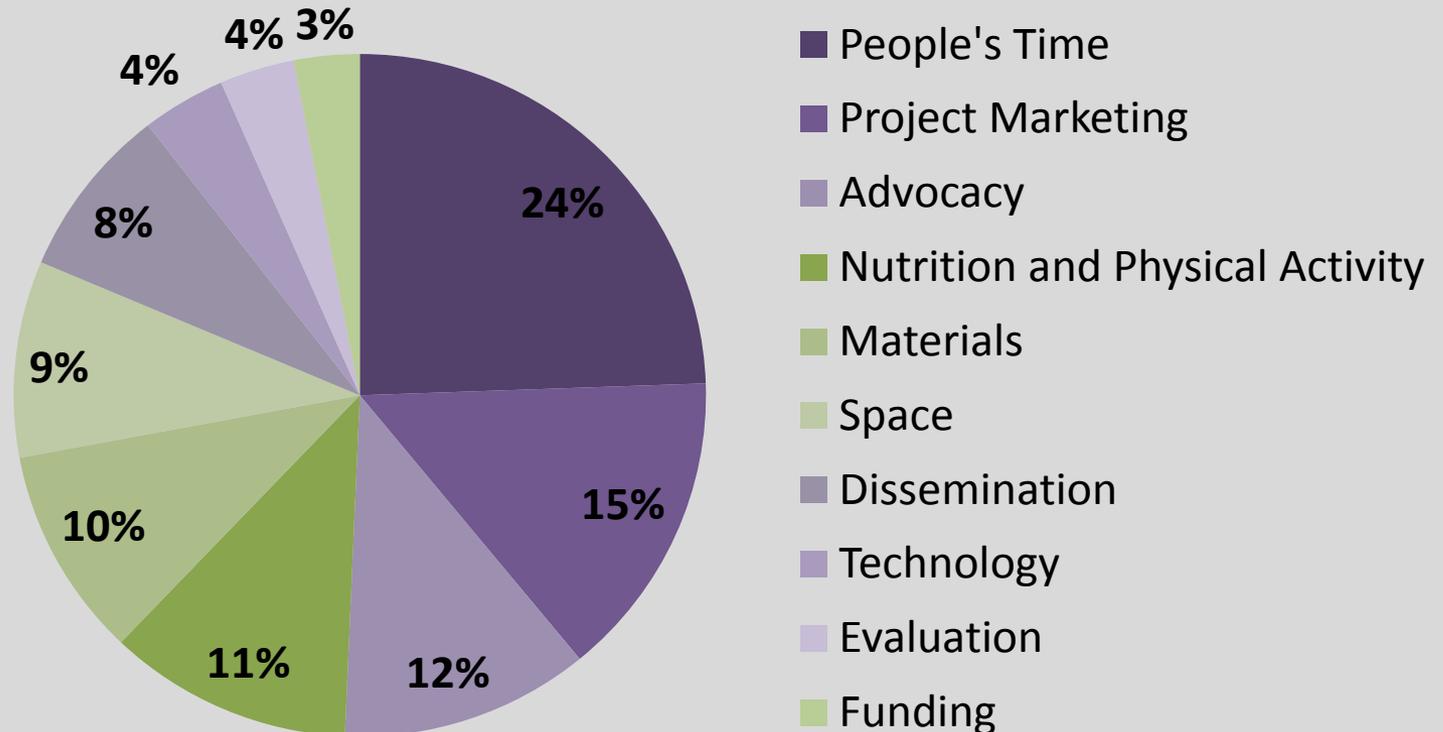
## *Who are the most critical partners?*

Partner Type	Examples from grantees work
Schools/School Districts	<ul style="list-style-type: none"><li>• As the initial school site host for the grantee's LiveSmart school campaign, Joplin was critical to getting the grantee's project off the ground. Despite time constraints on the school day, the district was willing to take on time consuming project duties. - <i>St. John's Regional Medical Center</i></li></ul>
Healthcare Providers/Departments	<ul style="list-style-type: none"><li>• Grantee worked with the hospital to obtain other funding sources for the grantee's school lunch program, implement walking trails, and as one of the largest employers in the area, the hospital was a critical worksite to reach adults in the community. - <i>St. John's Regional Medical Center</i></li></ul>
Cities/City entities	<ul style="list-style-type: none"><li>• Mayor James McGee of Vinita Park championed the grantee's efforts, attending grantee's meetings and embracing all of the grantee's activities, even attending a community bike ride. - <i>Trailnet</i></li></ul>

# Partnership Contributions

*What did partners contribute to PS projects?*

**Partner Contributions**



# Partnership Contributions

## *What did partners contribute to PS projects?*

•Partners provided various resources including funding, materials, access to property/facilities needed for implementation, and buy-in.

•The number one contribution type across all partner types is **PEOPLE'S TIME**

Partner Type	% of all contributions	Second highest contribution type	3rd highest contribution type
Community Org	21%	Project Marketing	Advocacy
Local Governments	16%	Project Marketing	Advocacy
Local business	14%	Materials	Project Marketing
Schools	14%	Project Marketing	Nutrition & Phys Act education
Healthcare providers	10%	Project Marketing	Nutrition & Phys Act education Advocacy
Community residents	9%	Nutrition & Phys Act education	Project Marketing
College/University	8%	Advocacy	Project Marketing Dissemination
Faith-based orgs	7%	Space	Nutrition & Phys Act education Project Marketing

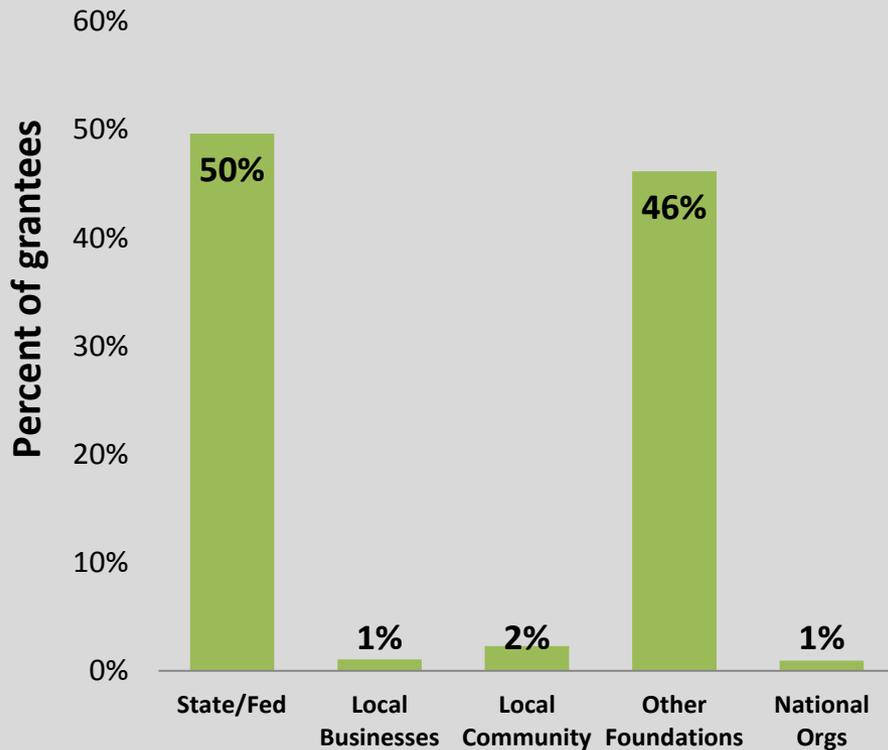
# Sustainability

*What is the current evidence of sustainability of H&AC program components?*

- **27%** of grantees have secured additional funds for project activities.
  - PedNet leveraged **136%** of original PS grant amount (RWJF grant)
  - Washington County Health Dept leveraged **83%** of original grant amount (MoDOT grant)

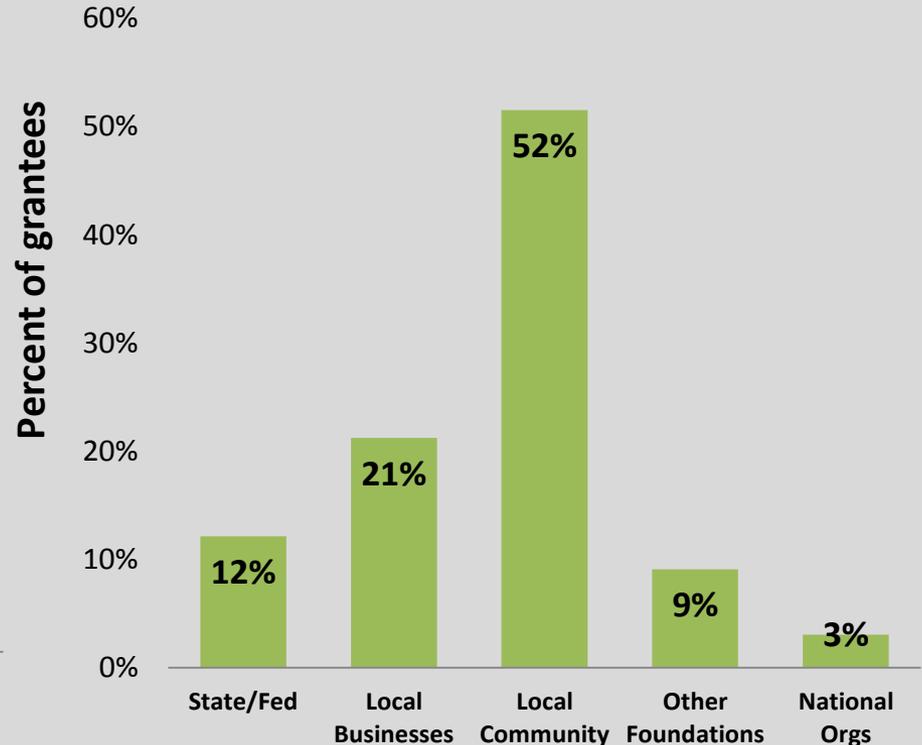
# Sustainability

## Overall % of dollar amt secured by...



Total funds leveraged= \$975, 084

## Overall % of additional funding sources secured by...



Total sources= 33

# Sustainability

## *What are grantees saying about sustainability?*

*Based on interviews, grantees anticipate...*

- Sustainable components:
  - Built environment changes
  - Policy changes
  - Community awareness of obesity issues, active lifestyles, and prevention strategies
- Partners will absorb some costs and project activities:
  - Maintenance of built environment changes
- Continuation of certain partnerships may be challenging:
  - Specialized services like project marketing and technical expertise

# Recommendations

1. Continue to encourage grantees to have an integrated approach across strategies.
2. Encourage a dynamic RFP process.
  - Provide upfront individualized support, such as workshops, for grantees on how to select evidence-based complementary strategies that specifically address the needs of their communities.
  - Provide individualized support on finalizing project plans and objectives prior to contracts being signed.
3. Continue to encourage grantees to secure additional funds, but consider expanding technical assistance or training opportunities (i.e. MoCAP) to include securing funding beyond State and Federal agencies.
4. Continue to support the promotion of multi-sectoral partnerships.

# References

1. Active Living Research. (2009, Summer). *Active transportation: Making the link from transportation to physical activity and obesity*. San Diego: Active Living Research. Retrieved from [http://www.activelivingresearch.org/files/ALR\\_Brief\\_ActiveTransportation.pdf](http://www.activelivingresearch.org/files/ALR_Brief_ActiveTransportation.pdf).
2. Bellows, A. C., Brown, K., & Smit, J. (2004). *Health benefits of urban agriculture*. Portland: Community Food Security Coalition.
3. Litt, J. S., Soobader, M. J., Turbin, M. S., Hale, J. W., Buchenau, M., & Marshall, J. A. (2011). The influence of social involvement, neighborhood aesthetics, and community garden participation on fruit and vegetable consumption. *American Journal of Public Health, 101*(8), 1466-1473.
4. Draper, C., & Freedman, D. (2010). Review and analysis of the benefits, purposes, and motivations associated with community gardening in the United States. *Journal of Community Practice, 18*, 458–492.
5. Centers for Disease Control and Prevention. (2010). *Strategies to prevent obesity and other chronic diseases: The CDC guide to strategies to increase the consumption of fruits and vegetables*. Atlanta: U.S. Department of Health and Human Services.
6. Neff, R. A., Palmer, A. M., McKenzie, S. E., & Lawrence, R. S. (2009). Food systems and public health disparities. *Journal of Hunger & Environmental Nutrition, 4*, 282–314.
7. Kropf, M. L., Holben, D. H., Holcomb, J. P., & Anderson, H. (2007). Food security status and produce intake and behaviors of Special Supplemental Nutrition Program for Women, Infants, and Children and Farmers' Market Nutrition Program participants. *Journal of the American Dietetic Association, 107*(11), 1903-1908.
8. Rails-to-Trails Conservancy. (2008). *Active transportation for America: The case for increased federal investment in bicycling and walking*. Washington, D.C.: Rails-to-Trails Conservancy.
9. Heath, G. W., Brownson, R. C., Kruger, J., Miles, R., Powell, K.E., Ramsey, L. T., & Task Force on Community Preventive Services. (2006). The effectiveness of urban design and land use and transport policies and practices to increase physical activity: A systematic review. *Journal of Physical Activity and Health, 3*(Suppl 1), S55-S76.
10. Heelan, K. A., Abbey, B. M., Donnelly, J. E., Mayo, M. S., & Welk, G. J. (2009). Evaluation of a Walking School Bus for promoting physical activity in youth. *Journal of Physical Activity and Health, 6*, 560-567.
11. University of California, Berkeley. (2011, July). *Parks and recreation programs help to reduce childhood obesity*. Berkeley: UC Regents.
12. Kahn, E. B., Ramsey, L. T., Brownson, R. C., Heath, G. W., Howze, E. H., Powell, K. E., et al. (2002). The effectiveness of interventions to increase physical activity: A systematic review. *American Journal of Preventive Medicine, 22*(4S), 73-107.
13. Waters, E., de Silva-Sanigorski, A., Hall, B. J., Brown, T., Campbell, K. J., Gao, Y., et al. (2011). Interventions for preventing obesity in children. *Cochrane Database of Systematic Reviews, 12*.

14. Weigand, L. (2008). *A review of literature: The effectiveness of Safe Routes to School and other programs to promote active transportation to school* (No. CUS-CTS-08-01). Portland: Center for Transportation Studies, Portland State University.
15. Thomas, I. M., Sayers, S. P., Godon, J. L., & Reilly, S. R. (2009). Bike, walk, and wheel: A way of life in Columbia, Missouri. *American Journal of Preventive Medicine*, 37(6S2), S322-S328.
16. Active Living Research. (2011, January). *The power of trails for promoting physical activity in communities*. San Diego: Active Living Research. Retrieved from [http://www.activelivingresearch.org/files/ALR\\_Brief\\_PowerofTrails.pdf](http://www.activelivingresearch.org/files/ALR_Brief_PowerofTrails.pdf).
17. *U.S. National Physical Activity Plan*. (2010). Washington, D.C. Retrieved from <http://www.physicalactivityplan.org>
18. Rabin, B. A., Brownson, R. C., Kerner, J. F., & Glasgow, R. E. (2006). Methodologic challenges in disseminating evidence-based interventions to promote physical activity. *American journal of preventive medicine*, 31(4), 24-34.
19. Brownson, R. C., Ballew, P., Brown, K. L., Elliott, M. B., Haire-Joshu, D., Heath, G. W., & Kreuter, M. W. (2007). The effect of disseminating evidence-based interventions that promote physical activity to health departments. *American journal of public health*, 97(10), 1900-1907.
20. World Health Organization. (2009). *Interventions on Diet and Physical Activity: What Works*. Geneva: World Health Organization.
21. Brownson, R. C., Haire-Joshu, D., & Luke, D. A. (2006). Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic diseases. *Annual Review of Public Health*, 27, 341-370.
22. Jaime, P. C., & Lock, K. (2009). Do school based food and nutrition policies improve diet and reduce obesity? *Preventive Medicine*, 48, 45-53.
23. Active Living Research. (2011, October). *School policies on physical education and physical activity*. San Diego: Active Living Research. Retrieved from [http://www.activelivingresearch.org/files/Synthesis\\_Ward\\_SchoolPolicies\\_Oct2011.pdf](http://www.activelivingresearch.org/files/Synthesis_Ward_SchoolPolicies_Oct2011.pdf).
24. Anderson, L. M., Quinn, T. A., Glanz, K., Ramirez, G., Kahwati, L. C., Johnson, D. B., et al. (2009). The effectiveness of worksite nutrition and physical activity interventions for controlling employee overweight and obesity: A systematic review. *American Journal of Preventive Medicine*, 37(4), 340-357.
25. Matson-Koffman, D. M., Brownstein, J. N., Neiner, J. A., & Greaney, M. L. (2005). A site-specific literature review of policy and environmental interventions that promote physical activity and nutrition for cardiovascular health: What works? *American Journal of Health Promotion*, 19(3), 167-193.
26. Butterfoss, F. D., & Francisco, V. T. (2004). Evaluating Community Partnerships and Coalitions with Practitioners in Mind. *Health Promotion Practice*, 5(2), 108-114.
27. Dobson, N. G., & Gilroy, A. R. (2009). From Partnership to Policy: The Evolution of Active Living by Design in Portland, Oregon. *American Journal of Preventive Medicine*, 37(6S2), S436-S444.
28. 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 Review of Public Health*, 19, 173-202.
29. Butterfoss, F. D. (2007). *Coalitions and partnerships in community health*. San Francisco: Jossey-Bass.
30. Roussos, S. T., & Fawcett, S. B. (2000). A Review of Collaborative Partnerships as a Strategy for Improving Community Health. *Annual Review of Public Health*, 21, 369-402.