

# The Healthy & Active Communities Initiative: Conclusions from a Three Year Evaluation

Caren Bacon, MPH  
Diana Costa, MPA  
Dana Hughes, MPH  
Emily Johnson, MS  
Jill Nicholson-Crotty, PhD  
David Valentine, PhD

Report 16-2009  
December 2009

*Institute of Public Policy  
University of Missouri  
137 Middlebush Hall  
Columbia, MO 65211*



*Harry S Truman School of Public Affairs*

## Table of Contents

|   |    |
|---|----|
| Introduction.....   | 1  |
| External Evaluation Overview.....                           | 2  |
| The Logic Model.....  | 3  |
| Evaluation Activities.....                                  | 4  |
| External Evaluation Findings.....                           | 4  |
| Analysis of Program Success & Sustainability.....           | 4  |
| Community Impact of the Initiative.....                     | 7  |
| Progress Toward Achievement of H&AC Goals.....              | 8  |
| Recommendations.....  | 9  |
| Process Recommendations.....                                | 9  |
| Outcome Recommendations.....                                | 11 |
| Conclusion.....   | 12 |
| Appendix: Defining and Measuring Evaluation Constructs..... | 14 |

*Funding for this project was provided in whole by the Missouri Foundation for Health. The Missouri Foundation for Health is a philanthropic organization whose vision is to improve the health of the people in the communities it serves.*



## Introduction

In 2005, the Missouri Foundation for Health (MFH) embarked on an ambitious effort to support obesity prevention activities through its Healthy & Active Communities Initiative (H&AC). The H&AC Initiative supported innovative community-based programming to improve nutrition and increase physical activity for Missourians. The Initiative resulted in funding 15 grantees in 2005 and 18 grantees in 2006 (see Table 1 for a timeline). The 33 grantees represented a wide range of organizations, were located in both urban and rural areas, and served nearly half of the counties in the MFH service area (see Figure 1). For the first three years of the H&AC Initiative, MFH committed \$9 M to support programming for healthy and active communities. While the standard H&AC Initiative concluded in 2008, MFH remains committed to obesity prevention through additional funding streams totaling over \$15 M.

The Foundation chose a community driven model for obesity prevention activities which allowed grantees to design programs based upon the needs and capacities of their communities. This bold and fruitful strategy enabled communities to design a variety of obesity intervention programming. The design produced a multi-site, multi-program initiative, which is a relatively new approach that encourages experimentation in the design and implementation of programs. Flexible program designs can be beneficial when there is inadequate evidence regarding the best design and when some programs may work better with the selected population than others.

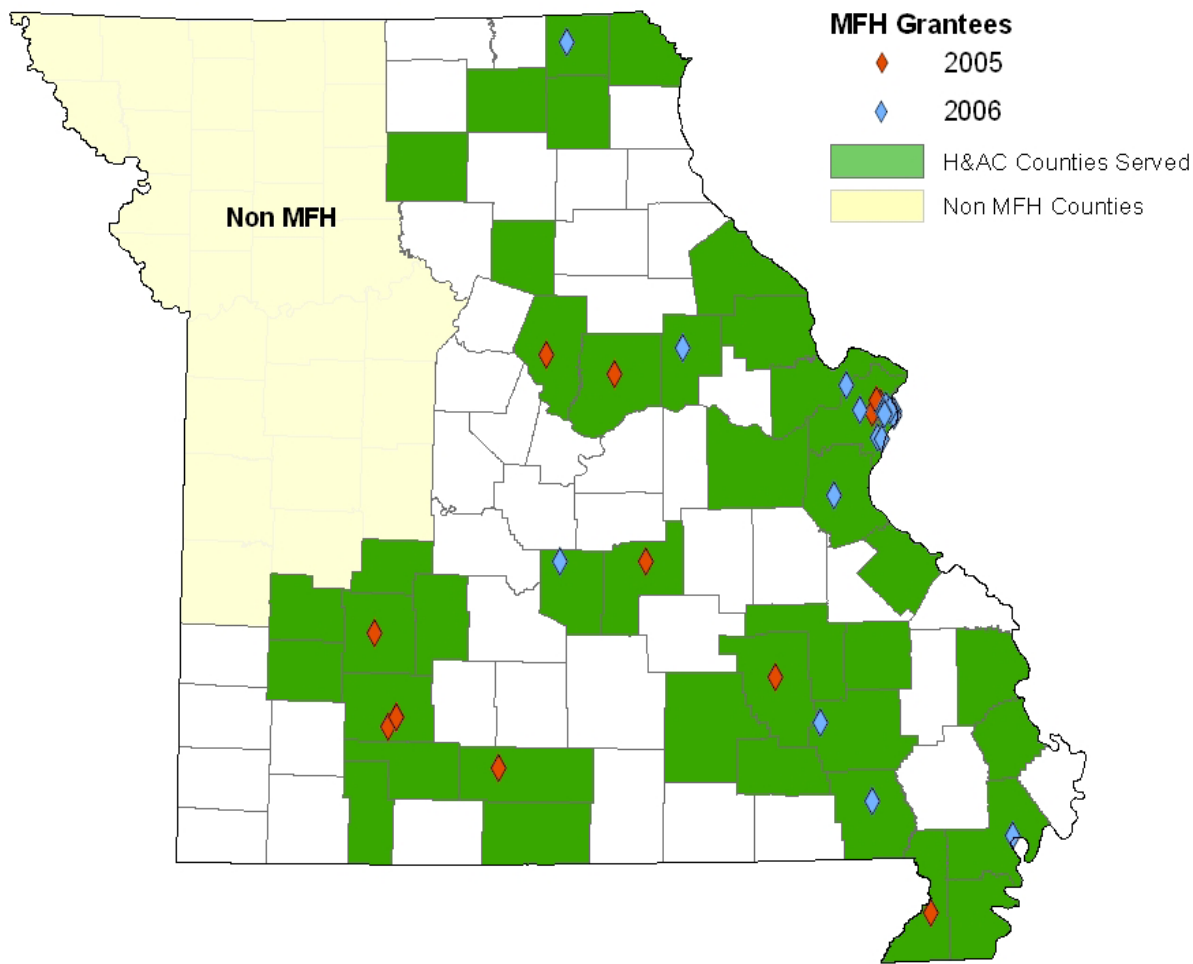
The community driven model fits well with obesity prevention efforts. There are a variety of individual, interpersonal, community and societal factors that confound healthy choices, and there are numerous approaches to addressing the health issues surrounding obesity. However, there is little consensus on the best practices for obesity prevention, particularly in geographically and socioeconomically diverse communities.

To determine the overall impact of the multi-site, multi-program initiative, MFH contracted with the Institute of Public Policy of the Harry S Truman School of Public Affairs at the University of Missouri. Over the course of the evaluation, the Institute produced four evaluation reports. The first three reports focus on the details of the evaluation activities, procedures, analysis, and findings in each of the three years. This report, *Healthy & Active Communities Initiative: Conclusions from a Three Year Evaluation* is a summary of the H&AC Initiative. It highlights the overall findings of the H&AC Initiative and makes recommendations applicable to future multi-site, multi-program initiatives. For a copy of previous reports or for additional information please contact the Missouri Foundation for Health.

Missouri Foundation for Health  
 Website: [www.mffh.org](http://www.mffh.org)  
 Email: [info@mffh.org](mailto:info@mffh.org)  
 Phone: 314-345-5500  
 Toll-Free: 800-655-5560

**Table 1: Funding timeline by grantee group**

|         | Evaluation Year 1<br>Nov. 2005-Nov. 2006 | Evaluation Year 2<br>Nov. 2006-Nov. 2007 | Evaluation Year 3<br>Nov. 2007-Nov. 2008 |
|---------|--|--|--|
| Group 1 | 15 grantees                              |  |  |
| Group 2 |  | 18 grantees                              |  |

**Figure 1: Grantee locations by year funded**

## External Evaluation Overview

The Missouri Foundation for Health contracted with the Institute of Public Policy in the spring of 2006 to conduct an external evaluation of the H&AC Initiative. The goals of the external evaluation were to:

- Help grantees monitor and improve the performance of their programs, and
- Provide an evaluation of the Initiative as a whole.

The external evaluators adopted the cluster evaluation approach developed by the W. W. Kellogg Foundation to accomplish these goals. This evaluation methodology permits an assessment of the extent to which the grantees collectively accomplished the goals of the Initiative while acknowledging the significant differences in intervention

approaches among 33 grantees (i.e. building walking trails vs. providing nutrition education classes vs. increasing physical education in schools). The cluster approach enabled the evaluators to develop insights into each of the disparate individual projects and assess the overall Initiative.

Cluster evaluation provided a framework for placing individual projects in context, encouraged the evaluators to contribute to individual projects with technical assistance, and emphasized the development of collaborative process between the projects and the H&AC Initiative.<sup>1</sup> Each H&AC grantee program was unique, with a different focus, population, and resource level. By recognizing these differences in context, the cluster evaluation technique allowed the external evaluators to synthesize the lessons learned from one project and transfer that

<sup>1</sup> Chelimsky, E., & Shadish, W. (Eds.) (1997). *Evaluation for the 21st Century: A Handbook*. Sage Publications, Thousand Oaks, CA.

knowledge to other projects. Through this collaborative environment, the evaluation was able to adapt as the Initiative developed.

The cluster evaluation methodology is designed to enhance collaboration among the funded projects as well as between those projects, MFH and the evaluation team. This was accomplished in part through annual convenings where project staff are brought together to network and discuss issues with other project directors, evaluators, and funders. This provides a collaborative framework in which the funder, award recipients, and outside evaluators work together to set goals, develop appropriate measures of success, collect data to assess outcomes, and ultimately, improve the quality of the funded projects.

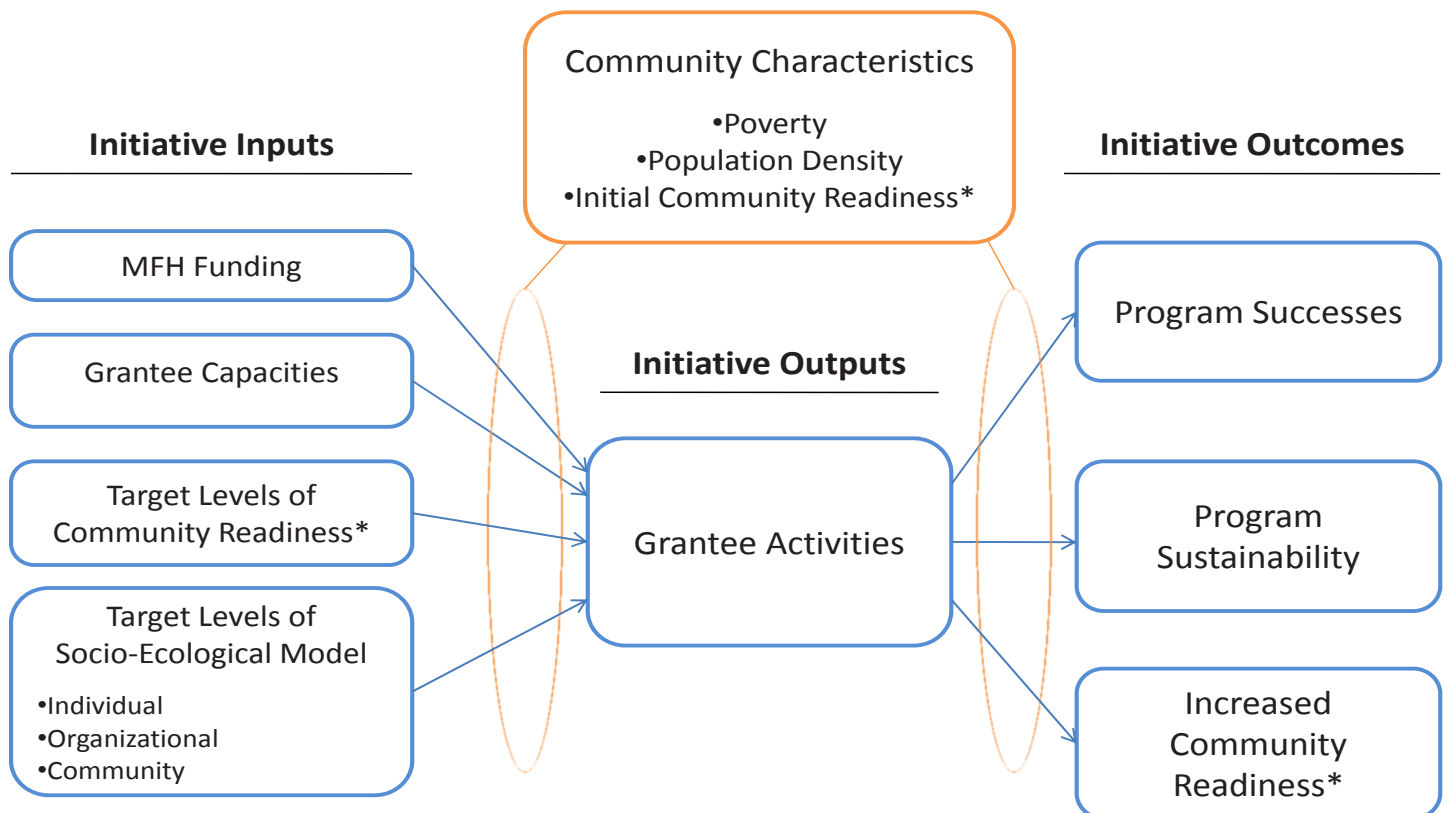
The evaluation evolved over the three years in an effort to capitalize on the knowledge gained each year and to be responsive to the needs and requests of grantees and MFH. During the first year, the evaluation focused on learning about the grantees and their activities, the scope of

the H&AC Initiative, and developing an evaluation plan. During the second and third years, the evaluation built on previous knowledge to collect and analyze information regarding the grantees' program success, sustainability, and community readiness. The evaluators used this data to assess the successes of the initiative as a whole. The balance of this report presents the logic model used in the analysis, a summary of evaluation activities, the findings of the evaluation, and recommendations.

**The Logic Model**

The evaluation team developed a logic model to guide data collection and analysis (see Figure 2 and Appendix). The goal of the evaluation was to identify factors across programs that contribute to program success and sustainability (outcomes). To do so, the evaluators examined program inputs, program outputs and the impact of community characteristics on program success and program sustainability.

**Figure 2: H&AC Initiative Logic Model**



\* These factors were evaluated in the third year of the evaluation.

## Evaluation Activities

To gather information about the inputs, outputs and outcomes of the Initiative, the evaluators conducted a series of activities over the three years. See Table 2 for a list of activities completed by year. The evaluation team conducted the following major activities:

- *Proposal review*: The evaluators conducted a review of grantee proposals to MFH to gain an understanding of the scope of the grantees' work.
- *Site visits*: The visits consisted of reviewing project materials, conducting staff interviews, seeing the project in action, and conducting a program capacity assessment/building activity.
- *Technical assistance*: Evaluators provided technical assistance to strengthen grantees' internal evaluation practices through training workshops, development of data management techniques, etc.
- *Annual convening*: This meeting provided an opportunity for grantee staff, MFH program staff, and evaluation staff to share innovations, best practices and programmatic challenges.
- *Grantee surveys*: This electronic data collection provided additional information on grantee organizations, program impact in the community, program outputs and partnerships.
- *Community Readiness interviews*: Four to six key informants in each grantee community participated in 15 – 30 minute phone interviews. Their responses revealed the degree to which the grantees' communities are ready to address healthy and active living, as well as changes in this readiness over time.
- *Interim and final report review*: These reports provided additional information about project updates, outcome measures, and process information.
- *Focus groups*: The Institute conducted focus groups in areas not served by the H&AC Initiative in order to understand how communities that are not receiving H&AC funds were undertaking healthy and active living programming.
- *County-wide surveys*: Phone surveys were conducted in two H&AC grantee communities (Boone and Polk Counties) to assess the extent of community need for and receptiveness to H&AC efforts.

**Table 2: Evaluation Activities**

| Activity                                    | Year Conducted |
|---|----------------|
| Proposal Review                             | 1 & 2          |
| Site Visit                                  | 1-3            |
| <i>Review project materials</i>             | 1-3            |
| <i>Staff interviews</i>                     | 1-3            |
| <i>Project in action</i>                    | 1-3            |
| <i>Program capacity assessment/building</i> | 3              |
| Technical Assistance                        | 1-3            |
| Annual Convening                            | 1-3            |
| Grantee Surveys                             | 2 & 3          |
| Community Readiness Interviews              | 2 & 3          |
| Interim & Final Report Review               | 1-3            |
| Focus Groups                                | 1              |
| Countywide Phone Survey                     | 1              |

## External Evaluation Findings

The evaluation produced a series of significant findings that are of interest to MFH and foundations with similar initiatives. These findings can be grouped into three categories. First, the evaluators collected data from all of the activities and tools listed above in order to identify significant factors related to success and sustainability. The significant factors include program capacity elements and community characteristics that affect the success of a program. Second, the Institute staff examined factors related to the Initiative's community impact. Finally, the evaluators assessed the extent to which grantees' progress contributed to the achievement of the H&AC Initiative goals.

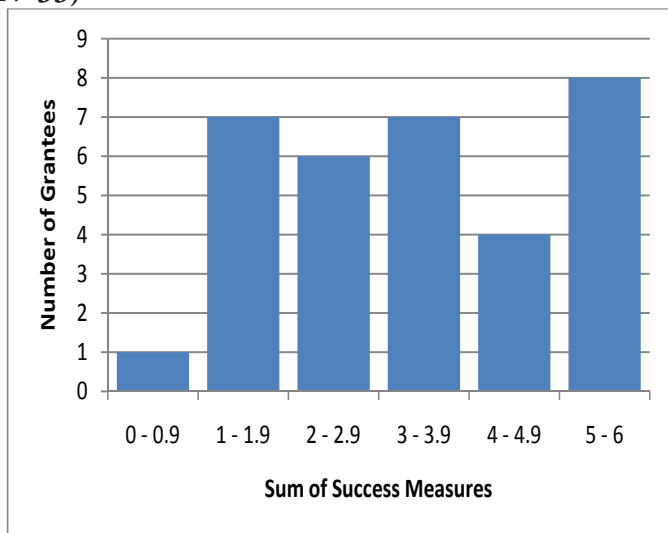
### *Analysis of Program Success & Sustainability*

The evaluators examined several aspects of program success and sustainability. In this section, the overall success and sustainability among grantees are described first. Next, the program capacity and community characteristics were tested to determine which items impact success and sustainability. The capacity elements are one of the major inputs in the evaluation logic model; an organization's capacity can help or hinder its ability to successfully execute programming. Therefore, the

evaluators measured a series of capacity elements, such as management, human resources, external relations, and evaluation and organizational learning to identify strengths and weaknesses across the grantees. These capacity measures are then correlated with success and sustainability to determine what elements are most closely related with successful and sustainable outcomes. Finally, the evaluation team analyzed the interaction of community characteristics with the capacity elements, success and sustainability.

**Overall Program Success:** Over the course of the Initiative, 33 grantees were scored on program success. Program success was measured as a combination of six factors, including success in implementation, achieving objectives/goals, and community engagement. The average grantee success was 3.39 on a 6 point scale. This success scale was a sum of the six types of success, some of which are difficult for a program to achieve in just two years. Even so, 24% of grantees achieved at least five out of six on the scale, indicating a high level of program success during the H&AC funding period. See Figure 3 below for the distribution of program success over the three year Initiative.

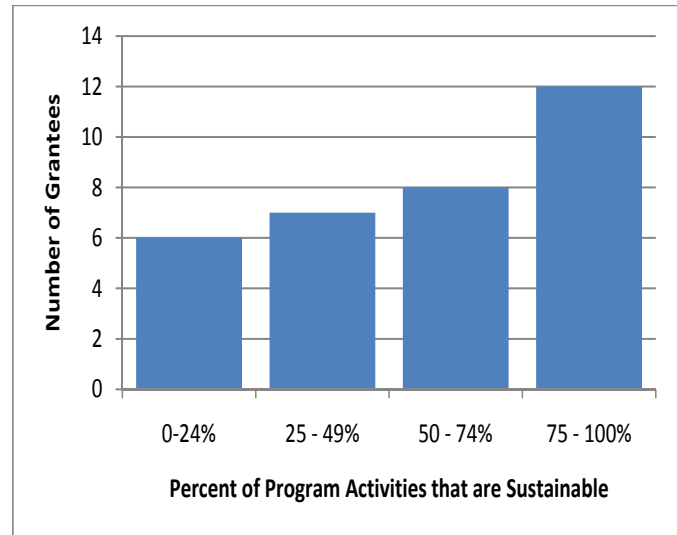
**Figure 3: Total success over the three year Initiative (N=33)**



**Overall Program Sustainability:** The evaluators assessed each program to determine what percentage of activities would likely be sustained beyond MFH funding. Most H&AC grantees exhibited strong potential

for sustainability. More than one-third of grantees demonstrated the ability to maintain at least 75% of their programming post-award. See Figure 4 below for a distribution of the sustainable programming by grantees.

**Figure 4: Sustainable programming across the three year Initiative (N=33)**



**Capacity Elements and Program Success:** The evaluation team analyzed the relationship between a program’s capacity and its success. Grantee organizations vary in terms of their organizational capacity; for example, some have stronger financial management or external relations than others. These strengths affect a grantee’s ability to implement successful programming. In general, grantees demonstrated moderate levels of capacity in most dimensions. Overall, grantees had particularly high levels of capacity in service delivery and management/ leadership. Grantees have room for improvement in internal evaluation, human resources quality, external relations and financial management. Below is a summary of the significant relationships between capacity and success.

In years two and three of the evaluation, the external evaluation team found that the capacity measures of leadership/management, strategic planning, internal evaluation, external relations and human resources were significantly correlated with success (see Figure 5). These findings were resilient even though a different measurement tool was used in year three, providing greater confidence in the findings. In year two, the

Institute used a tool developed by McKinsey<sup>2</sup>, and in year three the evaluation team used a modified Capacity Building/Assessment procedure developed by the Colorado Trust.<sup>3</sup>

Several capacity measures were significant in either year two or year three in addition to the capacity measures that were significant over both years of analysis. In year two, grantee aspirations, monitoring of the landscape, volunteer quality and staff quality were significantly correlated with success. These elements were not measured in the third year. Likewise, service delivery was found to be significantly correlated with success in year three, but was not measured in year two due to the use of a different tool in that year.

**Capacity Elements and Program Sustainability:**

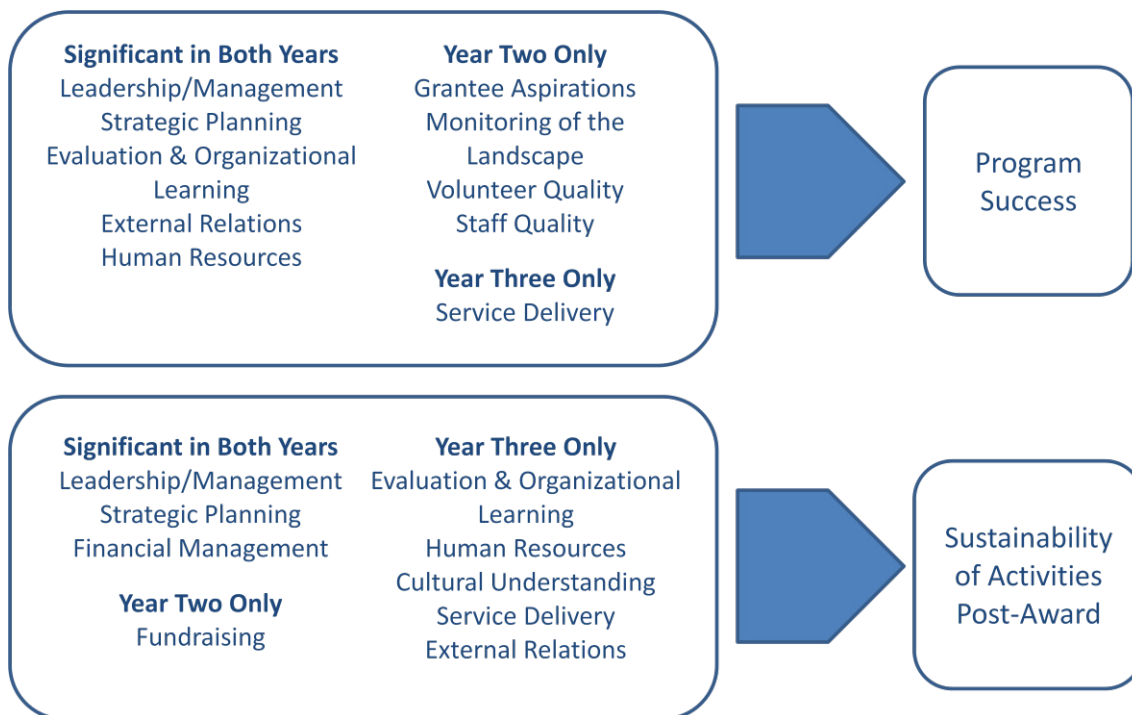
The evaluation team found the capacity measures of

leadership/management, strategic planning and financial management were correlated with sustainability in both years two and three of the evaluation. In addition, evaluation and organizational learning, human resources, cultural understanding, service delivery, and external relations were significantly correlated in year three, while fundraising was significantly correlated with sustainability in year two.

**Levels of the Socio-ecological Model, Success, and Sustainability:**

The external evaluators analyzed grantee programming in terms of the level of the socio-ecological model<sup>4</sup> targeted by each program. This model suggests that behavioral change is not simply the individual's choice, but his potential for change is influenced by his friends and family, the organizations he participates in (school, work, and other groups), the community where he resides, and also the broader realm of public policy. The

**Figure 5: Capacity elements indicative of success and sustainability throughout the H&AC Initiative**



<sup>2</sup> McKinsey & Company. (2001). *Effective capacity building in non-profit organizations*. Retrieved from [http://www.venturepp.org/learning/reports/capacity/full\\_](http://www.venturepp.org/learning/reports/capacity/full_)

<sup>3</sup> Colorado Trust. (2002). *Providing technical assistance to build organizational capacity: Lessons learned through the Colorado Trust's Supporting Immigrant and Refugee Families Initiative*. Downloaded from <http://www.coloradotruster.org/repository/publications/pdfs/TAforSIRFI.pdf> on January 6th, 2009.

<sup>4</sup> The socio-ecological model (McLeroy, 1988) suggests that in order to successfully change individual behavior, interventions must not only focus on the individual, but also on the individual's environment. See Appendix for more information.

theory suggests that programming that targets more levels of the socio-ecological model will be more successful in promoting positive behavioral change.

*Targeting the community:* The external evaluation team found that grantees whose programs targeted the community level of the socio-ecological model were more successful but less sustainable than those that did not focus their efforts at the community level. While many researchers have argued that community programming should be better suited to produce behavior change for a wide range of individuals, very few have been able to demonstrate any impact of community programming on health outcomes. In this evaluation, community programming has been shown to have greater program success than programming that targets individuals or sub-community levels of the model. In time, it may also be possible to identify the impact of community programming on healthy behaviors.

*Targeting Schools:* The Institute also found that programs targeting schools were more successful than those that did not target schools. Schools are a particular type of organization that have a significant impact on what children eat and the amount of physical activity they have during the day. Schools can also help develop healthy habits that can last into adulthood. Children are influenced by other segments of the socio-ecological model outside of school, but schools are uniquely situated to adopt healthy and active curricula and policies. In addition to the significant potential impact of schools on children's health, this evaluation finds schools to be an environment that is consistent with more program success.

### **Community Characteristics and Program Success/Sustainability:**

*Population density:* Among the 33 grantees, rural grantees tended to be more successful. This may be a reflection of the components of success measured (see Appendix for a list of the six success measures). For instance, rural grantees were more likely to select activities such as building trails that make a concrete impact on the community. Also, smaller communities tend to be more aware of the resources and skills available in the community and grantees may be able to identify and engage potential new leaders more easily than grantees in urban areas can. There may also be

a higher level of familiarity between potential participants and the programming staff, which establishes trust and positively impacts program success. In addition, rural grantees were more likely to accomplish output objectives, have a concrete impact on H&AC goals, and change the way the community works together on public issues, which are three of the dimensions of success.

Whether a grantee is located in a rural or urban setting had no impact on sustainability. There is significant variation in how grantees plan to continue their programming after the H&AC Initiative, however the variation does not coincide with population density.

*Poverty level:* The evaluation team compared high-poverty communities to low-poverty communities and found no difference in their success or sustainability.

**Community Readiness:** In addition, the overall evaluation demonstrated a small but significant increase in communities' receptiveness to H&AC programming over one year's time as measured by an increase in their average Community Readiness score.<sup>5</sup> This increase is partially due to MFH's impact in the grantee communities, as illustrated by respondents' increased awareness of MFH-sponsored efforts in their communities.

In summary, the H&AC Initiative produced a number of significant findings that have bearing on future funding initiatives. First of all, there are several significant organizational capacity elements that impact success and sustainability. Funding institutions can help grantees increase capacity in order to improve their likelihood of successful programming. Also, a grantee's program design (whether to target the community level and/or schools) seems to be related to program success and sustainability. In addition, there are community factors that foundations should be aware of and prepared to help grantees overcome, such as challenges unique to an urban environment. Finally, it is important to note that foundations can have an impact on a community's readiness to accept prevention programming.

### **Community Impact of the Initiative**

The evaluators collected information on several outputs across the Initiative. These outputs illustrate the extent

<sup>5</sup> Community Readiness was only measured among the 2006 H&AC grantee cohort.

to which the Foundation has influenced the lives of Missourians through the Healthy & Active Communities Initiative.

**Reach:** Grantees engaged over 176,000 Missourians in the Initiative's work, and even more were exposed indirectly as friends or family of participants and through the 546 media features about H&AC grants. In addition, many more people will continue to be influenced by the policy efforts and programming infrastructure of the H&AC Initiative.

**Partnerships:** The H&AC grantees developed 606 partnerships in their communities to work on healthy and active living topics. These partnerships have developed the infrastructure of these communities and provide the potential for future collaboration on these topics.

**Policies:** The grantees implemented 130 healthy and active policies. These policies have created sustainable outcomes that will continue to improve health beyond the end of the Initiative.

### *Progress toward Achievement of H&AC Goals*

The evaluation of the H&AC Initiative was able to document grantee successes in accomplishing each the H&AC Initiative goals.

*Goal 1: Increase the proportion of adults, adolescents or children who implement sound principles toward achieving and/or maintaining a healthy weight, which includes healthy eating, regular physical activity and positive behavioral strategies.* All but one grantee pursued this goal, with a total of 116 objectives targeted at behavioral change. Objectives listed under the Goal One umbrella include increases in knowledge among community members

exposed to media campaigns, changes in attitudes of participants, changes in health behavior, changes in BMI or other health indicators, increasing participation in activity programs like the Walking School Bus and improved nutrition among children in schools through changes in food policies.

*Goal 2: Increase the proportion of community coalitions, faith-based organizations or local and state health agencies that provide community education on the importance of good nutrition, physical activity and healthy weight.* More than one-third of grantees explicitly proposed to collaborate with other organizations providing H&AC education, and nine of them documented specific successes in their outreach. Over 600 partnerships were developed by H&AC grantees to further extend the reach of the Initiative. However, all grantees, who are themselves community coalitions, faith based organizations or public health agencies, participated in providing community education; therefore significant progress has been made toward Goal Two.

*Goal 3: Increase community access to physical activity opportunities and healthful foods.* Access to physical activity and healthful foods is essential for individuals to be able to make healthy choices. One-third of grantees proposed to increase community access through 43 objectives. Grantees that proposed to install walking trails, establish farmers markets, or build community gardens were very successful in tangibly improving access to resources that are critical to improved health.

*Goal 4: Develop or strengthen collaborative efforts to implement local public policies that promote physical activity and healthy eating.* Among the eight grantees that explicitly pursued advocacy and policy opportunities, six were able to demonstrate some success in accomplishing

**Table 3: H&AC outputs over the three year Initiative**

|                                      | 2005<br>Grantees | 2006<br>Grantees | H&AC<br>Initiative Total |
|--------------------------------------|------------------|------------------|--------------------------|
| Total Number of Participants Engaged | 89,045           | 87,587           | 176,632                  |
| Total Number of Policies Implemented | 85               | 45               | 130                      |
| Total Number of Partnerships         | 254              | 352              | 606                      |
| Total Number of Media Features       | 372              | 174              | 546                      |
| Total Number of Schools Involved     | 109              | 111              | 220                      |

this goal. These policies ranged from workplace wellness policies to changes in school district physical education requirements to “Complete Streets” policies for cities. Changing policy impacts not only the current generation of clients, employees and citizens, but future constituents for as long as the policy is in place. Thus, the potential reach of public policy is greater than that of education and other efforts. Furthermore, 2006 grantees reported contacting more than 143 elected officials, including mayors, aldermen/councilmen, county commissioners and state and federal legislators. Their advocacy can influence the elected officials’ votes in future healthy and active issues brought before them.

### **Continued Synergistic Pursuit**

While there has been significant success in the pursuit of improved health behaviors and outcomes in grantee communities, there is much work left to be done locally, statewide, nationally, and internationally. The Missouri Foundation for Health has made a significant impact on the health of the people living in H&AC-funded communities through education, increased access to healthy options and policy changes that help people make healthier decisions.

It is not possible to measure the long-term impact of the Initiative at this point in time. It is clear upon review of the individual grantee results that the goals established for the Initiative encouraged grantees to plan multiple and complementary strategies. The education, access and policy work all come together in a synergistic way to encourage health in grantee communities. However, the task at hand is immense. Grantees have demonstrated promising strategies with some success, but it is only through the sustained work of government, individuals, community-based organizations and foundations like the Missouri Foundation for Health at multiple levels of influence that the current trends in overweight and obesity and their subsequent health problems can be reversed at the population level.

### **Recommendations**

Based upon the various aspects of the H&AC Initiative evaluation, the Institute of Public Policy has identified two areas of recommendations that should be considered when similar initiatives are developed in the future: (1) process and (2) outcome recommendations. Process

recommendations are derived from grantee feedback and the external evaluators’ observations throughout the course of evaluation activities. Interactions with the Missouri Foundation for Health, observations from evaluation workshops and technical assistance interactions, and feedback from H&AC grantees regarding the Initiative and their recommendations are also incorporated into this section. The data analysis findings are the basis for the outcome recommendations. These recommendations are supported by the quantitative analysis presented earlier in this report.

### ***Process Recommendations***

*Pre-application planning and development should include evaluation design and collaboration with the external evaluation team.* The sooner evaluation is integrated into a funding initiative, the more likely it will substantially contribute to the evidence base of demonstrated effective programming. To be most effective, evaluation should be part of planning, implementation, and review of programs. This is true on both the grantee level as well as the Initiative level. As the planning and development of the Request for Applications (RFA) begins there should be equal emphasis placed on the individual grantee evaluation requirements and consideration for how the grantees and the Initiative will be evaluated. If the external evaluation team is selected prior to the release of the RFA, that team can provide guidance and suggestions to the program officers for evaluation guidelines and data collection in the RFA. For instance, the RFA could ask grantees to include both output and outcome objectives in their proposals. Building evaluation development into the pre-application process will ensure that grantees are given consistent information throughout the grant cycle and are aware of the expectations related to evaluation and reporting.

*Develop common performance measures for grantees to collect.* In order to gain as much relevant data as possible concerning grantees and about the Initiative as a whole, common reporting measures should be developed to evaluate the Initiative. Grantees should be asked to collect common measures related to the Initiative and their specific programs. The Colorado Healthy Communities Initiative<sup>6</sup> developed a set of common measures including physical activity levels, fruit and vegetable consumption, daily steps, and weight by surveying participants both pre

<sup>6</sup> Colorado Healthy People 2010 Initiative: Obesity Prevention, Evaluation report, August 2007.

and post intervention. However, they allowed grantees to opt out of certain measures if their program was not designed to have an impact on those specific measures. Collecting common performance measures related to the goals of the initiative will allow the identified goals to be more measurable and provide extensive data on the achievement and impact of those goals.

*Increase communication and interaction between the MFH program officers and the evaluation team.* Healthy & Active Communities grantees benefited from the guidance, suggestions, and technical assistance from both MFH program officers and the external evaluation team. In order to fully support and provide assistance to the grantees, program officers and evaluation team members should meet more frequently and increase the communication and information sharing regarding their grantees. Although this is difficult, it will allow for grantees to receive consistent, seamless assistance from both the program officers and the evaluators.

*Provide grantees with various focused evaluation technical assistance opportunities in a timely fashion.* During the implementation of the H&AC grants, grantees were encouraged to contact the Institute of Public Policy to seek technical assistance. Some grantees took advantage of the technical assistance available on demand from the Institute and benefited from this type of service. However, many grantees did not seek technical assistance from the Institute, but did participate in the focused technical assistance that was provided during the Evaluation Training Workshops held in May 2008. Grantees who attended learned tangible skills in how to evaluate and report on their programs' successes. One attendee said that "the hands-on experience of dealing with raw data was helpful." This type of focused technical assistance addressed common needs among the grantees. In some instances grantees are not necessarily even aware of the right question to ask or the assistance to seek. Some participants in the workshops suggested that this type of technical assistance should be offered earlier in the grant cycle to allow for a complete understanding of the evaluation requirements and expectations.

*Continue to be responsive to grantees.* Many H&AC grantees reported that they felt MFH was responsive to the needs and suggestions of the grantees. The Foundation should

continue to use the convening and regional meeting format to allow grantees to voice concerns, interact with other grantees, acquire technical assistance, and provide feedback to MFH. During the 2007 Convening, several grantees conveyed concern about the reporting burden generated by requests for information from both MFH and the evaluation team. After the convening, MFH and evaluation staff worked with the grantees to decrease that burden and streamline information gathering. Other grantees offered feedback for additional ways MFH can continue to be responsive to grantees in the future. One grantee requested the following, "I would like the opportunity to review interim reports with my program officer to ensure we are on track and utilizing all resources to the fullest." Others reiterated that they would like to have more communication with MFH and the program officer.

Grantees have consistently reported that they appreciate the flexibility and responsiveness of MFH and the program officers that have allowed them to make program and budget modifications to increase the effectiveness of programming. One grantee noted, "Because we are new to implementing healthy and active programming, it was extremely helpful to have our program officer available to listen to our problems and offer resources. As a result we were able to overcome several unanticipated barriers." Program officers at MFH should continue to build good working relationships with grantees that allow them to be responsive to the needs and concerns of the grantees.

*Increase opportunities for collaboration among grantees.* The convening and regional meetings held by MFH provided H&AC grantees with an opportunity to network with other grantees, share information, and gain a better understanding of what types of programs are being implemented across the state. Many grantees could benefit from increased opportunities for collaboration and networking to help support and enhance their own programs and the Initiative. One grantee noted, "I think some of the missed opportunities are networking among the different grantees. MFH could do more to facilitate some partnerships among grantees." Grantees were particularly interested in building partnerships and sharing ideas with other grantees that target the same demographics, (i.e. school children or senior citizens), as well as partnerships for grantees with overlapping service

areas.

*Revise interim and final reporting forms and requirements.*

The reporting requirements given to grantees should be specific and allow grantees to easily report information. During the H&AC Initiative, many grantees struggled to report evidence of their progress toward achieving objectives, outputs and outcomes. The forms should instruct grantees to refer back to the original output objectives and outcomes that the grantees developed in their proposals. Grantees should then be instructed to report on the progress they have made toward achieving each of those objectives and outcomes.

Financial forms also caused problems for some grantees. One grantee noted, “Even though the fiscal reporting directions seem simple, it is very challenging, and sometimes impossible to try to provide the information in the format they want.” The reporting documents should be designed to be as user-friendly as possible to ensure the most important information is collected, and that there is uniformity across grantee reports.

### ***Outcome Recommendations***

*Increase the number and quality of partnerships between the grantee’s organization/program and the external community.*

Partnerships between a grantee and its community can provide crucial support necessary to program success. These relationships can provide access to a program’s target audience, raise awareness about a program within a community, create ownership of the program within the greater community outside of the grantee organization, and provide access to donations, among other things. Grantees that had good external relations and developed strong partnerships improved their chances of successfully reaching their goals. The Foundation could ask applicants to explicitly include plans for collaboration in the RFA, and also assist grantees in strategically building partnerships by providing workshops on this topic.

*Target multiple levels of the socio-ecological model.* The external evaluation team found that grantees that focused their programming on either the community or school levels were more successful than those grantees that did not. These types of programs endeavor to change the environment within which the individual is nested. While few programs are designed to address all levels of

the socio-ecological model, research and theory suggest that individual change is more likely to occur if multiple levels of the model are targeted. For instance, grantees may have a greater impact if they implement both school and community-based changes to improve children’s health. Even as grantees focused on the higher levels of the socio-ecological model (interpersonal, organizational, community and public policy levels), they were also targeting individuals directly to promote behavioral change. The Missouri Foundation for Health’s H&AC Request for Applications discussed targeting multiple levels, but MFH could more strongly encourage grantees to target multiple levels of the socio-ecological model.

*Increase the utilization of internal evaluation plans.*

Grantees are required to develop internal evaluation plans as part of their proposals. However, there is a wide range in the understanding and utilization of evaluation among grantees. Some recognize the value of evaluation findings and use the information to inform future decisions throughout the grant funding cycle and beyond. They not only monitor program participants, elements and impact, but also apply their findings to make changes to current programming. Other grantees are unsure about structuring evaluation activities, organizing and analyzing the data, and using the information. They struggle with communicating the evaluation results to stakeholders and utilizing their own data in advocacy. The Foundation can help educate grantees about the applications and usefulness of internal evaluation findings, so that grantees can make the most of their evaluation efforts.

*Continue to address program capacity issues through program coaching.*

In addition to the technical assistance provided by the evaluation team, many grantees required and sought additional program coaching related to their program or organizational capacity. The Missouri Foundation for Health answered that need by installing program coaches to address diverse organizational capacity needs. Grantees have requested the following areas of focus for continued support: fundraising, developing volunteers, program sustainability, developing logic models, and strategic planning. Furthermore, the evaluation team identified several capacity elements across the Initiative in which grantees could improve. These include financial management, external relations, human resources, management, and strategic planning. Expanding grantee capacity would contribute to increased program success

and sustainability.

*Assist grantees in increasing the quality and retention of program staff.* Grantees with high levels of human resource capacity tended to be more successful. This capacity element was identified in the analysis as an element in which some grantees need improvement. In order to increase human resource capacity, grantees could diversify their employee skills sets, create opportunities for professional development, and maintain adequate staffing levels. In addition to recruiting key people and fostering their development, an organization needs to incorporate employee buy-in to the organization while maintaining high office morale. Therefore, this capacity element is related to other capacity elements, namely leadership and strategic planning. The Foundation could assist grantees in improving staff quality and retention through program coaching and by helping grantees identify potential training opportunities for staff.

*Utilize the Community Readiness Model as a tool for program planning.* The evaluation team utilized the Community Readiness Model from the Tri-Ethnic Center to assess each grantee community's readiness to embrace healthy and active programming. The tool produces a final score of a community's readiness to accept prevention programming in a range from 1) No Awareness to 9) High Level of Community Ownership. The score can help grantees tailor their programming to have the greatest impact for their communities. It should not be used as an indication of which communities should be funded, although a lower score may indicate that a community has a greater need for outside funding.

The evaluation team hypothesized that the grantees who best matched their programs to their community's level of readiness would be more successful, but did not find that to be the case. The tool appears to be less useful as an evaluation tool but has been proven to be very useful as a planning tool. The Community Readiness Model is more effective as an assessment to determine what type of programs and educational campaigns to implement, instead of evaluating programming as it is being implemented. Because of its versatility, the model is adaptable for a variety of interventions, from substance abuse and tobacco prevention to obesity prevention. In the future, MFH could sponsor or encourage the use of the Community Readiness Model by potential grantees

prior to developing prevention programming.

*Develop and utilize a strategic plan for replication and development.* Strategic planning is an important component of a program's success. Findings over the course of the Initiative have consistently demonstrated that strategic planning contributes to program success and sustainability. Within strategic plans, grantees should develop plans for replication and development. Some grantees have been less successful than others in preparing for their projects to grow and expand over time. This is another area where MFH could offer program coaching or workshops to assist grantees in developing this capacity.

## Conclusion

The Healthy & Active Communities Initiative is a bold effort to transform the lifestyles and health of Missourians in the MFH service area. The Initiative accommodates project flexibility, allowing grantees to develop a wide variety of innovative programs to address specific needs within their communities. This design is an effective method to encourage innovation and identify strategies for reversing the current trends in obesity.

Grantees have had an impact throughout Missouri by helping individuals initiate and sustain behavioral change, and by implementing programs and policies that increase healthy and active behaviors in organizations, schools, and communities. The 33 grantees engaged over 176,000 individuals from children to senior citizens in diverse settings across the state. Their local programming has helped community members recognize the need to increase activity levels and improve nutrition in schools, workplaces and their daily lives.

The external evaluators found that there are several ways in which the Missouri Foundation for Health can assist grantees in making the most impact in obesity prevention. The Foundation can work with grantees to increase their organizational capacity in several areas, notably internal evaluation, strategic planning, external relations, leadership and human resources. As grantees enhance organizational capacity, it boosts their programs' effectiveness and thus their impact on healthy and active efforts.

The Missouri Foundation for Health has funded Healthy & Active programming that is on the whole successful and sustainable. Through funding and supporting grantees, MFH has helped communities across the service region increase their readiness to engage in addressing obesity. In future initiatives, MFH should continue to support grantees by increasing their capacity and helping them reduce barriers to substantive community change. By doing so, the Foundation will ensure success in leading Missourians to develop Healthy & Active Communities.

Institute of Public Policy  
137 Middlebush  
University of Missouri  
Columbia, MO 65211  
<http://www.truman.missouri.edu/ipp>



## Appendix: Defining and Measuring Evaluation Constructs

This evaluation design is specific to a multi-site, multi-program Initiative with a focus on the inputs that lead to program success, sustainability, and increased community readiness, as illustrated by the evaluation logic model in Figure 2 (above). The evaluation team hypothesized that Initiative inputs and outputs would lead to program successes, sustainability, and increased community readiness (the outcomes measured in the Initiative). Furthermore, several community characteristics beyond the grantees' control could interact with inputs and/or outputs, producing somewhat different outcomes for different types of communities. The relationships between inputs, outputs and outcomes were tested by Pearson correlations. The Institute evaluated the impact of community characteristics using t-tests to identify statistically significant differences in the mean success sustainability for dichotomous groups (i.e. rural/urban, high/low poverty).

### Inputs

*Grantee capacities:* Organizational (or program) capacity has been broadly defined as: "a set of attributes that help or enable an organization to fulfill its missions."<sup>7</sup> Capacity elements include management, governing board, human resources, strategic planning and other resources that are harnessed to fulfill a nonprofit's mission. These elements were scored by Institute staff in Year Two of the evaluation using a modified McKinsey Tool rubric.<sup>8</sup> In Year Three, the Institute adopted a more participatory approach and asked staff at each H&AC grantee organization to evaluate their own program capacities by completing a questionnaire developed by the Colorado Trust. The Institute staff then led a capacity building exercise based on their answers during each grantee site visit.

*Targeting multiple levels of the socio-ecological model:* Conventional models of health behavior change, including the U. S. Department of Health and Human Service's Healthy People 2010 plan, predict greater impact by programs that influence people via multiple avenues. These ecological (i.e., environmental) models recognize that individual behavior is influenced by the opportunity to engage in healthy behaviors when there are supportive social norms and institutional support for behavior modification. Specific to obesity prevention, research in several other states has documented the effectiveness of school-based programs that also involve family members.<sup>9,10</sup> However, health education scholars note that there is limited evidence for the effectiveness of programs that include changes to a community's built environment, availability of healthy foods, or social norms in addition to school-based components. In other words, while theory supports these types of interventions, there is not yet a sufficiently large body of evidence to prove the effectiveness of environmentally-based programs. If H&AC Initiative grantees who target both school and community levels of influence are more successful, their stories could be valuable evidence in promoting the use of multi-level approaches to obesity prevention. The Initiative logic model incorporated the socio-ecological model of change to reflect that people are affected by family, schools, and the broader community. The H&AC Initiative evaluation model specifically included the scope of grantees' targeting of school and community levels as factors with the potential to influence program success and sustainability.

### Outputs

*Grantee activities:* These activities comprise the heart of the Healthy & Active Communities Initiative. This portion of the logic model encompasses the range of

<sup>7</sup> Eisinger, P. (2002). Organizational capacity and organizational effectiveness among street-level food assistance programs, *Nonprofit and Voluntary Sector Quarterly*, 31:115.

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

<sup>9</sup> Sallis, J. F., McKenzie, T. L., Alcaraz, J. E., Kolody, B., Faucette, N., & Hovell, M. F. (1997). Effects of a two-year health-related physical education program (SPARK) on physical activity and fitness in elementary school students. *American Journal of Public Health*, 87, 1328-1334.

<sup>10</sup> Luepker, R. V., Perry, C. L., McKinlay, S. M., et al. (1996). Outcomes of a field trial to improve children's dietary patterns and physical activity: The child and adolescent trial for cardiovascular health. *Journal of the American Medical Association*, 275, 768-776.

activities that grantees implemented. The activities fall under one or more of the four H&AC Goals, and therefore are very diverse in nature. Nutrition and exercise programming, education, building infrastructure, opening farmer's markets, collaboration, and changing policies are the outputs that give Missourians more options for healthy living.

*Community characteristics:* The Institute examined the possibility that success or sustainability could be impacted by different factors that are beyond grantees' control. The characteristics were whether a grantee's target community is above or below the average poverty level in Missouri, situated in a rural or urban environment, and the community readiness at the beginning of the grant (only measured for the 2006 grantees). A high-poverty community could have more obstacles to overcome in order to be successful.<sup>11</sup> The population density of community can impact the way the community works together; urban grantees may have more resources, but rural grantees could take advantage of stronger personal and community ties. Finally, communities vary in their readiness to accept prevention efforts.<sup>12</sup> If community members are only vaguely aware of the existence of an obesity problem, they are less likely to embrace programming to change their lifestyles. These characteristics were tested to see if they affect the relationships between program inputs and the outcomes of success and sustainability.

## Outcomes

*Program success:* Success was defined and measured using the Colorado Trust's definitions<sup>13</sup> and measures of program success. This measure can be applied to disparate programs implementing vastly different projects. The evaluators scored programs based on proposals, site visits, interim and final reports, surveys and correspondence with grantees. The success measure is the sum of the following six types of success:

1. The project accomplished its specific objectives.
2. The project achieved more than its original goals.
3. The project had a concrete impact on the root problem it targeted.
4. The project led to other projects or efforts.
5. The project helped change the way the community works together on public issues.
6. The project led to some individuals becoming new leaders or to more engaged community members.

*Program Sustainability:* Sustainability was measured as the extent to which the grantee's program activities post-H&AC funding could continue. Evaluators examined each program activity (i.e. nutrition classes or walking trails) conducted by a grantee and determined whether the activity could continue without additional outside funding. The sustainability score is a percentage of activities that could be maintained.

*Change in Community Readiness:* The evaluators hypothesized that the work of grantees in the community could elevate the issue of healthy and active living, thereby increasing the community's readiness score. For more information on this measure, see the Year Three Evaluation Report.

<sup>11</sup> A grantee's community was considered high-poverty if the area a grantee served had a poverty rate higher than the Missouri average based on 2000 Census data. This average was 11.74%.

<sup>12</sup> Community Readiness was measured using the Community Readiness Model, which requires four to six key informant interviews for each community. These interviews are then scored in six dimensions based on a rubric provided with the model.

<sup>13</sup> Larson, C., Christian, A., Olson, L., Hicks, D., Sweeney, C. (2002). "Colorado Healthy Communities Initiative: Ten years later." The Colorado Trust, <http://www.coloradotrust.org/attachments/0000/2941/CHCIreport04.pdf>.