Healthy & Active Communities Final Evaluation Report

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Recommended Citation
Center for Public Health Systems Science; Barth, Rachel; Dougherty, Nikole; and Herr, Haley, ”Healthy & Active Communities Final Evaluation Report” (2015). Center for Public Health Systems Science. 78. https://openscholarship.wustl.edu/cphss/78

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Healthy & Active Communities
Final Evaluation Report

Key findings from the H&AC initiative evaluation
Acknowledgements

We would like to acknowledge the contributions of our team:

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Nikole Lobb Dougherty
Haley Herr
Sarah Moreland-Russell

We would like to extend our sincere appreciation and thanks to H&AC project staff for their participation in the evaluation of the Healthy & Active Communities initiative. We would also like to thank Dr. Cheryl Kelly, PhD, MPH for her review and feedback on this report.

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About This Report

This report provides a summary of findings for the Healthy & Active Communities (H&AC) initiative. This report draws on data collected from 2007-2015 in connection with an external evaluation of three of the four funding approaches of the H&AC initiative (continue reading for more details on Model Practice Building, Innovative Funding, and Promising Strategies funding approaches). The design of the evaluation was informed by initiative-level and funding-specific logic models (Appendix A), and sought to answer a set of prioritized evaluation questions using a mixed-methods approach. Evaluation methodology details are found in Appendix B. Readers can access other reports related to the H&AC initiative developed by the evaluation team at http://cphss.wustl.edu/Projects/Pages/HAC-Evaluation-Products.aspx.

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

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

1. Clicking on underlined maroon text will open a new document/source or link to an appendix or reference.

2. Clicking on a blue information icon will open a pop-up box with additional information, details, or definition.

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

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

Funding for this project was provided in whole by Missouri Foundation for Health. The Foundation is a resource for the region, working with communities and nonprofits to generate and accelerate positive changes in health. As a catalyst for change, the Foundation improves the health of Missourians through a combination of partnership, experience, knowledge and funding.
Healthy & Active Communities
Final Evaluation Report
Executive Summary

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

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

1. Policy and systems changes are crucial
2. Relationships with stakeholders matter
3. Creating change, building infrastructure, and building capacity takes time
4. Planning for sustainability is essential

H&AC Initiative

From 2007-2015, MFH funded 54 projects across three funding approaches:
- Model Practice Building
- Innovative Funding
- Promising Strategies.

Projects implemented activities across three primary activity categories:
- Policy & Advocacy
- Access & Environment
- Community Education & Engagement.

The most successful H&AC projects:
- Targeted multiple sources of influence on behavior
- Engaged a diverse set of partners
- Improved community education and engagement through multiple strategies
- Conducted a diverse set of advocacy activities
- Valued capacity building and sought to increase content expertise, communications, and evaluation skills
- Secured additional funds and used diverse sustainability strategies.
KEY OUTCOMES & ACHIEVEMENTS

H&AC projects promoted healthy and active living in local communities through the implementation of a wide variety of activities that increased opportunities for healthy eating and physical activity. They changed their communities through the adoption of policies, changes to the built environment, and outreach that increased opportunities to be healthy and active.

Policy & Advocacy Changes

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

Improved Access

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

Community Education & Engagement

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

Partnerships

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

Knowledge & Behavior Change

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

Reach of Activities

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

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

Funder Supports

- Implementation support was available and provided resources, coaching, and printed materials.
- Dissemination support through skill-building workshops, dissemination product templates, and developing dissemination plans, helped projects engage a broader audience about the work they were doing and effectively communicate with others about their successes.
- Convenings provided important opportunities for project staff to network and participate in skill-building workshops, plenaries, discussions, and presentations.
- Through skill-building workshops, site visits, and tailored technical assistance, evaluation support was integral to increasing projects’ abilities to conduct their internal program evaluations.

Additional Supports

- Three-quarters of projects had staff attend at least one external training, the majority of which were to support programming-related activities.
- Projects supplemented the support provided by internal staff by relying heavily on partners and volunteers.

SUSTAINABILITY

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

Most Common Sustainability Strategies

- Project’s funded organization was expected to absorb the cost of continuing some H&AC activities while partners would continue some activities as well.
- Additional funding secured to support continuation or expansion of some activities.

Additional Efforts and Funds Leveraged

- The majority of Promising Strategies projects led to additional or expanded efforts, such as other healthy living environment changes.
- The majority of projects secured additional funds, totalling $4.6 million across all projects expanding the ability to sustain components of their project overtime.
Overview

Missouri Obesity Environment

In the last few decades, the United States has seen a steady increase in the prevalence of obesity. Obesity has been linked to decreased lifespan and leads to significant economic costs to individuals and to states. Several national, regional, and local funding efforts have launched in response to the rising obesity rates. According to the most recent data, Missouri is the 20th most obese state in the nation.1

Missouri’s adult obesity rate (2014)3

30.2%

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

Over the past 35 years, obesity rates have more than doubled….The average American is more than 24 pounds heavier today than in 1960.2

Adult obesity rates are still high, signaling a need for a continued focus on obesity prevention in Missouri.3 Additionally, as seen below, adult obesity rates for certain sub-populations (e.g., adults between 45-64 years of age and African Americans) are higher than other sub-groups, making these populations potential candidates to target future activities.

Obesity rate by age (2014)3

<table>
<thead>
<tr>
<th>Age</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td>28%</td>
</tr>
<tr>
<td>45-64</td>
<td>34%</td>
</tr>
<tr>
<td>26-44</td>
<td>33%</td>
</tr>
<tr>
<td>18-25</td>
<td>19%</td>
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</tbody>
</table>

Obesity rate by race (2014)3

<table>
<thead>
<tr>
<th>Race</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>40%</td>
</tr>
<tr>
<td>Latino</td>
<td>36%</td>
</tr>
<tr>
<td>White</td>
<td>29%</td>
</tr>
</tbody>
</table>

* CDC changed the methodology for measuring obesity rates in states in 2010. Read more.
The H&AC Initiative

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

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

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

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

Multi-Sectoral Partnerships

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

— Project Staff Member

H&AC funding and capacity-building supports

The funding structure of H&AC evolved over time, but individual projects were typically funded for three years. The H&AC initiative included several funding approaches including Model Practice Building (MPB), Innovative Funding (IF), and Promising Strategies (PS), with primary project activities in each of the funding approaches changing slightly as the evidence evolved around what works for obesity prevention. Beyond providing direct funding to organizations to implement projects, MFH provided several capacity-building supports at different points throughout the initiative, such as technical assistance around evaluation, dissemination, and implementation. MFH also provided opportunities for project staff to convene on occasion to learn more about what others were doing across the state.
Below is a timeline of the **funding approaches** and **capacity-building supports** provided to H&AC projects. In addition to these supports, MFH also contracted with an external partner to evaluate a sample of local healthy eating and physical activity policies across the state (see [PolicyLift](#) for more details).

### Funding Approaches

<table>
<thead>
<tr>
<th>Model Practice Building (MPB)</th>
<th>2007-2011</th>
<th><img src="image" alt="icon" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects focused primarily on <strong>community outreach and education activities</strong>. Projects also increased access to places for healthy living, with some projects working towards the adoption of healthy living policies. The intention of this strategy was to refine programs that could be replicated.</td>
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</table>

<table>
<thead>
<tr>
<th>Innovative Funding (IF)</th>
<th>2008-2011</th>
<th><img src="image" alt="icon" /></th>
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</thead>
<tbody>
<tr>
<td>Projects continued to work on <strong>programming and increasing access</strong> to places for healthy living. Emphasis was on trying out more innovative strategies (e.g., developing and promoting a skate park) as a means to contribute to the evidence base.</td>
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<table>
<thead>
<tr>
<th>Promising Strategies (PS)</th>
<th>2009-2015</th>
<th><img src="image" alt="icon" /></th>
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<tbody>
<tr>
<td>Informed by emerging research suggesting that public policies and improved community design/access, combined with programming and education encourages people to eat better and be more active throughout the day, projects were required to select at least one promising strategy from each category.</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation</th>
<th>2008-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFH contracted with an external partner, to provide implementation assistance and coaching to MPB projects (e.g., engaging parents, recruiting participants, fostering organizational buy-in and support, designing strategies to build community-partnerships to ensure program sustainability). They also facilitated development and sharing of H&amp;AC newsletter.</td>
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<table>
<thead>
<tr>
<th>Dissemination</th>
<th>2008-2011</th>
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</thead>
<tbody>
<tr>
<td>MFH contracted with an external partner to help project staff create plans for sharing programmatic successes (e.g., dissemination plans, success stories).</td>
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</table>

<table>
<thead>
<tr>
<th>Convenings</th>
<th>2008-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFH brought together key staff of active projects approximately once a year. These convenings were usually half-day to two-day gatherings, providing opportunities for project staff to participate in workshops, network, and learn from one another.</td>
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</table>

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>2008-2015</th>
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<tbody>
<tr>
<td>MFH contracted with an external partner to provide evaluation capacity-building and technical assistance (e.g., provide information, resources, one-on-one coaching) to support project staff in conducting internal evaluations of their projects and activities.</td>
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</tr>
</tbody>
</table>
Characteristics of all H&AC projects

Below is a map of the locations of the 54 projects that were implemented since 2007. Also indicated in this map is total number of projects located within each county and whether each county’s adult obesity rate was higher or lower than the Missouri state average in 2007. Typically, there were one to two projects in any given county, however, St. Louis City had the largest number with 13 projects.

Nearly 70% of H&AC projects were situated in counties where the adult obesity rate was higher than the Missouri average.

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

The majority of projects were situated in urban settings

Everyone was willing to put in the time and to learn about the larger national obesity problem, the prevalence of it, the causes of it, how it’s uniquely manifested in rural communities, and how that translates to its actual manifestation here in [our] county.

— Project Staff Member

There are probably bigger challenges in rural areas as far as safe places to walk than in most towns or cities because people drive like…they’re in the country.

— Project Staff Member

* Rural and urban classifications were determined using RUCA. 6
A diverse set of organizations were funded to implement H&AC projects. Each project’s organization type can be found in its overview page in Appendix C.

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

H&AC physical activity and healthy eating activities took place in a range of settings but focused primarily on local communities and organizations (e.g., neighborhoods, schools). On average, each project implemented activities in five unique settings (of 7 possible settings). For more information on the settings where each project worked, see Appendix D.

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

Characteristics of highly successful H&AC projects

As each funding cycle concluded, the evaluation team documented the level of success achieved by each project. Level of success achieved was determined by factors such as partnership diversity, degree to which projects met proposed objectives, capacity for sustainability, and if any positive change in target population was demonstrated. See Appendix B for more details on how the level of project success achieved was determined. Ninety-three percent of projects were moderately to highly successful. The evaluation team examined the characteristics of the most successful H&AC projects, as described below.

Outcomes & Achievements of Successful Projects

- Targeted multiple sources of influence on behavior

Partnerships

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

Community Education & Engagement

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

Policy & Advocacy Changes

- Conducted more diverse set of advocacy activities

Capacity

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

Sustainability

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

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

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

Policy & Advocacy Changes

Implementing policies that promote healthy and active lifestyles has the potential to impact communities on a larger scale and has more permanent effects than other funding-dependent interventions. Projects were more likely to adopt or enhance a policy if they had an objective to do so, suggesting that intentional goal setting helps to support the adoption of healthy living policies. Throughout the initiative, H&AC projects facilitated the adoption of 127 local-level policies to improve opportunities for healthy and active living in their communities (Appendix E). Additionally, five projects established formal agreements to sustain built environment changes through ongoing maintenance.

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

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

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

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

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

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

— Project Staff Member
H&AC projects facilitated adoption or enhancement of 127 policies

Worksite and school policies accounted for roughly three-quarters of all adopted H&AC policies.

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

Reach of adopted policies

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

H&AC policies reached an estimated 736,419* people

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

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

— Project Staff Member

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

— Project Staff Member
Quality of adopted policies

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

Comprehensiveness of language
School policies addressed the most assessment indicators

<table>
<thead>
<tr>
<th>Items addressed</th>
<th>Not addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>School 3 policies</td>
<td>52%</td>
</tr>
<tr>
<td>Worksite 28 policies</td>
<td>13%</td>
</tr>
<tr>
<td>Gov/Community 3 policies</td>
<td>8%</td>
</tr>
<tr>
<td>Healthcare 1 policy</td>
<td>6%</td>
</tr>
</tbody>
</table>

Strength of language
Worksite policies were most likely to include strong language

<table>
<thead>
<tr>
<th>Strong language</th>
<th>Weak language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worksite 28 policies</td>
<td>51%</td>
</tr>
<tr>
<td>School 3 policies</td>
<td>28%</td>
</tr>
<tr>
<td>Gov/Community 3 policies</td>
<td>17%</td>
</tr>
<tr>
<td>Healthcare 1 policy</td>
<td></td>
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</tbody>
</table>

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

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

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

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

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

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

In addition to policy work, 85% of all projects conducted advocacy activities. Projects that adopted policy were more likely to conduct any advocacy activity, engaging in twice as many activities on average as projects that did not adopt policy. These findings demonstrate that advocacy was an important step towards policy adoption. However, project staff often reported challenges in conducting advocacy activities. Projects should be encouraged or required to engage in multiple advocacy activities as a strategy to promote policy development and adoption but may require additional capacity building or partner expertise to complete this type of work. See Appendix G for more information on the specific advocacy and policy activities each project conducted.

Projects that adopted policies engaged in more advocacy activities

- Communicated with policymakers:
  - Projects that adopted policy: 69%
  - Projects that did not adopt policy: 50%

- Drafted policy language:
  - Projects that adopted policy: 65%
  - Projects that did not adopt policy: 14%

- Developed an advocacy plan:
  - Projects that adopted policy: 58%
  - Projects that did not adopt policy: 32%

- Educated others on policy implementation:
  - Projects that adopted policy: 46%
  - Projects that did not adopt policy: 14%

- Developed recommendations:
  - Projects that adopted policy: 42%
  - Projects that did not adopt policy: 14%

- Secured funding for policy implementation support:
  - Projects that adopted policy: 27%
  - Projects that did not adopt policy: 4%

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

— Project Staff Member

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

Increasing access to places for healthy and active living has been linked with increased consumption of fruits and vegetables and increased levels of physical activity.\textsuperscript{10-11} Ninety-one percent of H&AC projects implemented a physical environment change, with 67% of projects improving access to places in Missouri to be physically active (e.g., built or improved trails) and 57% establishing places for healthy eating. For more information on specific physical activity or healthy eating environment changes each project implemented, see Appendix H and Appendix I.

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

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

Local governments often contributed to implementation of environment changes.

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

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

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

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

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

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

— Project Staff Member
Community Education & Engagement

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

Education programs

80% of projects provided education programs
740,696 exposures to educational programs*

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

- Project staff member

Healthy living opportunities

93% of projects provided healthy living opportunities
496,831 exposures to healthy living opportunities*

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

— Project Staff Member

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

— Project Staff Member

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

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

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

Nearly all projects engaged in project promotion activities

However, nearly twice as many people were potentially exposed* to mass media activities.

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

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

Attitude/Knowledge

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

Behavior

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

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

HA&C projects set out to achieve 337 objectives

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

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

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

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

**Nearly all projects partnered with community organizations**

<table>
<thead>
<tr>
<th>Type of Partner</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Organizations</td>
<td>94%</td>
</tr>
<tr>
<td>Local Businesses</td>
<td>89%</td>
</tr>
<tr>
<td>Schools</td>
<td>76%</td>
</tr>
<tr>
<td>Colleges/Universities</td>
<td>65%</td>
</tr>
<tr>
<td>Healthcare Providers</td>
<td>65%</td>
</tr>
<tr>
<td>Local Governments</td>
<td>65%</td>
</tr>
<tr>
<td>State/Federal Governments</td>
<td>57%</td>
</tr>
<tr>
<td>Community Residents</td>
<td>52%</td>
</tr>
<tr>
<td>Faith-based</td>
<td>41%</td>
</tr>
<tr>
<td>Foundations</td>
<td>33%</td>
</tr>
<tr>
<td>Design Practitioners</td>
<td>13%</td>
</tr>
</tbody>
</table>

*1,452 Partnerships formed by all projects

*26.9 Average number of partners per project

*6.5 Typical number of partner types engaged per project

Our involvement with the university...has helped us accomplish our goals because they are on the same track as we are promoting healthy lifestyles.

— Project Staff Member

**Partners were integral to the success of projects**, often leading activities, providing access to a target population, promoting projects, and contributing nutrition and physical activity expertise. Additionally, as part of the PS funding approach, MFH required projects to establish memorandums of understanding (MOUs) with partners as a means to formalize roles and expectations. The types of partners and total number of partners engaged by each project can be found in **Appendix L**.
Partner Contributions

Not only did H&AC projects rely on a diverse set of partners, but they also relied on partners to provide a variety of contributions. **On average, each project relied on partners to contribute six unique types of contributions.** For example, a majority of projects relied on partners to provide people’s time, space, or materials to implement activities. Additionally, projects relied on certain types of partners to consistently provide unique contributions.

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

---

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

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

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

---

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

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

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

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

Funder-Facilitated Supports

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

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

Implementation capacity building

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

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

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

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

Convenings

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

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

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

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

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

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

### Evaluation TA was provided to project staff to support growth in four main evaluation areas

Some types of assistance requests were made more often, but the amount of time spent addressing all request types was roughly equal.

<table>
<thead>
<tr>
<th>Type of Evaluation Assistance</th>
<th>% of all requests</th>
<th>% of time spent to address request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Planning</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>(e.g., logic model, plan development)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection</td>
<td>9%</td>
<td>27%</td>
</tr>
<tr>
<td>(e.g., tool development)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management &amp; Analysis</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>(e.g., data cleaning, statistical analysis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting &amp; Dissemination</td>
<td>36%</td>
<td>25%</td>
</tr>
<tr>
<td>(e.g., graphic and report development)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

[The evaluation team] helped us design our instrumentation, create a logic model for our program, and answered our questions.
— Project Staff Member
Additional Supports for H&AC Projects

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

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

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmatic</td>
<td>46%</td>
</tr>
<tr>
<td>Management</td>
<td>17%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>13%</td>
</tr>
<tr>
<td>Marketing</td>
<td>9%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>8%</td>
</tr>
<tr>
<td>Partnerships</td>
<td>7%</td>
</tr>
</tbody>
</table>

**Projects relied heavily on volunteers and partners to contribute to various aspects of their work**

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Partners</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implemented/maintained built environment changes (e.g., built walking trail, maintained gardens)</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Assisted with marketing and outreach efforts (e.g., distributed flyers, spoke about activities)</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Led program activities (e.g., led cooking demonstrations)</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Helped with evaluation efforts (e.g., collected data, conducted assessments)</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Assisted with administrative tasks</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Provided expertise (e.g., nutrition, policy)</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Involved in project planning and grant writing</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Trained volunteers and staff</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Provided in-kind materials</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>
Sustainability of H&AC Projects

Capacity for Program Sustainability

Key stakeholders from projects were asked to complete the Program Sustainability Assessment Tool which is designed to capture information about the capacity for sustainability across eight areas. Below are the average scores for each area across all H&AC projects. Lower scores represent an opportunity for improvement to increase a project’s capacity in this area (1= to little extent, 7= to a great extent). See Appendix M for more details on each project’s capacity within the eight areas and overall.

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

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

<table>
<thead>
<tr>
<th>Capacity Category</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Capacity</td>
<td>5.7</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>5.7</td>
</tr>
<tr>
<td>Program Adaptation</td>
<td>5.7</td>
</tr>
<tr>
<td>Communications</td>
<td>5.6</td>
</tr>
<tr>
<td>Partnerships</td>
<td>5.3</td>
</tr>
<tr>
<td>Political Support</td>
<td>5.2</td>
</tr>
<tr>
<td>Strategic Planning</td>
<td>5.0</td>
</tr>
<tr>
<td>Funding Stability</td>
<td>4.4</td>
</tr>
</tbody>
</table>

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

Projects indicated that they would employ an average of two strategies for continuing activities by H&AC funding. The most common strategies were:

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

Eleven out of thirteen... partners have submitted a written sustainability plan with strategies for sustaining wellness programs and maintaining new physical activity equipment after the grant period ends.

— Project Staff Member

Project partners will provide sustainability of the project in the future... The project is an extension of the goals and work [our partners] have been doing for years.

— Project Staff Member

*The evaluation team received data on the proportion of activities projected to be sustained from 43 of the 54 projects.
The City of St. Louis Department of Health’s Healthy Corner Store Project used a community-based strategy to improve the food retail landscape by working with corner store owners to increase community access to fresh fruit and vegetables and provide opportunities to educate and engage the community. Efforts to improve access to healthy food options in corner stores included: promoting the usage of EBT to purchase healthy food items; increasing the overall marketing of healthy foods; improving point-of-sale marketing for healthy items; using point-of-decision prompts for healthy foods; and initiating campaigns promoting education and awareness of healthy eating practices. The Healthy Corner Store Project used a comprehensive approach to organize community members, neighborhood leadership, store owners, and local youth to engage in community building activities that promoted healthy eating. With funding from the Missouri Department of Health, the project will expand across Missouri with additional pilot communities.

### Additional Efforts and Funds Leveraged

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

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

### H&AC projects leveraged $4.6 million from 150 sources

- **$3.1 million**
  - Projects secured the largest amount of money from state & federal government agencies
- **$765,000**
  - 25 foundations
- **$548,000**
  - 33 state & federal gov. agencies
- **$153,000**
  - 35 local businesses
- **$38,000**
  - 6 national organizations

Projects received the greatest number of contributions from community organizations

---

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

Projects Situated in Rural Versus Urban Settings

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

Implemented a physical activity environment change

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>91%</td>
<td>50%</td>
</tr>
</tbody>
</table>

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

Implemented advocacy activities

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>91%</td>
<td>81%</td>
</tr>
</tbody>
</table>

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

Adopted policy

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>59%</td>
<td>41%</td>
</tr>
</tbody>
</table>

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

Secured at least 1 other funding source

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45%</td>
<td>69%</td>
</tr>
</tbody>
</table>

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

“I think about the overall program, what do I think is most successful about it? I think it’s the environmental changes that we’ve made in each of the communities. I think that we have positively impacted all [the] communities by improving access to physical activity and nutrition.”

— Project Staff Member
Evolution of H&AC Funding Approaches

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

Model Practice Building

MFH established the MPB funding approach in 2007 to support healthy eating and physical activity programs that showed potential for becoming sustainable, long-term programs. Nineteen organizations were funded (starting in 2007 or 2008) to implement environmental changes (e.g., building community gardens), policies to encourage healthy eating and physical activity (e.g., public use of athletic facilities), and programs targeting individual knowledge and behaviors (e.g., bike skills).

Drawing from evidence-based literature, a team of Foundation staff and other content experts developed an approach for identifying projects that had the potential for dissemination and replication. Projects were assessed on innovation, effectiveness, and sustainability. See the manuscript published in Preventing Chronic Disease for more information on the selection criteria and process. The result of this process was the development of five MPB Case Examples.

Innovative Funding

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

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

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

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

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

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

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

H&AC projects have changed their communities through the adoption of policies, changing the built environment, and outreach that increased opportunities to be healthy and active. This report highlights the achievements of H&AC projects and their healthy living efforts from 2007-2015. H&AC efforts, in conjunction with other obesity prevention activities in Missouri, have contributed to changes in local communities. However, obesity rates are still high, indicating more still needs to be done to support efforts to improve the health of Missourians.

Key Lessons Learned and Strategies for Future Grantmaking

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

1. Policy and systems changes are crucial

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


Appendices

Appendix A:  *H&AC Initiative & Strategy-Specific Logic Models*
Appendix B:  *Evaluation Methods*
Appendix C:  *Project Overviews*
Appendix D:  *Settings where Projects Conducted Activities*
Appendix E:  *H&AC Policy Inventory*
Appendix F:  *Complete Streets Scores & Methodology*
Appendix G:  *Advocacy & Policy Activities Conducted*
Appendix H:  *Physical Activity Environment Changes Implemented*
Appendix I:  *Healthy Eating Environment Changed Implemented*
Appendix J:  *Community Outreach Activities Implemented*
Appendix K:  *H&AC Product Inventory*
Appendix L:  *Number of Partners Engaged by Type*
Appendix M:  *Program Sustainability Assessment Tool Scores*
Appendix N:  *Additional Funds Leveraged*
Appendix O:  *PS Strategy*
Appendix A: Healthy & Active Communities (H&AC) Initiative Evaluation Logic Model

**Inputs**

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

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

- **Information Resources**
  - Obesity Prevention Science
  - Evidence-based Guidelines
  - Promising Practices
  - Federal Initiatives

- **Surveillance & Evaluation**
  - Initiative evaluation
  - Grantee evaluations
  - State surveillance
  - Landscape analysis
  - Policy analysis

- **Dissemination**
  - Best practice programs & policies
  - Initiative-related products

**Activities**

- **Direct Grant Making**
  - Model Practice Building
  - Innovative Funding
  - Promising Strategies
  - Other

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

- **Capacity Building**
  - Program Implementation
  - Evaluation
  - Dissemination
  - Advocacy

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

**Outputs**

- **Direct Grant Making**
  - Best Practice & Promising Practice models
  - Number of counties reached
  - Number of project implementation sites
  - Policy or environmental change planning documents

- **Partnership Networks**
  - Number & types of partners
    - Local
    - Statewide
    - National
    - Partner contributions

- **Capacity Building**
  - Technical assistance & program coaching sessions
  - Program reports & briefs
  - Grantee evaluation & dissemination plans

- **Dissemination**
  - Best practice programs & policies
  - Initiative-related products

**Short-term Outcomes**

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

- **Organizational**
  - Increased use of evidence-based strategies
  - Increased awareness and support for organizational policy change

- **Community**
  - Increased support for policy or environment change
  - Policymakers
  - Community members

- **State**
  - Increased awareness of obesity prevention efforts

**Intermediate Outcomes**

- **Health Outcomes**
  - Decrease in obesity rates in Missouri

- **Organizational, Community & State**
  - Increased resources leveraged for obesity prevention efforts
  - Increased opportunities for healthy eating & physical activity

- **Community & State only**
  - Increased # of policies (e.g., organizational, local, state) for healthy & active lifestyles

**Long-term Outcomes**

- **Environmental Outcomes**
  - Supportive environment for healthy communities

- **Sustainability**
  - Increased presence of Missouri as a national leader in obesity prevention
  - Increased replication of "best practices" programs & policies

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

Impact:
- Changes in social norms
- Improved health of Missourians
Appendix A: Model Practice Building Logic Model

**Inputs**

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

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

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

- Capacity-building Teams
  - Implementation
  - Dissemination
  - Evaluation

**Activities**

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

- Programmatic
  - Physical activity & nutrition curricula
  - Environmental & policy change activities
  - Sustainability strategies

- Partnerships
  - Names & roles of community partners
  - Types of partnerships

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

- Evaluation
  - Data collection plan
  - Data collection and analysis

**Outputs**

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

- Programmatic
  - Physical activity & nutrition curricula
  - Environmental & policy change activities
  - Trainings & meetings held
  - Program marketing materials
  - Sustainability strategies used

- Partnerships
  - Build and maintain community relationships

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

- Evaluation
  - Data collection tools
  - Data reports

**Short-term Outcomes**

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

- Programmatic
  - Increased utilization of physical activity opportunities and healthy foods
  - Readiness to change

- Partnerships
  - Increased environmental opportunities for healthy eating & physical activity
  - Increased # of policies for healthy & active lifestyles
  - Increased amount of collaboration among community partners

- Capacity Building
  - Increased leveraging of resources
  - Increased # of model practices or components
  - Increased change in organizational policies

- Evaluation
  - Increased # of model practices in other communities

**Intermediate Outcomes**

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

- Individual
  - Increased physical activity
  - Increased healthy eating

- Community and Environment
  - Increased awareness & support for policies
  - Increased # of policies for healthy & active lifestyles
  - Increased amount of collaboration among community partners

**Long-term Outcomes**

- Institutional
  - Increased awareness & support for model practices for physical activity and nutrition
  - Increased support for change in organizational policies

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

- Community and Environment
  - Increased leveraging of resources
  - Increased # of model practices or components
  - Increased change in organizational policies

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

- Improved health of Missourians
Appendix A: Promising Strategies & Innovative Funding Logic Model

**Inputs**
- MFH
  - Funding
  - Capacity/Staffing
  - Expertise
  - Evidence-based practices
  - Coordination and guidance
  - Organizational support

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

**Program Sites**
- Capacity
- Organizational support
- Partnerships
- In-kind resources
- Target population

**Capacity-building Teams**
- Implementation
- Evaluation

**Outputs**
- Program Guidance & Support
  - Provide strategic direction and oversight
  - Monitor grantees’ progress
  - Ensure accountability of program implementation, evaluation, & sustainability activities
  - Develop and issue RFPs

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

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

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

Capacity Building
- Program implementation
- Evaluation
- Annual convening

Evaluation
- Data collection plan
- Data collection & analysis

**Short-term Outcomes**
- Individual
  - Increased awareness of need for policy & environment change
  - Increased knowledge of & skills in advocacy
  - Increased knowledge of healthy eating & physical activity
  - Increased awareness about importance of physical activity and health eating

Intermediate Outcomes
- Community and Environment
  - Increased support for policies & environment changes
  - Policy makers
  - Community members

Long-term Outcomes
- Individual
  - Increased physical activity
  - Increased healthy eating

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

- Organizational
  - Increased leveraging of resources
  - Increased change in organizational policies
  - Increased sustainability of programs

- Changes in social norms
- Improved health of Missourians

**Outputs**
- Evaluation
  - Data collection tools
  - Data
  - Reports

1. Program Guidance & Support
2. Strategies
3. Partnerships
4. Capacity Building
5. Evaluation

4/26/10
Appendix B: Evaluation Methods

The evaluation of the H&AC initiative employed a mixed methods approach to answer a set of prioritized evaluation questions. The initiative-level evaluation was primarily a process evaluation. Since H&AC utilized multiple funding strategies over 10 years, the evaluation focus was on what was and was not working along the way, in order to make mid-course corrections and promote continuous improvement. Below are the key data sources utilized to answer each evaluation question. Originally, the evaluation plan also included analyses of County-Level Study data to help answer evaluation question four, however, per MFH’s request, this source was removed in 2012.

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

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

* Data from objective reporting can only be used to show individual-level behavior or attitude/knowledge change for subgroups of populations that projects target.
Healthy & Active Programs and Policies Evaluation System (HAPPE)

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

Key Informant Interviews

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

Program Sustainability Assessment Tool

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

Policy Assessment

The evaluation team collected copies of policies from active projects in 2012, and conducted a one-time assessment of the quality of policies adopted by projects. The evaluation team collected and assessed 44 of 127 policies adopted by all H&AC projects, with the largest proportion being worksite wellness policies (n=28).

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

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

Each project was required to identify key objectives at the start of their funding period and report biannually on progress towards meeting those objectives. As projects came to a close, the evaluation team looked at final reports submitted to MFH to determine the degree to which each project met their intended objectives. The 337 objectives were classified as process (n=66%) or outcome-related (34%). Process objectives describe a task or activity that will be completed, such as build a trail, and outcome-related objectives include a component that specifies a positive change that is expected to occur, such as behavior or knowledge change.

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

<table>
<thead>
<tr>
<th>Objective Type</th>
<th>Fully Met</th>
<th>Partially Met</th>
<th>Did Not Meet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>54%</td>
<td>41%</td>
<td>6%</td>
</tr>
<tr>
<td>Outcome</td>
<td>24%</td>
<td>67%</td>
<td>9%</td>
</tr>
</tbody>
</table>

66% of objectives were process objectives
34% of objectives were outcome-related
Producing Success Ratings

The degree to which projects met objectives was one indicator that demonstrated project success. However, there were other indicators that demonstrated levels of success. In August 2012, MFH staff and the evaluation team jointly identified and prioritized indicators of success, and the evaluation team assessed each project for the level of success achieved. Overall, 39% of projects were highly successful, 54% were moderately successful, and 7% achieved a low level of success.

Ninety-three percent of projects were moderately to highly successful

<table>
<thead>
<tr>
<th>Success Criteria</th>
<th>Proportion of projects that met each criteria</th>
<th>Success level</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPB/IF (23 projects)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The project demonstrated positive change to any degree.</td>
<td>70%</td>
<td>High = 3 criteria met</td>
</tr>
<tr>
<td>• The project had a more diverse set of partnerships than was typical.</td>
<td>57%</td>
<td>Moderate = 1-2 criteria</td>
</tr>
<tr>
<td>• The project met a higher proportion of objectives than was typical.</td>
<td>52%</td>
<td>Low = 0 criteria</td>
</tr>
<tr>
<td>PS (31 projects)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The project demonstrated positive change to any degree.</td>
<td>81%</td>
<td>High = 4-5 criteria met</td>
</tr>
<tr>
<td>• The project had a more diverse set of partnerships than was typical.</td>
<td>61%</td>
<td>Moderate = 2-3 criteria</td>
</tr>
<tr>
<td>• The project met a higher proportion of objectives than was typical.</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>• The project led to other obesity prevention projects or efforts (e.g., other policies or built environment changes outside of H&amp;AC project activities).</td>
<td>61%</td>
<td>Low = 0-1 criteria</td>
</tr>
<tr>
<td>• The majority of activities would likely be sustained beyond MFH funding.</td>
<td>58%</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: Project Overviews

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

America SCORES St. Louis
American Heart Association
Barton County Memorial Hospital
Child Day Care Association
Citizens for Modern Transit
City of Cabool
City of Cape Girardeau
City of Elsberry
City of Ferguson
City of Kirksville
City of Ozark
City of Perryville
City of Sikeston
City of St. Louis Department of Health
Clark County Health Department
Columbia/Boone County Health Department
Fordland Clinic, Inc.
Forest Institute of Professional Psychology
Freeman Health Systems
Gateway Greening
Independence Center
Jefferson County Health Department (Get Moving Festus)
Jefferson County Health Department (Plan Eat & Play DeSoto)
Jefferson County Health Department (Sow n’ Show)
Lutie R-VI School
Madison Medical Center
Mark Twain Forest Regional Health Alliance
Missouri Baptist Hospital-Sullivan
Montgomery County R-II Schools
New Madrid County Health Department
Old North St. Louis Restoration Group (Everybody Eats)
Old North St. Louis Restoration Group (Grocery Co-Op)
Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)
Ozarks Regional YMCA (Local Sprouts)
PedNet Coalition
Polk County Health Center (Healthy & Active Workplaces)
Polk County Health Center (Obesity Prevention Program)
Poplar Bluffs Parks and Recreation Department
Pulaski County Health Department
Pulaski County Sheltered Workshop
Saint Louis County Department of Health
Saint Louis University (HELP)
Saint Louis University (HELP SLPS)
Springfield Urban Agriculture Coalition
St. John's Regional Medical Center/Mercy
St. Louis for Kids
St. Louis Regional OASIS
The Community Partnership (Fit Helps)
The Community Partnership (Fit Phelps)
Trailnet, Inc. (Healthy & Active Communities Initiative)
Trailnet, Inc. (Touchstone Project)
University of Missouri - St. Louis
Washington County Health Department
YMCA of Callaway County

Click on the return arrow at the bottom of each page to return to Appendix C main page.
**AMERICA SCORES ST. LOUIS**  
America SCORES St. Louis After-School Program

Organization type: **community/neighborhood organization**

Location: **St. Louis City**

Project context: **urban**

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

Primary target populations: **elementary and middle school students**

Funding Strategy: **Model Practice Building**

Project timeframe: **2007 - 2010**

---

**Key project activities across the three primary activity categories:**

- **Community Education & Engagement**
  - provided education programs (e.g., after-school nutrition education)
  - provided healthy living opportunities (e.g., after-school soccer program)

- **Partnerships**
  - 11 partners engaged
  - 6 types of partners

- **Policy & Advocacy Changes**
  - conducted advocacy activities
    - 3 types of activities (e.g., educated others on policy)
  - 1 policy adopted
    - 1 type of policy (e.g., school wellness)
  - 25,046 approximate people reached
AMERICAN HEART ASSOCIATION
Healthy Schools Program

Organization type: foundation
Location: St. Louis County
Project context: rural
Setting where project worked most often: school
Primary target population: K-12 school students
Funding Strategy: Model Practice Building
Project timeframe: 2008 - 2012

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 23 partners engaged
  - 4 types of partners

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

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

---

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

✓ indicates activity conducted
BARTON COUNTY MEMORIAL HOSPITAL
BLEND (Better Lifestyle, Exercise & Nutrition Daily)

Organization type: healthcare provider
Location: Barton County
Project context: rural
Settings where project worked most often: school, neighborhood, healthcare
Primary target populations: all community members, adults, K-12 school students
Funding Strategy: Promising Strategies
Project timeframe: 2009 - 2012

Key project activities across the three primary activity categories:

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

Partnerships
21 partners engaged
8 types of partners

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

Policy & Advocacy Changes
- conducted advocacy activities
  3 types of activities (e.g., communicated with policymakers)
- 4 policies adopted
  2 types of policy (e.g., worksite wellness)
- 6,491 approximate people reached
- established maintenance agreement
Child Day Care Association
Farm To Child Care: A St. Louis Healthy Eating Initiative

Organization type: community/neighborhood organization
Location: St. Louis City
Project context: urban
Settings where project worked most often: childcare, neighborhood
Primary target populations: all community members, adults, children, elementary school students
Funding Strategy: Innovative Funding
Project timeframe: 2008 - 2011

Key project activities across the three primary activity categories:

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

Partnerships
- 4 partners engaged
- 2 types of partners

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

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

✓ indicates activity conducted
CITIZENS FOR MODERN TRANSIT
10 Toe Express & Express Model Walking

Organization type: community/neighborhood organization
Location: St. Louis City
Project context: urban
Setting where project worked most often: neighborhood
Primary target populations: all community members, older adults (i.e., over 55)
Funding Strategy: Model Practice Building
Project timeframe: 2008 - 2012

Key project activities across the three primary activity categories:

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

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

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

✓ indicates activity conducted

Partnerships
- 13 partners engaged
- 6 types of partners
CITY OF CABOOL
On the Trail to Fitness

Organization type: local government

Location: Texas County

Project context: rural

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

Primary target population: all community members

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2014

Key project activities across the three primary activity categories:

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

Partnerships
- 14 partners engaged
- 8 types of partners

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

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

✓ indicates activity conducted
CITY OF CAPE GIRARDEAU
Ride the City Project

Organization type: local government
Location: Cape Girardeau County
Project context: rural
Settings where project worked most often: neighborhood, school
Primary target populations: all community members, adults, elementary and middle school students
Funding Strategy: Promising Strategies
Project timeframe: 2010 - 2013

Key project activities across the three primary activity categories:

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

Partnerships
13 partners engaged
6 types of partners

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

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

✓ indicates activity conducted
CITY OF ELSBERRY
Page Branch Park

Organization type: local government
Location: Lincoln County
Project context: urban
Settings where project worked most often: neighborhood
Primary target populations: elementary and middle school students
Funding Strategy: Promising Strategies
Project timeframe: 2010 - 2011

Key project activities across the three primary activity categories:

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

Partnerships
19 partners engaged
5 types of partners

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

Policy & Advocacy Changes
1 policy adopted
1 type of policy (e.g., Complete Streets)

✓ indicates activity conducted
CITY OF FERGUSON
Live Well Ferguson Livability Project

Organization type: local government
Location: St. Louis County
Project context: urban
Settings where project worked most often: neighborhood, worksite, school
Primary target populations: all community members, adults, K-12 school students
Funding Strategy: Promising Strategies
Project timeframe: 2010 - 2013

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 81 partners engaged
  - 10 types of partners

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

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

✓ indicates activity conducted
CITY OF KIRKSVILLE
Get Active Kirksville

Organization type: local government

Location: Adair County

Project context: rural

Settings where project worked most often: neighborhood, school

Primary target population: all community members

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

Key project activities across the three primary activity categories:

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

Partnerships
15 partners engaged
7 types of partners

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

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

✓ indicates activity conducted
CITY OF OZARK
Healthy Community Project

Organization type: local government
Location: Christian County
Project context: urban
Settings where project worked most often: school, worksite, neighborhood
Primary target populations: all community members, adults, K-12 school students
Funding Strategy: Promising Strategies
Project timeframe: 2010 - 2013

Key project activities across the three primary activity categories:

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

Partnerships
- 20 partners engaged
- 7 types of partners

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

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

✓ indicates activity conducted
CITY OF PERRYVILLE
Perryville’s Action to Health (P.A.T.H.)

Organization type: local government
Location: Perry County
Project context: rural
Settings where project worked most often: neighborhood, healthcare, faith-based
Primary target populations: all community members, adults, high school school students
Funding Strategy: Promising Strategies
Project timeframe: 2009 - 2012

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 18 partners engaged
  - 7 types of partners

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

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

✓ indicates activity conducted
CITY OF SIKESTON
Sikeston Walking Trail

Organization type: local government
Location: Scott County
Project context: rural
Setting where project worked most often: neighborhood
Primary target populations: all community members, adults, elementary and middle school students
Funding Strategy: Promising Strategies
Project timeframe: 2011 - 2014

Key project activities across the three primary activity categories:

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

Partnerships
- 27 partners engaged
- 8 types of partners

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

Policy & Advocacy Changes
- established maintenance agreement

✓ indicates activity conducted
Organization type: healthcare provider
Location: St. Louis City
Project context: urban
Setting where project worked most often: neighborhood
Primary target populations: all community members, adults, K-12 school students
Funding Strategy: Promising Strategies
Project timeframe: 2011 - 2015

Key project activities across the three primary activity categories:

### Community Education & Engagement
- Provided education programs (e.g., healthy food shopping tour)
- Provided healthy living opportunities (e.g., healthy food samplings)
- Promoted project
- Utilized mass marketing (e.g., newspaper article)
- Shared project results (e.g., toolkit)

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

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

Partnerships
- 73 partners engaged
- 10 types of partners

✓ indicates activity conducted
Organization type: healthcare provider

Location: Clark County

Project context: rural

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

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

Funding Strategy: Promising Strategies

Project timeframe: 2011 - 2014

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 13 partners engaged
  - 7 types of partners

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

- **Policy & Advocacy Changes**
  - conducted advocacy activities
    - 3 types of activities (e.g., educated others on policy)
COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT
Healthy and Active Boone County-II

Organization type: healthcare provider
Location: Boone County
Project context: urban
Settings where project worked most often: school, neighborhood
Primary target populations: all community members, adults, children, K-12 school students
Funding Strategy: Model Practice Building
Project timeframe: 2007 - 2010

Key project activities across the three primary activity categories:

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

Partnerships
9 partners engaged
6 types of partners

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

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

✓ indicates activity conducted
FORDLAND CLINIC, INC.
School and Community Gardening Along Route 60

Organization type: healthcare provider

Location: Webster County

Project context: urban

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

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

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2013

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Key project activities across the three primary activity categories:

**Community Education & Engagement**

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

**Partnerships**

- 62 partners engaged
- 8 types of partners

**Improved Access**

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

**Policy & Advocacy Changes**

- conducted advocacy activities
  - 3 types of activities (e.g., communicated with policymakers)

✓ indicates activity conducted
Organization type: college/university

Location: Greene County

Project context: urban

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

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

Funding Strategy: Model Practice Building

Project timeframe: 2007 - 2010

Key project activities across the three primary activity categories:

- **Community Education & Engagement**
  - Provided education programs (e.g., annual community health celebration)
  - Provided healthy living opportunities (e.g., fitness teams)
  - Promoted project
  - Shared project results

- **Partnerships**
  - 49 partners engaged
  - 9 types of partners

- **Improved Access**
  - No activities conducted in this category

- **Policy & Advocacy Changes**
  - No activities conducted in this category

✓ indicates activity conducted
FREEMAN HEALTH SYSTEM
Agent of Food Change in Healthcare

Organization type: healthcare provider
Location: Newton County
Project context: urban
Settings where project worked most often: worksite, healthcare, school
Primary target populations: all community members, adults, high school students
Funding Strategy: Promising Strategies
Project timeframe: 2010 - 2014

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 43 partners engaged
  - 7 types of partners

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

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

✓ indicates activity conducted
GATEWAY GREENING
Growing St. Louis, Cultivating Health

Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

Settings where project worked most often: neighborhood, childcare

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

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2013

Key project activities across the three primary activity categories:

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

**Partnerships**
21 partners engaged
7 types of partners

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

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

✓ indicates activity conducted
INDEPENDENCE CENTER
Healthy Lifestyle Project

Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

Settings where project worked most often: worksite, healthcare

Primary target populations: all community members, adults

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2011

Key project activities across the three primary activity categories:

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

Partnerships
- 41 partners engaged
- 6 types of partners

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

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

✓ indicates activity conducted
Organization type: healthcare provider
Location: Jefferson County
Project context: urban
Settings where project worked most often: school, neighborhood, healthcare
Primary target populations: all community members, adults, elementary and middle school students
Funding Strategy: Promising Strategies
Project timeframe: 2009 - 2012

Key project activities across the three primary activity categories:

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

Partnerships
12 partners engaged
7 types of partners

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

Policy & Advocacy Changes
- conducted advocacy activities
  5 types of activities (e.g., developed advocacy plan)
- 2 policies adopted
  1 type of policy (e.g., Complete Streets)
- 14,500 approximate people reached
Organization type: healthcare provider
Location: Jefferson County
Project context: urban
Settings where project worked most often: school, neighborhood, healthcare, worksite
Primary target populations: all community members, adults, middle and high school students
Funding Strategy: Innovative Funding
Project timeframe: 2008 - 2011

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 23 partners engaged
  - 5 types of partners

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

- **Policy & Advocacy Changes**
  - no activities conducted in this category
Organization type: healthcare provider

Location: Jefferson County

Project context: urban

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

Primary target population: all community members

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

Key project activities across the three primary activity categories:

**Community Education & Engagement**
- provided education programs (e.g., cooking demonstration)
- promoted project
- utilized mass marketing (e.g., newspaper advertisement)

**Partnerships**
- 22 partners engaged
- 7 types of partners

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

**Policy & Advocacy Changes**
- conducted advocacy activities
  - 1 type of activity (e.g., encouraged EBT access at farmer’s market)

✓ indicates activity conducted
LUTIE R-VI SCHOOL
Lutie Memorial Trail

Organization type: school
Location: Ozark County
Project context: rural
Settings where project worked most often: neighborhood, school, worksite
Primary target populations: all community members, adults, children, K-12 school students
Funding Strategy: Promising Strategies
Project timeframe: 2009 - 2012

Key project activities across the three primary activity categories:

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

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

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

- Partnerships
  - 9 partners engaged
  - 4 types of partners

✓ indicates activity conducted
MADISON MEDICAL CENTER
Madison Mobilization

Organization type: healthcare provider
Location: Madison County
Project context: rural
Setting where project worked most often: neighborhood
Primary target populations: all community members, elementary and middle school students
Funding Strategy: Promising Strategies
Project timeframe: 2011 - 2014

Key project activities across the three primary activity categories:

Community Education & Engagement
- provided healthy living opportunities (e.g., trips for daycares to use playground)
- promoted project
- utilized mass marketing (e.g., newspaper article)

Partnerships
- 6 partners engaged
- 5 types of partners

Improved Access
- implemented healthy eating changes
  - 3 types of changes (e.g., displayed point of purchase prompts)
- implemented physical activity changes
  - 4 types of changes (e.g., built playground)

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

✓ indicates activity conducted
MARK TWAIN FOREST REGIONAL HEALTH ALLIANCE
Show Me Healthy and Active Communities

Organization type: healthcare provider
Location: Iron County
Project context: rural
Settings where project worked most often: faith-based, healthcare, neighborhood, school
Primary target populations: all community members, adults, K-12 school students
Funding Strategy: Model Practice Building
Project timeframe: 2007 - 2010

Key project activities across the three primary activity categories:

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

Partnerships
- 30 partners engaged
- 4 types of partners

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

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

✓ indicates activity conducted
Organization type: healthcare provider

Location: Crawford County

Project context: rural

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

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

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

Key project activities across the three primary activity categories:

**Community Education & Engagement**
- provided education programs (e.g., physical activity education for churches)
- provided healthy living opportunities (e.g., yoga classes)
- promoted project
- utilized mass marketing (e.g., radio public service announcement)
- shared project results

**Partnerships**
- 21 partners engaged
- 5 types of partners

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

**Policy & Advocacy Changes**
- conducted advocacy activities
  - 2 types of activities (e.g., communicated with policymakers)
- 3 policies adopted
  - 3 types of policy (e.g., joint use agreement)
- 60 approximate people reached
Organization type: school

Location: Montgomery County

Project context: rural

Settings where project worked most often: school, neighborhood

Primary target populations: adults, elementary school students

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2012

Key project activities across the three primary activity categories:

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

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

3. **Policy & Advocacy Changes**
   - conducted advocacy activities
     - 6 types of activities (e.g., educated others on policy)
   - 1 policy adopted
     - 1 type of policy (e.g., school wellness)
   - 1,305 approximate people reached
NEW MADRID COUNTY HEALTH DEPARTMENT
Healthy and Active Bootheel Communities

Organization type: healthcare provider
Location: New Madrid County
Project context: rural
Settings where project worked most often: neighborhood, school, faith-based
Primary target populations: all community members, adults, K-12 school students
Funding Strategy: Model Practice Building
Project timeframe: 2008 - 2011

Key project activities across the three primary activity categories:

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

Partnerships
18 partners engaged
7 types of partners

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

Policy & Advocacy Changes
- conducted advocacy activities
  1 type of activity (e.g., developed advisory committee)
6 policies adopted
1 type of policy (e.g., school wellness)
663 approximate people reached
OLD NORTH ST. LOUIS RESTORATION GROUP  
Everybody Eats

Organization type: community/neighborhood organization
Location: St. Louis City
Project context: urban
Settings where project worked most often: worksite, neighborhood
Primary target population: all community members, adults, K-12 school students
Funding Strategy: Model Practice Building
Project timeframe: 2008 - 2011

Key project activities across the three primary activity categories:

- **Community Education & Engagement**
  - provided education programs (e.g., gardening education)
  - provided healthy living opportunities (e.g., planning, maintaining and harvesting garden)
  - promoted project
  - utilized mass marketing (e.g., online newspaper)
  - shared project results

- **Partnerships**
  - 41 partners engaged
  - 11 types of partners

- **Improved Access**
  - implemented healthy eating changes
    - 8 types of changes (e.g., improved access in existing food outlets)

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

✓ indicates activity conducted
OLD NORTH ST. LOUIS RESTORATION GROUP
Old North Grocery Co-Op

Organization type: community/neighborhood organization
Location: St. Louis City
Project context: urban
Setting where project worked most often: neighborhood
Primary target population: all community members
Funding Strategy: Promising Strategies
Project timeframe: 2009 - 2012

Key project activities across the three primary activity categories:

- **Community Education & Engagement**
  - ✓ promoted project
  - ✓ utilized mass marketing (e.g., radio interview)
  - ✓ shared project results

- **Partnerships**
  - 8 partners engaged
  - 4 types of partners

- **Improved Access**
  - ✓ implemented healthy eating changes
  - 3 types of changes (e.g., opened co-op)

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

✓ indicates activity conducted
OZARKS REGIONAL YMCA
Healthy Lifestyles/Healthy Kids Academy

Organization type: community/neighborhood organization
Location: Greene County
Project context: urban
Settings where project worked most often: school, neighborhood
Primary target population: elementary school students
Funding Strategy: Model Practice Building
Project timeframe: 2007 - 2010

Key project activities across the three primary activity categories:

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

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

- **Policy & Advocacy Changes**
  - no activities conducted in this category

- **Partnerships**
  - 5 partners engaged
  - 3 types of partners

✓ indicates activity conducted
OZARKS REGIONAL YMCA
Local Sprouts: Farm to Child Care Collaborative

Organization type: community/neighborhood organization
Location: Greene County
Project context: urban
Settings where project worked most often: neighborhood, school
Primary target populations: elementary and middle school students
Funding Strategy: Promising Strategies
Project timeframe: 2011 - 2015

Key project activities across the three primary activity categories:

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

Partnerships
19 partners engaged
6 types of partners

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

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

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

Organization type: community/neighborhood organization

Location: Boone County

Project context: urban

Settings where project worked most often: school, neighborhood,

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

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2013

Key project activities across the three primary activity categories:

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

**Partnerships**
16 partners engaged
6 types of partners

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

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

✓ indicates activity conducted
POLK COUNTY HEALTH CENTER
Healthy and Active Workplaces

Organization type: healthcare provider

Location: Polk County

Project context: rural

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

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

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2014

Key project activities across the three primary activity categories:

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

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

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

63 partners engaged
9 types of partners

Grantee location
- Core project activities, promotion and partnership development (4 counties)
- Only project promotion and partnership development (3 counties)

☑ indicates activity conducted
POLK COUNTY HEALTH CENTER
Obesity Prevention Program

Organization type: healthcare provider
Location: Polk County
Project context: rural
Settings where project worked most often: school, neighborhood, worksite
Primary target populations: all community members, K-12 school students, adults
Funding Strategy: Model Practice Building
Project timeframe: 2007 - 2010

Key project activities across the three primary activity categories:

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

Partnerships
- 60 partners engaged
- 10 types of partners

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

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

✓ indicates activity conducted
POPLAR BLUFF PARKS AND RECREATION DEPARTMENT
Poplar Bluff Skate Park

Organization type: local government
Location: Butler County
Project context: rural
Setting where project worked most often: neighborhood
Primary target population: all community members
Funding Strategy: Innovative Funding
Project timeframe: 2008 - 2012

Key project activities across the three primary activity categories:

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

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

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

12 partners engaged
5 types of partners

✓ indicates activity conducted
PULASKI COUNTY HEALTH DEPARTMENT
Fired Up and Fit

Organization type: healthcare provider
Location: Pulaski County
Project context: rural
Settings where project worked most often: school, worksite, healthcare, neighborhood
Primary target population: all community members, adults, elementary and middle school students
Funding Strategy: Model Practice Building
Project timeframe: 2008 - 2011

Key project activities across the three primary activity categories:

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

Partnerships
22 partners engaged
5 types of partners

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

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

✓ indicates activity conducted
PULASKI COUNTY SHELTERED WORKSHOP
Eating Green Year Round: Pulaski County Sheltered Workshop Greenhouse

Organization type: community/neighborhood organization
Location: Pulaski County
Project context: rural
Settings where project worked most often: worksite, neighborhood
Primary target populations: all community members, adults
Funding Strategy: Promising Strategies
Project timeframe: 2011 - 2014

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 10 partners engaged
  - 6 types of partners

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

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

✓ indicates activity conducted
SAINT LOUIS COUNTY DEPARTMENT OF HEALTH
Hip Hop 4 Health Program

Organization type: healthcare provider
Location: St. Louis County
Project context: urban
Settings where project worked most often: school, neighborhood
Primary target populations: all community members, adults, middle school students
Funding Strategy: Model Practice Building
Project timeframe: 2007 - 2011

Key project activities across the three primary activity categories:

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

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

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

✓ indicates activity conducted
SAINT LOUIS UNIVERSITY
Healthy Eating with Local Produce (HELP) Project

Organization type: college/university
Location: St. Louis City
Project context: urban
Settings where project worked most often: school, neighborhood
Primary target populations: all community members, adults, children, K-12 school students
Funding Strategy: Innovative Funding
Project timeframe: 2008 - 2011

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 22 partners engaged
  - 5 types of partners

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

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

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

Organization type: college/university
Location: St. Louis City
Project context: urban
Settings where project worked most often: school, worksite
Primary target populations: all community members, adults, K-12 school students
Funding Strategy: Promising Strategies
Project timeframe: 2011 - 2015

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 31 partners engaged
  - 6 types of partners

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

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

✓ indicates activity conducted
SPRINGFIELD URBAN AGRICULTURE COALITION
Fostering Future Farmers and Gardeners

Organization type: community/neighborhood organization

Location: Greene County

Project context: urban

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

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

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2014

Key project activities across the three primary activity categories:

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

**Partnerships**
- 39 partners engaged
- 8 types of partners

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

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

✓ indicates activity conducted
Organization type: healthcare provider

Location: Jasper County

Project context: urban

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

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

Funding Strategy: Promising Strategies

Project timeframe: 2009 - 2012

Key project activities across the three primary activity categories:

**Community Education & Engagement**
- provided education programs (e.g., school health fair)
- provided healthy living opportunities (e.g., trail walk)
- promoted project
- utilized mass marketing (e.g., newspaper article)
- shared project results

**Partnerships**
- 43 partners engaged
- 9 types of partners

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

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

✓ indicates activity conducted
ST. LOUIS FOR KIDS
Fit4Fun

Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

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

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

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2012

Key project activities across the three primary activity categories:

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

**Partnerships**
- 42 partners engaged
- 6 types of partners

**Improved Access**
- no activities conducted in this category

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

✓ indicates activity conducted
ST. LOUIS REGIONAL OASIS
The OASIS Active Start Sustainability Model

Organization type: community/neighborhood organization
Location: St. Louis County
Project context: urban
Settings where project worked most often: faith-based, neighborhood
Primary target population: older adults (i.e., over 55)
Funding Strategy: Model Practice Building
Project timeframe: 2007 - 2010

Key project activities across the three primary activity categories:

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

Partnerships
40 partners engaged
3 types of partners

Improved Access
no activities conducted in this category

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

✓ indicates activity conducted
Organization type: community/neighborhood organization

Location: Phelps County

Project context: rural

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

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

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

Key project activities across the three primary activity categories:

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

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

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

- Partnerships
  - 78 partners engaged
  - 10 types of partners

✓ indicates activity conducted
THE COMMUNITY PARTNERSHIP
Fit Phelps - 5:30 Campaign

Organization type: community/neighborhood organization
Location: Phelps County
Project context: rural
Settings where project worked most often: neighborhood, school, healthcare
Primary target populations: all community members, adults, children, K-12 school students
Funding Strategy: Model Practice Building
Project timeframe: 2007 - 2010

Key project activities across the three primary activity categories:

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

Partnerships
57 partners engaged
8 types of partners

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

Policy & Advocacy Changes
- conducted advocacy activities
  1 type of activity (e.g., drafted policy language)
TRAILNET, INC.
Healthy & Active Communities Initiative

Organization type: community/neighborhood organization

Location: St. Louis City

Project context: urban

Settings where project worked most often: neighborhood, worksite

Primary target populations: all community members, adults

Funding Strategy: Model Practice Building

Project timeframe: 2008 - 2011

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Key project activities across the three primary activity categories:

**Community Education & Engagement**

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

**Partnerships**

70 partners engaged
10 types of partners

**Improved Access**

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

**Policy & Advocacy Changes**

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

✓ indicates activity conducted

Grantee location
- Core project activities, promotion and partnership development (3 counties)
- Only project promotion and partnership development (3 counties)

Outside MFH Service Area

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Partnerships

70 partners engaged
10 types of partners

Improved Access

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

Policy & Advocacy Changes

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

✓ indicates activity conducted
Organization type: community/neighborhood organization
Location: St. Louis City
Project context: urban
Setting where project worked most often: neighborhood
Primary target population: all community members
Funding Strategy: Promising Strategies
Project timeframe: 2009 - 2012

Key project activities across the three primary activity categories:

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

**Partnerships**
- 26 partners engaged
- 6 types of partners

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

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

✓ indicates activity conducted
Organization type: college/university
Location: St. Louis County
Project context: rural
Settings where project worked most often: school
Primary target populations: adults, K-12 school students
Funding Strategy: Model Practice Building
Project timeframe: 2007 - 2011

Key project activities across the three primary activity categories:

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

**Partnerships**
- 8 partners engaged
- 6 types of partners

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

**Policy & Advocacy Changes**
- conducted advocacy activities
  - 7 types of activities (e.g., developed advocacy plan)
- 1 policy adopted
  - 1 type of policy (e.g., school wellness)
- 329 approximate people reached
WASHINGTON COUNTY HEALTH DEPARTMENT
More Opportunities for Vigorous Exercise - MOVE in 2011

Organization type: healthcare provider
Location: Washington County
Project context: urban
Settings where project worked most often: school, worksite, neighborhood
Primary target populations: all community members, elementary and middle school students
Funding Strategy: Promising Strategies
Project timeframe: 2010 - 2013

Key project activities across the three primary activity categories:

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

**Partnerships**
- 20 partners engaged
- 7 types of partners

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

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

✓ indicates activity conducted
YMCA OF CALLAWAY COUNTY
Fit for Life

Organization type: community/neighborhood organization

Location: Callaway County

Project context: urban

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

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

Funding Strategy: Promising Strategies

Project timeframe: 2010 - 2013

Key project activities across the three primary activity categories:

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

- **Partnerships**
  - 6 partners engaged
  - 6 types of partners

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

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

✓ indicates activity conducted
## Appendix D: Settings Where Projects Conducted Activities

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Neighborhood</th>
<th>School</th>
<th>Worksite</th>
<th>Healthcare</th>
<th>Faith-based</th>
<th>Statewide</th>
<th>Childcare</th>
<th>Diversity of Settings (Out of 7)</th>
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✓ indicates activity conducted
## Appendix D: Settings Where Projects Conducted Activities

<table>
<thead>
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<th>Organization Name</th>
<th>Neighborhood</th>
<th>School</th>
<th>Worksite</th>
<th>Healthcare</th>
<th>Faith-based</th>
<th>Statewide</th>
<th>Childcare</th>
<th>Diversity of Settings (Out of 7)</th>
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✓ indicates activity conducted
## Appendix D: Settings Where Projects Conducted Activities

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## Appendix E: Inventory of Adopted H&AC Policies

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Appendix F: Complete Streets Scores & Methodology

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

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

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Complete Streets goal →
100%

# Appendix G: Advocacy & Policy Activities Conducted

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<td>City of Perryville</td>
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<tr>
<td>City of Perryville</td>
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<td>City of St. Louis Dept of Health</td>
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<td>Clark County Health Dept</td>
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<td>Columbia/Boone County Health Dept</td>
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✓ indicates activity conducted
## Appendix J: Community Outreach Activities Implemented

<table>
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<tr>
<th>Organization Name</th>
<th>Project Promotion Conducted</th>
<th>Project Promotion Total Estimated Exposures</th>
<th>Sharing Project Results Conducted</th>
<th>Sharing Project Results Total Estimated Exposures</th>
<th>Mass Media TV</th>
<th>Mass Media Radio</th>
<th>Mass Media Print</th>
<th>Mass Media Web</th>
<th>Mass Media Mixed Media</th>
<th>Mass Media Total Estimated Exposures</th>
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<td>Fordland Clinic, Inc.</td>
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<td>Forest Institute of Professional Psychology</td>
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<td>Freeman Health System</td>
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<td>✓</td>
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<td>✓</td>
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<td>✓</td>
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<td>Gateway Greening</td>
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<td>Jefferson County Health Dept (Get Moving Festus)</td>
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✓ indicates activity conducted
### Appendix J: Community Outreach Activities Implemented

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<th>Sharing Project Results</th>
<th>Mass Media</th>
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<td></td>
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<td>New Madrid County Health Dept</td>
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<td>Old North St. Louis Restoration Group</td>
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<td>(Everybody Eats)</td>
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<td></td>
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<td>Old North St. Louis Restoration Group</td>
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<td>(Grocery Co-Op)</td>
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<td>Ozarks Regional YMCA (Healthy Lifestyles/Healthy Kids Academy)</td>
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<td>1,010</td>
<td>✓</td>
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<tr>
<td>Ozarks Regional YMCA (Local Sprouts)</td>
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<td>3,611</td>
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<td>Polk County Health Center</td>
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<td>(Healthy &amp; Active Workplaces)</td>
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<tr>
<td>Polk County Health Center</td>
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<td>(Obesity Prevention Program)</td>
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<td>Poplar Bluff Parks &amp; Recreation Dept</td>
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<tr>
<td>Pulaski County Health Dept</td>
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✓ indicates activity conducted
## Appendix J: Community Outreach Activities Implemented

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<th>Total Estimated Exposures</th>
<th>Sharing Project Results Conducted</th>
<th>Total Estimated Exposures</th>
<th>Mass Media TV</th>
<th>Mass Media Radio</th>
<th>Mass Media Print</th>
<th>Mass Media Web</th>
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<td>Pulaski County Sheltered Workshop</td>
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<td>Springfield Urban Agriculture Coalition</td>
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<td>St. Louis for Kids</td>
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<td>The Community Partnership (Fit Helps)</td>
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<td>Trailnet, Inc. (Healthy &amp; Active Communities Initiative)</td>
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✓ indicates activity conducted
## Appendix J: Community Outreach Activities Implemented

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<th>Organization Name</th>
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<th>Mass Media</th>
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<th></th>
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<th>Total Estimated Exposures</th>
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<tr>
<td>University of Missouri - St. Louis</td>
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<td>Washington County Health Dept</td>
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<td>YMCA of Callaway County</td>
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✓ indicates activity conducted
## Appendix K: Product Inventory

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<tr>
<th>Organization Name</th>
<th>Product Description</th>
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<tr>
<td><strong>Toolkits</strong></td>
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<td></td>
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<tr>
<td><strong>Citizens for Modern Transit</strong></td>
<td>The toolkit provides guidance to those setting up a Ten Toe Express program, a program designed for older adults that utilizes public transportation combined with walking to visit places of interest.</td>
<td><a href="http://cmt-stl.org/wp-content/uploads/2013/08/Ten-Toe-Express_walk_guide.pdf?8d1446">http://cmt-stl.org/wp-content/uploads/2013/08/Ten-Toe-Express_walk_guide.pdf?8d1446</a></td>
</tr>
<tr>
<td><strong>City of St. Louis Dept of Health</strong></td>
<td>The Stock Healthy Shops Healthy Retailer Toolkit is a compilation of helpful practices used by small food retailers in healthy grocery programs across the country, including the St. Louis Healthy Corner Store Project and Kansas City’s Skip the Salt, Help the Heart project.</td>
<td><a href="http://extension.missouri.edu/stockhealthy/stockhealthy.aspx">http://extension.missouri.edu/stockhealthy/stockhealthy.aspx</a></td>
</tr>
<tr>
<td></td>
<td>The Stock Healthy Shop Healthy Community Toolkit provides strategies for forming a community network, partnering with and promoting a store, and providing community education and outreach.</td>
<td><a href="http://extension.missouri.edu/stockhealthy/shophealthy.aspx">http://extension.missouri.edu/stockhealthy/shophealthy.aspx</a></td>
</tr>
<tr>
<td></td>
<td>The Stock Healthy Shop Healthy Program Evaluation Toolkit is for communities interested in developing healthy corner store or grocery programs with local food retailers and includes tools and resources.</td>
<td><a href="http://extension.missouri.edu/stockhealthy/documents/dm266_SHSH_ProgramEvaluationToolkit.pdf">http://extension.missouri.edu/stockhealthy/documents/dm266_SHSH_ProgramEvaluationToolkit.pdf</a></td>
</tr>
<tr>
<td><strong>Ozarks Regional YMCA (Local Sprouts)</strong></td>
<td>The Local Sprouts Resource Guide describes how the program increased access to locally grown healthy foods in summer camps and after-school programs. The guide also provides lessons learned and example resources for data collection.</td>
<td><a href="http://orymca.org/pdf/Local-Sprouts%20Toolkit_small.pdf">http://orymca.org/pdf/Local-Sprouts%20Toolkit_small.pdf</a></td>
</tr>
<tr>
<td><strong>Trailnet, Inc. (Healthy &amp; Active Communities Initiative)</strong></td>
<td>The HAVC toolkit contains innovative ideas, policy suggestions, and resources to help community decision makers improve the health of their communities. Provided recommendations are tailored to eight different types of decision makers (e.g., workplaces, schools, local governments)</td>
<td><a href="http://toolkit.trailnet.org/">http://toolkit.trailnet.org/</a></td>
</tr>
<tr>
<td><strong>Videos</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Citizens for Modern Transit</strong></td>
<td>Ten Toe Express leaders and participants describe why they participate in the program, as well as the social and health benefits.</td>
<td><a href="http://www.youtube.com/watch?v=iDxj54nwnqc">http://www.youtube.com/watch?v=iDxj54nwnqc</a></td>
</tr>
<tr>
<td><strong>City of Cape Girardeau</strong></td>
<td>The Ride the City project produced a series of videos on bicycling, including helmet fitting, local cycling groups, benefits of cycling, and bike lane improvements made in the community. The video linked to the right describes road rules and bicycling safety tips. Search “Ride the City” for other videos in the series.</td>
<td><a href="https://www.youtube.com/watch?v=xyFotTmcm3UI&amp;list=PLmiWRTx14gwv1ZivSathDQsWsf8G_miv9">https://www.youtube.com/watch?v=xyFotTmcm3UI&amp;list=PLmiWRTx14gwv1ZivSathDQsWsf8G_miv9</a></td>
</tr>
<tr>
<td><strong>Ozarks Regional YMCA (Local Sprouts)</strong></td>
<td>The video describes the Local Sprouts project and shows the food processing kitchen and children in the local gardens.</td>
<td><a href="https://www.youtube.com/watch?v=iHKypkz3aNA">https://www.youtube.com/watch?v=iHKypkz3aNA</a></td>
</tr>
<tr>
<td><strong>Poplar Bluff Parks &amp; Recreation Dept</strong></td>
<td>The video shows Poplar Bluff’s new skate plaza that transformed a vacant lot into a place for people to be active and a safe place for skaters to ride.</td>
<td><a href="https://www.youtube.com/watch?v=C-rUIjDHo">https://www.youtube.com/watch?v=C-rUIjDHo</a></td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>Tools, assessment forms, and surveys that are reference in the Stock Healthy Shop Healthy toolkits are provided. The resources are provided for community networks (e.g., community survey, press release) and corner store retailers (e.g., signs, loyalty cards).</td>
<td><a href="http://extension.missouri.edu/stockhealthy/downloads.aspx">http://extension.missouri.edu/stockhealthy/downloads.aspx</a></td>
</tr>
</tbody>
</table>

**Organization Name**

- **Citizens for Modern Transit**
- **City of St. Louis Dept of Health**
- **City of Cape Girardeau**
- **Ozarks Regional YMCA**
- **Trailnet, Inc.**
- **Poplar Bluff Parks & Recreation Dept**
- **Resources**
## Appendix L: Number of Partners Engaged by Type

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Community Orgs</th>
<th>Local Businesses</th>
<th>Schools</th>
<th>Local Govt.</th>
<th>Colleges/Universities</th>
<th>Healthcare Providers</th>
<th>State/Federal Govt.</th>
<th>Community Residents</th>
<th>Faith-based Orgs</th>
<th>Foundations</th>
<th>Design Practitioners</th>
<th>Total</th>
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<td>—</td>
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<td>—</td>
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<td>American Heart Association</td>
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<td>Child Day Care Association</td>
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## Appendix M: Program Sustainability Assessment Tool Scores

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✓ indicates funds leveraged by source type
### Appendix N: Additional Funds Leveraged

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Appendix O: Promising Strategies

Informed by emerging research suggesting that programming and education, combined with improved community design/access and public policies encourages people to eat better and be more active throughout the day, MFH established the Promising Strategies funding approach. Projects were required to select at least one promising strategy from each of the three categories: access and environment, community education and engagement, and policy and advocacy. The figure below shows how example strategies can support positive community changes.

Emergence of the PS Funding Approach

