

Social Innovation for Missouri

FINAL REPORT

August 2014



Funding provided by



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Executive Summary

The Missouri Foundation for Health (MFH) provided funding for Social Innovation for Missouri (SIM) as a part of the Social Innovation Fund, founded under the 2009 Edward M. Kennedy Serve America Act. MFH was one of 11 organizations to receive this funding in the United States. MFH funded 7 organizations with community health improvement goals aimed to combat tobacco use and obesity by providing nutrition education, increasing physical activity opportunities, improving the built environment, passing effective tobacco and wellness policies, and increasing smoking cessation services.

Staff from the Center for Public Health Systems Science (CPHSS) at the George Warren Brown School of Social Work at Washington University in St. Louis conducted an evaluation of the SIM initiative. SIM was implemented from March 2011 to February 2014. This report utilizes qualitative and quantitative data reported by grantees and data collected throughout the SIM grant to report results of SIM-funded work.

Findings

SIM grantees implemented many strategies to accomplish goals outlined in their project plan and for SIM overall. Programs took a multi-pronged approach by working on built environment and access issues, policy change, and community engagement. Some strategies included community assessments followed by changes to the built environment, policy change at the local level, program development and implementation, as well as promotion of physical activity opportunities, smoking cessation, and healthy eating. SIM potentially reached approximately 536,737 residents in 7 Missouri communities.

149 total policies were adopted in the SIM intervention communities.

- 126 new smokefree policies
- 14 new school or worksite wellness policies
- 7 new connectivity or complete streets policies
- 2 new joint use agreements

All 7 SIM communities made changes and improvements to the built environment.

- 816 new or repainted crosswalks
- 35 new or restored sidewalks or trails
- 34 new pieces of recreation or playground equipment installed
- 12 new or improved school or community gardens

The SIM initiative provided community residents with access to healthy food, physical activity, and smoking cessation.

- 766 nutrition, fitness, or health education classes
- 56 smoking cessation classes

Conclusions

Although the Social Innovation Fund has allowed for improvements in SIM grantee communities, more tobacco control and obesity prevention work needs to be done across Missouri. Tobacco use and obesity continue to be the two leading causes of preventable death in the state and obesity and smoking require both preventative and reduction interventions. SIM grantees engaged community partners from diverse sectors and had substantial success in the areas of:

1. Built environment improvements to promote physical activity.
2. Smokefree policy adoption in individual businesses and/or restaurants.
3. Media education campaigns on wellness, smoking cessation, indoor air quality, and/or built environment improvements.
4. Increasing smoking cessation classes.
5. Implementing complete streets policies.
6. Developing partnerships across many sectors in the community.

Introduction

Social Innovation for Missouri (SIM) is an initiative funded by the Missouri Foundation for Health (MFH) aimed at reducing the effects of tobacco use and obesity in the state of Missouri. The SIM funding program was established in July 2010 after MFH received funding through the Social Innovation Fund (SIF). Established under the Edward M. Kennedy Serve America Act, the SIF is a public-private investment program of the federal Corporation for National and Community Service. As one of the 11 grantees nationally funded, MFH received federal funds and provided a 1-to-1 match with its own resources. From that total pool, MFH provided grants to 7 organizations across Missouri, which were responsible for 1-to-1 cash matching from non-federal sources.

Tobacco use and obesity are the most common causes of chronic disease and death in Missouri. Therefore, SIM aimed to improve the health of Missourians by addressing obesity and tobacco use via policy, environmental, and community changes. SIM approached obesity and tobacco use in tandem, focusing on increasing physical activity opportunities, improving nutrition, and increasing smoking cessation. These efforts were focused in the underserved areas in SIM communities where obesity and tobacco use take the biggest toll.

In order to inspire social change, SIM used the Community Health Improvement (CHI) model (Figure 6 on page 13) that emphasizes collaboration across multiple sectors and among diverse stakeholders to achieve a strong community-wide initiative. Through employing the CHI model and integrating tobacco and obesity prevention strategies, grantees implemented many changes in their communities aimed at combating the devastating effects of tobacco use and obesity.

Evaluation Methods

To evaluate the SIM Initiative and the use of the CHI model, the evaluation team used a variety of data sources and methods. The mixed methods approach (incorporating qualitative and quantitative data) used qualitative interviews, quantitative data monitoring and social network analysis to answer the evaluation questions that were based on the logic model (Appendix A). The matrix in Appendix B and Appendix C show a comprehensive list of the SIM evaluation questions and corresponding data sources.

Key Informant Interviews

The evaluation team conducted 3 rounds of qualitative interviews with at least one representative from each of 7 SIM grantees across the state. The first round (n= 12) occurred in Spring 2012, the second round (n=11) occurred in Fall 2012 and the final round (n=10) occurred in Fall 2013. An interview script was developed to collect data regarding the grantee implementation of the CHI model, the integration of tobacco control and obesity prevention strategies, the use of and satisfaction with technical assistance (TA), and the overall influence of SIM on grantees' work. Interviews were conducted via phone and audio recorded for transcription purposes. A thematic analysis was conducted by trained analysts and themes were then examined across participants. Qualitative data and quotes were chosen to be representative of findings and provide the reader with additional detail.

Core Competencies Checklist

The core competencies checklist (Appendix D) was developed by the TA providers based on key competencies needed to implement tobacco control and obesity prevention strategies. The checklist was administered to at least one representative from each of the 7 SIM grantees to track changes in the grantees' competencies in the areas of Change Process Planning, Coalition Building, Facilitation, Communications/Social Marketing, Policy Advocacy, Policy Implementation, and Coordinating Community Events. The first administration was Spring 2011, the second was Spring 2012 and the third was Summer 2013.

Social Network Analysis Surveys

Social network analysis (SNA) was used to examine the partnerships that existed in SIM communities and to assess their levels of communication and collaboration. Partners are connected if they did more than share information (i.e., cooperation, coordination, or fully linked). See the Partner Collaboration Scale in Appendix E for a description of the response options. Key partners were invited to complete an online survey at three different time points. The first administration was collected in Winter 2011, the second in Winter 2012, and the third in Fall 2013.

Community Capacity Survey

The community capacity survey (Appendix F) was created to capture the opinion of the SIM grantees' community partners regarding the organization's functioning, value, and success. This four part survey was added to the final administration of the SNA survey for each of the 7 SIM grantees and their partners in Fall 2013.

Grantee Interim and Final Reports

SIM grantees were required to submit interim reports on a quarterly basis to share their progress to date on program objectives, implementation of the CHI model components, and updates on evaluation activities and findings. Interim reports were used for monitoring purposes and were reviewed as they were received. In addition, grantees were required to submit final evaluation reports at the end of their funding to describe the implementation of their strategies and the extent to which they achieved their objectives.

Limitations

SIM evaluators could not include community level outcome data because of the lack of county level data available. The County Level Study (CLS) administered in 2011 was not administered again in 2013 as planned. The Youth Risk Behavior Survey (YRBS) and the Behavioral Risk Factor Surveillance System (BRFSS) do not provide sufficient county level results; therefore there was no way to assess changes in county rates for population health outcomes.

Findings: SIM Overall

Reach

SIM was implemented in 7 communities throughout the state of Missouri, potentially reaching approximately 536,737 people. Each grantee population had very similar needs in regards to tobacco control and obesity reduction strategies. However, each grantee took a unique approach to these issues in their communities. The map in Figure 1 shows the counties where SIM was implemented and the respective populations potentially affected.

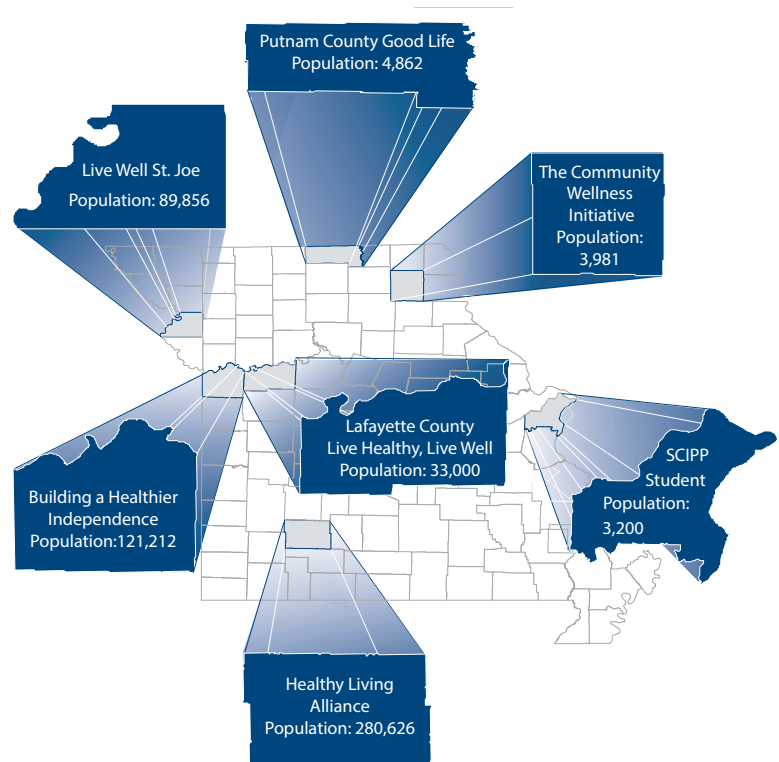
SIM Focus

SIM activities focused on the integration of tobacco control and obesity prevention strategies via partnership development, programming, built environment and access improvement, and policy development. The CHI model was used as a framework for the implementation of SIM activities.

The next section outlines the following:

1. The types of policies implemented during SIM;
2. Partnerships important for policy changes;
3. Improvements to built environment and access;
4. The integration of tobacco control and obesity prevention strategies; and
5. Success of grantees in employing components of the CHI model.

Figure 1: Population impacted by SIM



SIM Community Characteristics:

- **Building a Healthier Independence**, located in Independence City in Jackson County, focused on increasing healthy food access and built environment safety, as well as increasing tobacco cessation advertising in the community.
- **The Community Wellness Initiative** in Knox County focused on increasing access to physical activity by building a community fitness center, improving built environment and promoting wellness policies among local businesses.
- **Live Healthy, Live Well** in Lafayette County worked to improve physical activity with built environment improvements and partnered with local schools to improve nutrition and tobacco prevention curriculum.
- **Putnam County Good Life** focused on increasing physical activity options smokefree workplaces and outdoor spaces in Putnam County.
- The **Schools and Communities in Partnership Project (SCIPP)** focused on improving the wellness policies in the Jennings School District (JSD) located in North St. Louis County.
- **Live Well St. Joe**, located in Buchanan County, focused on increasing access to healthy food and physical activity by establishing school gardens, mobile food pantries, and community connectivity plans.
- The **Healthy Living Alliance (HLA)** is located in the City of Springfield in Green County. HLA focused on increasing nutrition and tobacco prevention education, school wellness, and providing physical activity programming.

Policies Adopted

SIM grantees were encouraged to work on creating lasting changes in the community to improve health such as adopting policies or making environmental changes. As a part of SIM, grantees conducted community assessments to determine the types of improvements needed in their communities. The policies adopted in SIM grantee areas ranged from comprehensive complete streets policies to joint use agreements or school and work wellness policies. Some grantees focused their work in specific settings while others focused on policies at the city or county level. Figure 2 summarizes the types of local policies grantees adopted.

Figure 2: Grantees adopted a diverse range of local policies



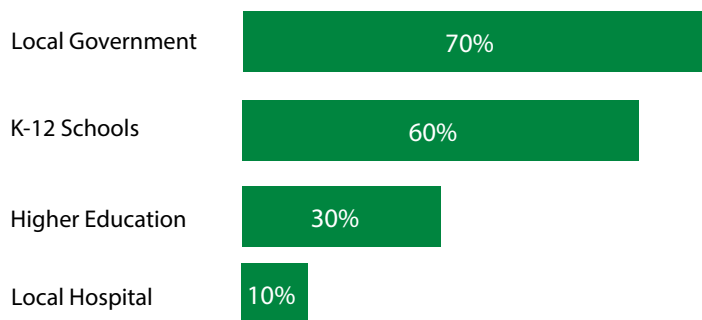
Local Policy Change:

- **Complete Streets Policy:** A policy that improves access to active transportation by setting guidelines for street construction to make them better accessible to pedestrians, bikers, and public transit.
- **Connectivity Master Plan:** A smaller scale streets plan that improves connectivity between neighborhoods and parks or schools thereby increasing physical activity opportunities by laying sidewalks, crosswalks, or bike lanes.
- **Joint Use Agreements:** A policy agreement between a school and city to allow public access to school playgrounds, all-weather track, or fitness facilities.
- **Smokefree Policies:** Where comprehensive smokefree policies were out of reach, grantees educated community members on the importance of clean air and helped worksites, businesses, parks, and schools create smokefree policies.
- **Worksite/School Wellness Policies:** Schools, daycares, and workplaces implemented or strengthened policies to improve student and employee health via physical activity, healthy eating, smoking cessation classes, or creating smokefree policies.

Partnerships Important for Policy Change

As a part of SIM, grantees were encouraged to partner with a diverse range of sectors from local government to local hospitals and institutions of higher education. All grantees engaged a diverse range of sectors to help adopt policy and generate change in their community. Partnerships with four main sectors were mentioned by grantees as important for policy changes. These sectors are described in Figure 3 below.

Figure 3: Partnerships with local government were most frequently mentioned as important for policy change



* Responses not mutually exclusive

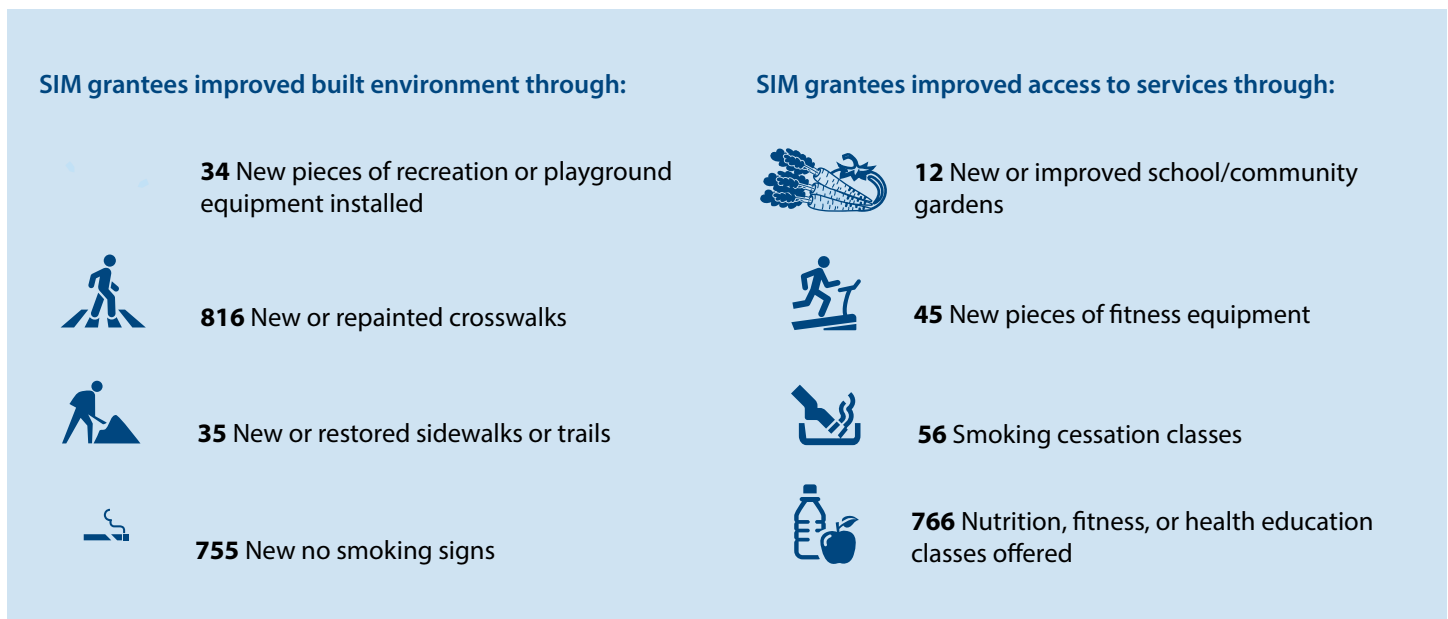
Partners in Policy Change:

- When asked which partnerships were important for implementing policy change, grantees most frequently mentioned government organizations such as park boards, city councils, and local health departments.
- K-12 schools were the second most frequently mentioned partnership important for policy change.

Built Environment and Access Improvements

Grantees worked with schools, local parks departments, public works, and many other agencies to improve the local built environment. Improvements ranged from installing new recreation equipment such as playgrounds, basketball courts, or all-weather tracks to installing or repainting crosswalks and sidewalks throughout the community. Grantees also worked to improve access to smoking cessation by increasing the number of tobacco cessation classes and nicotine replacement therapy available. Figure 4 below displays the variety of approaches SIM grantees took to improve both the built environment and access to healthy food, physical activity, and smoking cessation.

Figure 4: Built Environment and Access Improvements



Integrating Tobacco and Obesity Prevention

Grantees found that integrating tobacco and obesity prevention strategies was not always a natural fit, especially because tobacco can be a polarizing issue. Most grantees indicated that they incorporated tobacco and obesity work into activities by making events smokefree or offering smoking cessation information during programs. In addition, grantees worked to integrate the tobacco and obesity components by emphasizing overall wellness. Integrating strategies was noted as beneficial to improving or promoting community health overall. Figure 5 below shows quotes from grantees regarding how tobacco and obesity prevention were integrated.

Figure 5: Grantee opinion on tobacco and obesity integration

Traditionally, tobacco has been a very difficult topic to deal with in rural areas, as well in any areas, but particularly rural areas. So you get somebody who is particularly opposed to smokefree policies, and they're going to tune out to everything if they're that turned off.

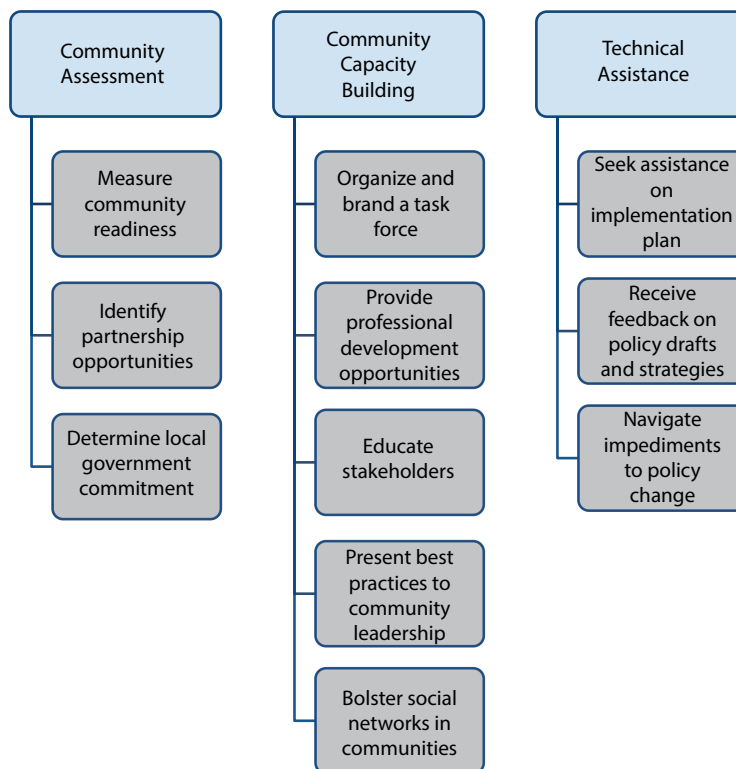
Well, the overall benefit is just the health improvement. If we're addressing health across the board... ..if we're improving... ..our health environment, we [have to] look at obesity and tobacco. They're the two main risk factors for the predominant[ing] disease and mortality...

..it's something that we've done with programming because any event that we've sponsored or participated in we've advocated as smokefree or we've tried to, if there was something with an obesity emphasis, we've tried to pull in a tobacco component.

Community Health Improvement Model

MFH developed the CHI model which served as a framework using community engagement and development principles to build community capacity for complementary best practices in obesity prevention and tobacco control. The CHI model guided grantees during the implementation of their SIM projects. Figure 6 shows the CHI model's three components: community assessment, community capacity building, and technical assistance. These components focus on the readiness of communities to implement their proposed strategies, diversity of community partnerships, organization of an integrated task force, and the provision of assistance and professional development for implementing evidence based strategies. Technical assistance was provided by Trailnet and American Nonsmokers' Rights Foundation. CHI was developed to increase collaborative activity within regions with the expectation that such efforts on complementary health issues among organizations within communities, especially with disparate programming and skill sets, would result in higher levels of impact.

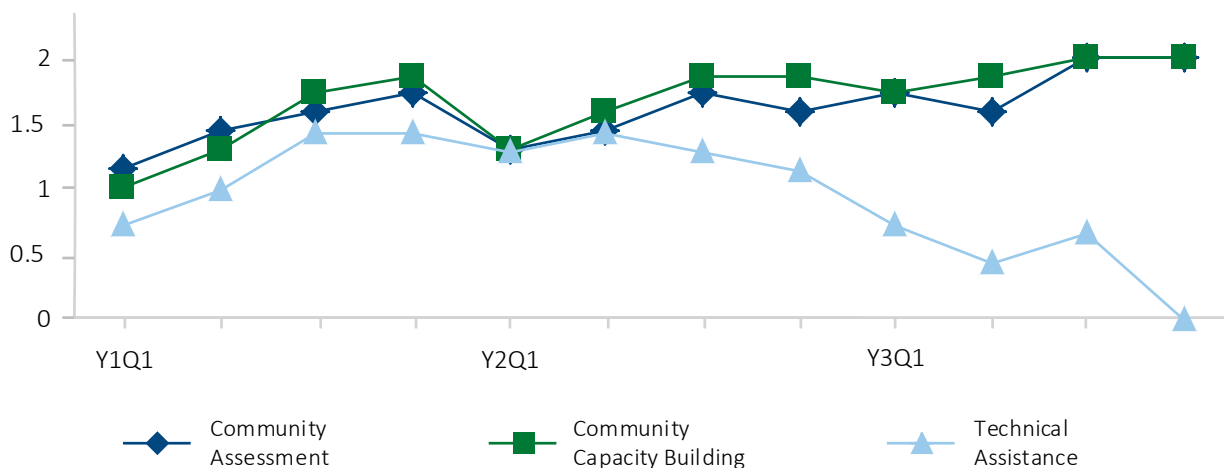
Figure 6: Community Health Improvement Model



CHI Evaluation:

Each of the 7 grantees were evaluated quarterly on their use of the CHI model. See Appendix G for the CHI model evaluation rubric. The scale ranged from 0-2 (not implemented (0), partially implemented (1), or fully implemented (2)). The line chart in figure 7 shows that grantees were fully implementing both community assessment and community capacity building while requiring less TA from external consultants before SIM funding ended.

Figure 7: CHI evaluation across all SIM grantees



Building a
Healthier
Independence

The logo features the text "Building a Healthier Independence" where "Healthier" is in a bold blue sans-serif font and "Independence" is in a black script font. Below the text are three wavy, parallel lines in a light green color.

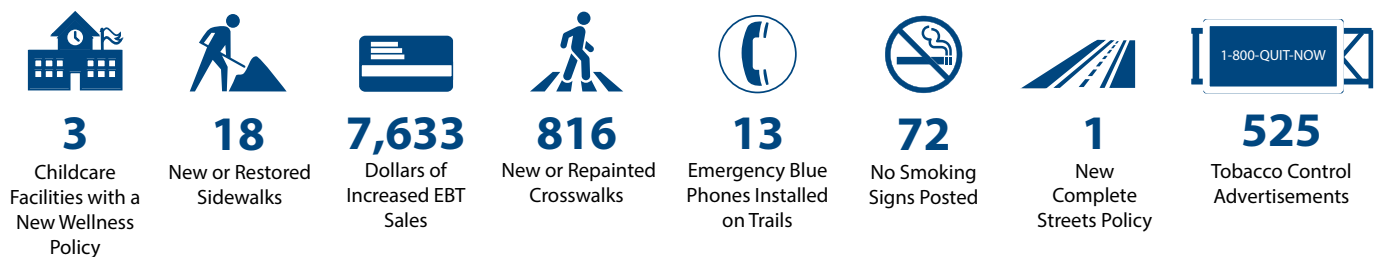
Building a Healthier Independence

Building a Healthier Independence (BHI) was a community based initiative organized by the Independence Health Department with goals to improve access to healthy food, increase pedestrian safety, increase nutrition education, decrease tobacco use across the community and specifically in parks and on trails. BHI centralized their work in the underserved areas of northwest and southwest Independence. In these areas, there is a large low income population with limited access to physical activity or healthy food choices. BHI made strong, lasting environmental changes such as increasing Electronic Benefit Transfer (EBT) usage at farmer's markets, enhancing trail safety, improving pedestrian safety, adopting a complete streets policy, and increasing pro-tobacco control advertisements. Table 1 on page 15 outlines BHI's project plan and progress towards SIM objectives. Figure 8 below highlights BHI's community successes.

Complete Streets and Joint Use Agreement:

- BHI made built environment changes within the community by establishing a connectivity plan which implemented pedestrian safety enhancements.
- BHI also implemented a complete streets policy to increase access to active transportation.
- According to their community assessment, trail safety was a barrier to physical activity for Independence citizens, so BHI worked to improve trail safety by installing emergency blue phones.

Figure 8: BHI community improvements



Project Plan Evaluation:

- BHI made great progress by completing their emergency blue phone, sidewalk, and crosswalk installation goals, as well as by adopting a connectivity plan so that new or renovated park areas have appropriate pedestrian safety.
- BHI saw a 266% increase in EBT sales in farmer's markets after actively promoting farmer's markets.
- In order to reduce tobacco use and promote awareness of cessation resources in Independence, BHI implemented a tobacco control campaign, posting various ads throughout the area via buses, newspapers, newsletters, billboards, grocery lane dividers, and at local minor league hockey games.
- In year three, BHI also worked with childcare facilities to implement wellness policies that promote healthy eating and physical activity. Three childcare facilities now have wellness policies.
- BHI established a healthy food policy in parks requiring vendor menus to have 30% healthy choices as defined by: entrées under 400 calories, snacks under 250 calories, and juice being under 40 calories per 12 ounce serving with no added sugar.

Table 1: Building a Healthier Independence project plan objectives

Objective	Outputs	Timeframe
1. Improve pedestrian safety: Develop one policy stating that 100% of new & renovated construction sites will require a pedestrian crossing where applicable. Develop a bike/walk master plan.	<ul style="list-style-type: none"> 1 complete streets policy developed and adopted. 16 Association of Pedestrian and Bicycle Professionals webinars held to educate stakeholders on bike and pedestrian issues in Independence. 48 people attended. 	Year 1-3
2. By the end of the grant period, IHD will increase healthy food choices by increasing farmer's market locations to 3 and will create and pass a city ordinance requiring 100% of restaurants to post calories on menus.	<ul style="list-style-type: none"> Drought prevented the development of new farmer's market. Efforts were redirected to adding 2 new stops to the Healthy Harvest Mobile Market. 3 locations posted nutrition information. Efforts were redirected in year 3 due to lack of buy-in and difficulty obtaining nutritional analysis. 	Year 1-2
3. By the end of the grant period, the IHD will increase advertisements promoting smoking cessation by 50%. Increase the number of smokefree parks with signage, increase cessation rates in classes by 5%, and increase awareness of the harms of tobacco use to lower city-wide smoking rates by 1% (from 19-18%).	<ul style="list-style-type: none"> 15 smoking cessation audio ads run on city buses. 91 tobacco free promotional videos run at Mavericks minor league hockey games. 35 smoking cessation billboards displayed. 39,745 people were potentially exposed. 236 cessation advertisements displayed on dividers at grocery stores. Daily cessation ads on <i>Government City 7</i> T.V. potentially reached 55,000 people. Monthly cessation ads in <i>City Scene</i> newsletter potentially reached 48,000 households. Monthly cessation ads in the <i>Examiner</i> newspaper potentially reached 11,055 people. 72 no smoking signs posted in 25 parks affected potentially 27,880 people. 245 facebook "likes" with an estimated facebook reach of 7,781. 	Year 1-3
4. Increase opportunities for residents to safely engage in physical activity: Install blue phones & trail markers, construct pedestrian crosswalks, add at least 2 sidewalks per year, improve streetscaping by installing at least 6 benches, improve a minimum of one existing recreational facility by adding 7 new pieces of equipment, & increase use of existing recreational facilities.	<ul style="list-style-type: none"> 13 emergency blue phones installed for trail safety. 38 trail markers were installed. 27 new pieces of fitness equipment installed in local community recreational facilities. 62 new crosswalks painted and 754 school crosswalks repainted during the grant period. 18 sidewalks newly installed or replaced. 6 park benches purchased and installed. 2,159 new Sermon Fitness Center memberships and 61 memberships subsidized by SIM funds. 	Year 1-3
5. Increase healthy food choices by increasing use of the farmer's markets & mobile markets: Develop a new market policy regarding sampling, develop & enact a healthy foods policy for park concession stands, & increase the availability of healthy & affordable beverage options in public service venues.	<ul style="list-style-type: none"> 266% increased EBT sales at farmers markets from year 1-2. 1 farmer's market sampling policy developed and approved. 1 healthy eating in parks policy developed and adopted. 6 concession stands newly offering healthy options. 6 water bottle filling stations installed. 	Year 1-3
6. Improve wellness policies at local childcare facilities.	<ul style="list-style-type: none"> 3 childcare facilities adopted wellness policies that included physical activity and healthy eating components; 112 children affected. 	Year 3

BHI Success and Partnership Capacity

Overall, BHI partners indicated that they feel the organization was successful at reaching its tobacco control and obesity prevention goals. Partners believed that the aspects of the organization that contributed to this success were sharing resources and the informal relationships created. In addition, the majority of BHI partners agreed or strongly agreed that the organization can influence decisions made in the community and that the organization has made an effort to sustain itself. Figures 11-13 below display partner opinions on the program's success and capacity within the community.

Figure 11: Gauge displaying partner opinion on BHI's success

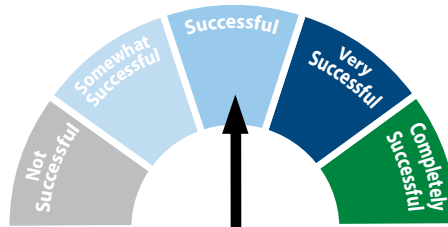


Figure 12: Partner opinion on aspects of BHI contributing to organizational success

(Responses are not mutually exclusive)

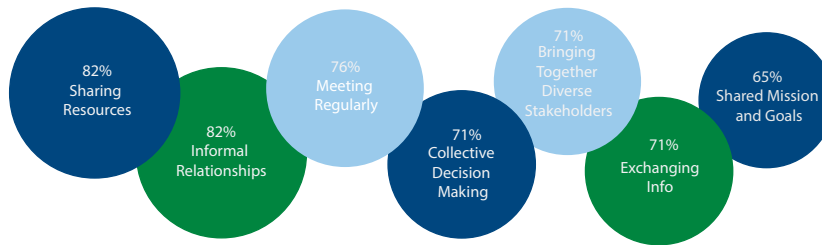
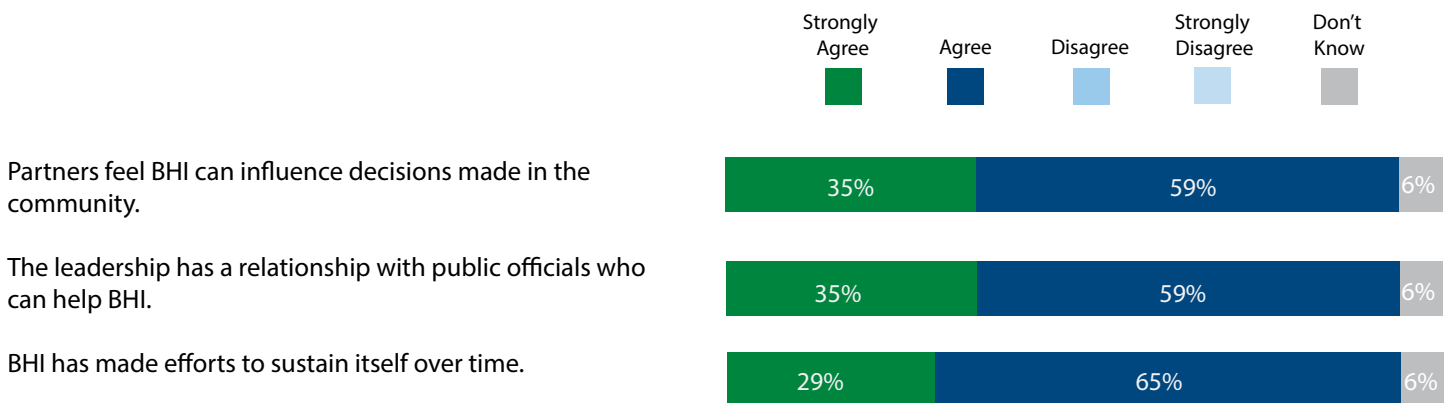


Figure 13: Partnership capacity highlights



Partnership Capacity: Characteristics of Note

- 82% of BHI partners were from assorted government organizations. Thus, 94% of partners either agreed or strongly agreed that BHI can influence decisions made in the community.
- BHI had several partners in the government sector including a city council member. Similarly, 94% of partners agreed or strongly agreed that BHI had a relationship with public officials who can help the organization's efforts.
- The majority of BHI partners agreed or strongly agreed that the organization has made efforts to sustain itself over time.



KNOX COUNTY
Community Center

WHERE HEALTH, EDUCATION & COMMUNITY MEET

Knox County Community Wellness Initiative

The Knox County Community Wellness Initiative serves the very small and rural Knox County. The population served is comprised of mostly low income individuals working in agriculture. Knox County has one of the highest rates of obesity in Missouri and is affected by smoking related diseases. The Wellness Initiative worked to improve the community's health through the construction of a community center and the development of a connectivity plan for the City of Edina in order to provide safe places for physical activity. In addition, the Wellness Initiative worked to increase nutrition knowledge, smoking cessation, and physical activity opportunities in the community by offering applicable programs in the community center. Table 2 on page 21 outlines the Knox County Community Wellness Initiative's project plan and progress towards attaining their objectives. Figure 14 below demonstrates the successes achieved by the Wellness Initiative within Knox County.

Access Improvements:

- The Wellness Initiative implemented changes that have been proven to have long term impact. The built environment was improved to include the newly constructed community center and a newly adopted connectivity plan for the City of Edina to improve access to safe physical activity facilities in Knox County.
- Built environment improvements were also made to a City of Edina school, which included all-weather surfacing for the school playground and the installation of an all-weather track. To increase access for community members, the Wellness Initiative established a joint use agreement with the school and the city, so community members can access the improved facilities.

Figure 14: Community Wellness Initiative improvements within the community



Project Plan Evaluation:

- Construction of the community center was the primary goal for year 1. Programming goals followed in years 2 and 3.
- After opening the community center, nutrition and physical activity programs were implemented as well as the promotion of the community center within the community.
- To date, the community center has enrolled 900 members and hosted 582 fitness, nutrition, or wellness classes.
- The Wellness Initiative recruited four worksites to participate in a wellness program.
- In year 3, the Wellness Initiative developed a street and sidewalk plan for the City of Edina to improve walkability and connectivity for Knox County residents.
- As a part of built environment improvements, the Wellness initiative installed an all-weather track and all-weather playground surface at a school in Edina. In addition, the Wellness Initiative established a joint use agreement with the school to allow the community to use the playground and track.

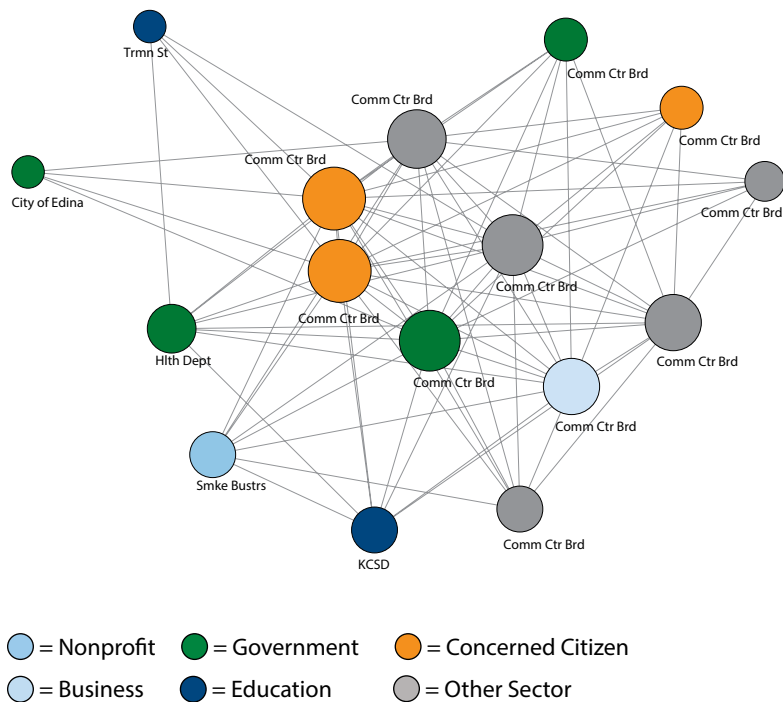
Table 2: Knox County Community Center project plan objectives

Objective	Outputs	Timeframe
1. A community center complex (housing a fitness center, indoor walking track and education hall) will be constructed and ready for business in the Knox County Seat of Edina, MO, as evaluated by listing in the Chamber of Commerce Business Directory and pictures of completion.	<ul style="list-style-type: none"> • 1 community center constructed with indoor walking track and new fitness equipment. 	Year 1
2. 10% of the county population (currently 390 individuals) will be participating in the comprehensive community wellness initiative, as evidenced by program rosters, membership rates, surveys, etc.	<ul style="list-style-type: none"> • 1 health educator hired. • 4 trainers/fitness class leaders trained. • 582 fitness, nutrition, and wellness classes offered. • 4,500 people received a flier promoting the new community center. • 900 community center memberships sold. • 49 newspaper ads and 9 radio ads to promote the community center potentially reached 1,025 people. 	Year 1-3
3. A minimum of 3 worksites in the county of Knox will participate in the KCCCB Worksite Wellness Initiative as evidenced by signed agreements between each worksite and the KCCCB.	<ul style="list-style-type: none"> • 4 worksites committed to participating in the Worksite Wellness Initiative. • 9 worksites contacted about corporate memberships: 1 business established a corporate membership for employees. • 1 worksite nutrition course provided to encourage healthy eating. • 1 tobacco cessation course at a participating workplace. 	Year 1-3
4. A street & sidewalk plan will be in place for the city of Edina with construction of new sidewalks according to plan & budget.	<ul style="list-style-type: none"> • 1 street and sidewalk plan completed and adopted. • Sidewalk construction completed. 	Year 2-3
5. Complete an all-weather track and all-weather playground surface area at the Knox County R-1 School District campus in rural Edina, MO, along with joint use agreement to allow community use of the track and playground area.	<ul style="list-style-type: none"> • 1 all-weather track completed. • 1 all-weather school playground resurfacing completed. • 1 joint use agreement for the all-weather track and playground established. 	Year 2-3

Collaboration and Partnership Diversity

The Knox County Community Wellness Initiative worked with diverse sectors and engaged multiple people within the community from government and nonprofit organizations. Over all 3 years of SIM, the most common level of collaboration reported by partners was the strongest level of collaboration, fully linked (work together in formal teams; mutually plan and share resources to achieve goals). Figure 15 below displays the Wellness Initiative’s year 3 SIM partnership collaboration network. The gears in Figure 16 show the diverse group of sectors engaged as well as their level of representation within the network.

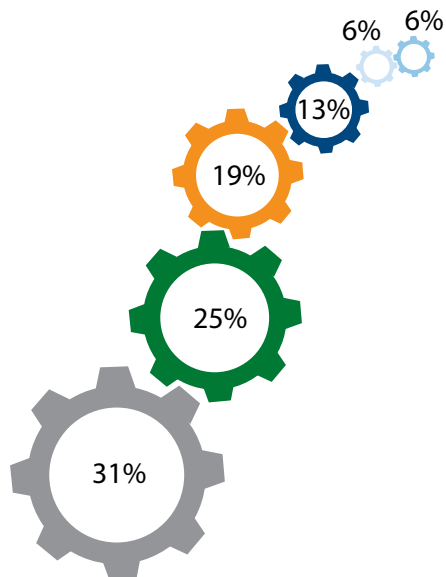
Figure 15: The Community Wellness Initiative’s collaboration network in 2013



Collaboration: Characteristics of Note

- The average number of partners that actively collaborated (cooperation, coordination, or fully linked) decreased slightly between year 2 and year 3.
- In year 3, individual partners actively collaborated with an average of 10 other partners related to tobacco control and obesity prevention, compared to an average of 12 in year 2, and 10 in year 1.
- The most common level of collaboration was fully linked; which accounted for 56% of connections. For 9% of connections, partners indicated that they coordinated with each other and 35% indicated that they cooperated.

Figure 16: Gears representing the percentage of partners from each sector



Sector Engagement:

- Government organizations were highly represented in the network, with 25% of partners from this sector.
- The Knox County Wellness Initiative engaged multiple partners from diverse sectors such as those in government, education, and the concerned citizen sectors.

The Knox County Community Wellness Initiative Success and Partnership Capacity

Community Wellness Initiative partners indicated that they thought the program was very successful at reaching its tobacco control and obesity prevention goals, noting that bringing together diverse stakeholders and having a shared mission and goals contributed to the organization’s success. The majority of partners agreed or strongly agreed that the Community Wellness Initiative has made efforts to sustain itself over time. Figures 17-19 below display partner opinions on the program’s success and capacity within the community.

Figure 17: Gauge displaying partner opinion on the Knox County Community Wellness Initiative’s success



Figure 18: Partner opinion on aspects of the Wellness Initiative contributing to organizational success
(Responses are not mutually exclusive)

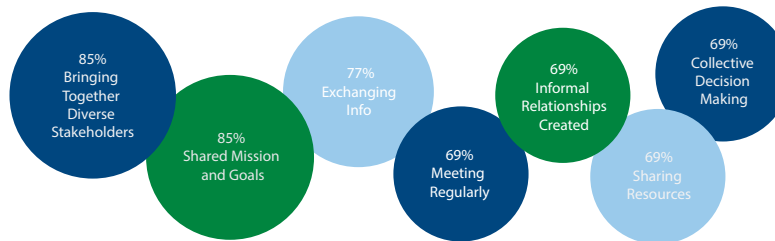
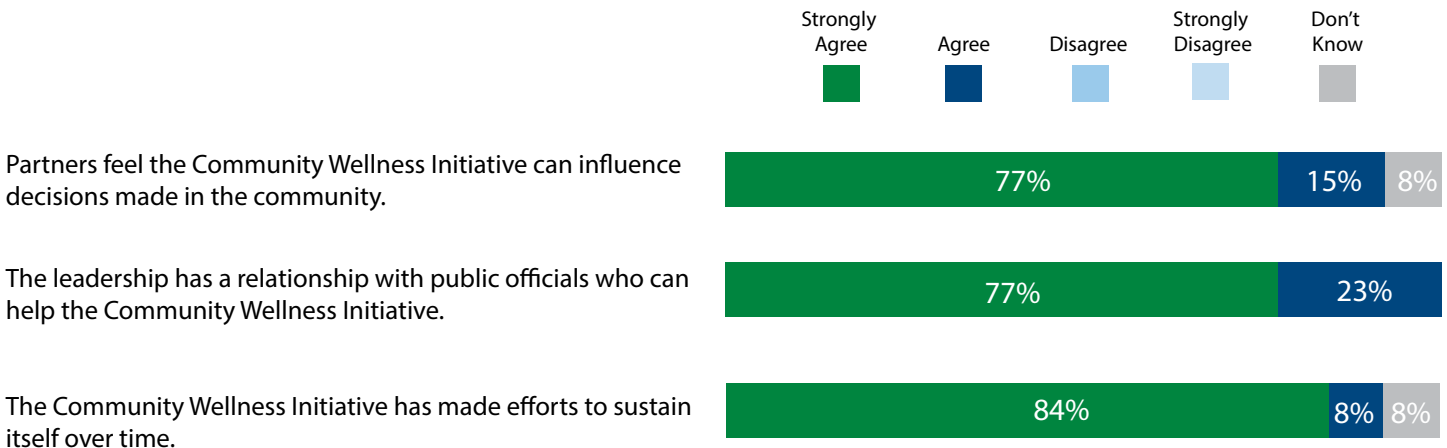


Figure 19: Partnership capacity highlights



Partnership Capacity: Characteristics of Note

- 92% of partners agreed or strongly agreed that the Knox County Community Wellness Initiative influenced decisions made in the community.
- Multiple Community Wellness Initiative partners were affiliated with government organizations. Thus, 100% of Community Wellness Initiative partners agreed or strongly agreed that the organization had a relationship with public officials who can help the Wellness Initiative.
- The Knox County Community Center is a fee for service facility and the community center fees make the program sustainable. 92% of Community Wellness Initiative partners agreed or strongly agreed that the program has made efforts to sustain itself over time.



Lafayette County Live Healthy, Live Well

Lafayette County Live Healthy, Live Well (LHLW) served the residents of the rural cities and towns east of the Kansas City metropolitan area in Lafayette County. SIM efforts in Lafayette County worked to combat the county’s high rates of obesity and heart disease by increasing access to fresh fruits and vegetables, physical activity opportunities, and smoking cessation. LHLW partnered with schools to determine built environment needs through walkability surveys and worked to improve access to healthy foods by providing food service equipment and nutrition education. In addition, LHLW provided new tobacco prevention curriculum in schools and placed new tobacco free signs throughout the community. Table 3 on page 27 outlines LHLW’s project plan and progress towards achieving their SIM objectives. Figure 20 below highlights the success LHLW achieved in the community.

Access and Environment Improvements:

- LHLW made many improvements to the built environment in order to increase sustainable physical activity opportunities. The built environment changes included 1,646 feet of sidewalk renovation/installation, 3,020 feet of new trail built, as well as development and implementation of a connectivity master plan for the cities of Lexington and Higginsville.
- Access to healthy food was also improved by providing fresh food preparation and storage equipment for schools, food pantries, and concession stands.

Figure 20: LHLW community improvements



Project Plan Evaluation:

- LHLW worked to increase access to healthy food by providing the necessary equipment to store and process fresh food. Six schools were given a Hobart Slicer, 3 coolers were installed in park concession stands to provide healthy food choices, and coolers were purchased for 3 food pantries serving 600 people. Thirty-two school chefs were also trained to use fresh produce in recipes. Additionally, 2 farmer’s markets began accepting EBT.
- LHLW also worked in schools to increase nutrition education and implemented Show-Me Nutrition Curriculum in 6 local schools.
- In order to improve the physical activity built environment, LHLW worked with 3 schools to complete walkability audits and used that information to establish need for a connectivity master plan for Lexington and Higginsville.
- Live Healthy, Live Well oversaw the renovation or installation of 1,646 feet of sidewalk and 3,020 feet of walking trail.
- Five high schools or middle schools in the area are now implementing tobacco prevention curriculum in health education and 3 private and 6 public 5th grade classes are participating in Tar Wars.
- Since Live Healthy, Live Well started working in the community, there are 24 new businesses posting no smoking signs and 500 healthy lungs at play signs were purchased to be posted in public parks.

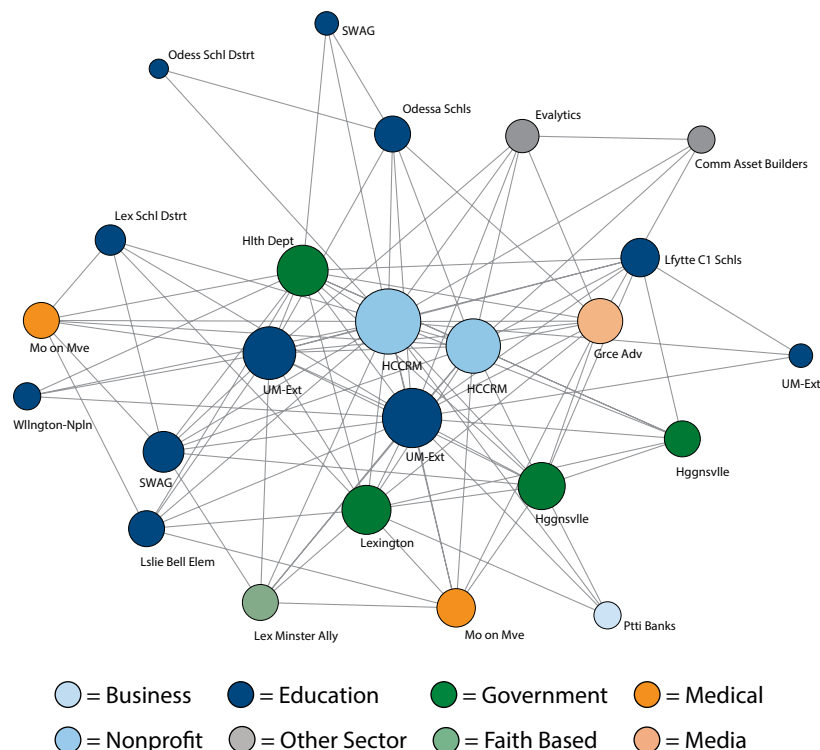
Table 3: Lafayette County Live Healthy, Live Well project plan objectives

Objective	Outputs	Timeframe
1. Increase access to healthy food.	<ul style="list-style-type: none"> • 6 schools equipped with a Hobart Slicer for fresh fruit and vegetable preparation. • 3 food pantries, serving approximately 600 people, equipped with new coolers for fresh produce storage. • 32 school chefs trained to use fresh produce. • 6 schools implemented Show-Me Nutrition curriculum. • 2 farmer's markets started accepting EBT. • 3 coolers installed in city park concession stands for healthy snacks. • 3 agreements signed to provide only healthy snacks in the new coolers. • 30 local restaurant chefs trained at fresh produce preparation workshops. • 6 local restaurants made new healthy menu options available. • 11 training sessions provided for school gardens 	Year 1-3
2. Provide an environment that encourages safe physical activity, accessibility, and community use of the built environment.	<ul style="list-style-type: none"> • 3 schools completed walkability surveys. • 2 community presentations of walkability survey results completed. • 2 connectivity master plans developed. 1 each for Lexington and Higginsville. • 4 meetings held with city councils regarding adoption of a complete streets policy. • 1,646 feet of new or renovated sidewalks. • 3 park/trail locations improved with 3,020 feet of new trail constructed. • 6 school districts signed MOU's for the Active & Healthy School (AHS) Program. • 2 AHS schools provided with physical activity equipment; 885 students affected. • 1 interactive NEOS playground installed for school and community use at Odessa Upper Elementary. • 1,694 people participated in the Start! walking program. 	Year 1-3
3. Expand smoking prevention/cessation in schools, worksites, and public use areas.	<ul style="list-style-type: none"> • 5 high schools or middle schools included tobacco prevention in health curriculum. • 6 public school and 3 private school 5th grade classes implemented Tar Wars tobacco education curriculum. • 7 worksite or community smoking cessation classes provided. • 24 businesses and public places posted no smoking signs. • 500 healthy lungs at play signs purchased for posting in parks. • 8 school smokefree policies reviewed. • 8 presentations/meetings held regarding the dangers of second-hand smoke and the importance of smokefree public areas. 	Year 1-3
4. Develop a recognizable brand that supports program awareness and promotes program activities.	<ul style="list-style-type: none"> • 4 partnership meetings held. • 100 facebook followers. • 18 community health events hosted; 876 people attended. • 22 Live Healthy, Live Well press releases or publications potentially reached 64,500 people. 	Year 1-2

Collaboration and Partnership Diversity

LHLW engaged diverse sectors in their work to reduce obesity and tobacco use, with education being the highest represented sector. Partners that reported active collaboration decreased between year 2 and year 3, with partners reporting cooperation as the most common level of collaboration. Figure 21 below displays LHLW's year 3 SIM partnership collaboration network. The gears in Figure 22 show the types of sectors engaged in Lafayette County's SIM work as well as their level of representation within the network.

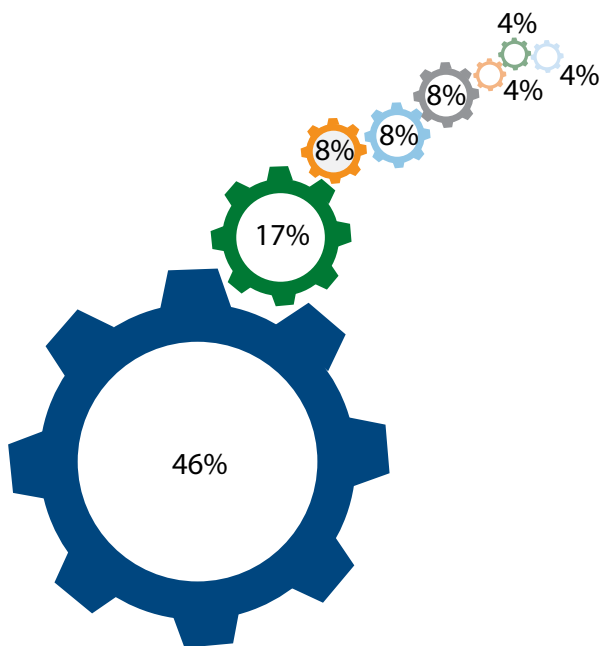
Figure 21: Live Healthy, Live Well's collaboration network in 2013



Collaboration: Characteristics of Note

- ▶ Between year 2 and year 3 active collaboration among partners (cooperation, coordination, or fully linked) decreased. In year 2, partners reported active collaboration with an average of 13 other people. In year 3, partners actively collaborated with an average of 9 other partners related to tobacco control and obesity prevention.
- ▶ In year 3, the most common level of collaboration was cooperation; which accounted for 44% of connections.
- ▶ Partners reporting fully linked, the strongest type of relationship, decreased from year 1 to year 3. Thirty percent of partners reported being fully linked in year 3, compared to 43% of partners in year 2 and 41% in year 1.

Figure 22: Gears representing the percentage of partners from each sector



Sector Engagement:

- ▶ LHLW worked with schools to implement nutrition and smoking prevention curriculum, install food service equipment, as well as complete walkability surveys. Therefore, education was the largest sector in the LHLW network, represented by 46% of partners.
- ▶ In addition to engaging schools, LHLW engaged a number of government, medical, and nonprofit sectors in their work to improve health.

Live Healthy, Live Well Success and Partnership Capacity

LHLW partners reported that they felt the organization was successful at reaching its tobacco control and obesity prevention goals and aspects such as sharing resources and exchanging information contributed to this success. Most partners agreed or strongly agreed that the organization influenced decisions made in the community. Figures 23-25 below display partner opinions on the program’s success and capacity within the community.

Figure 23: Gauge displaying partner opinion on Live Healthy, Live Well’s success

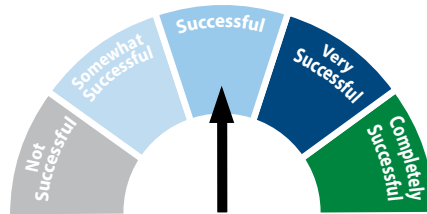


Figure 24: Partner opinion on aspects of Live Healthy, Live Well contributing to organizational success
(Responses are not mutually exclusive)

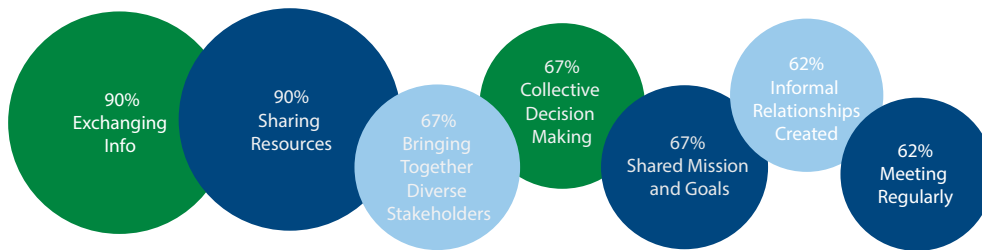
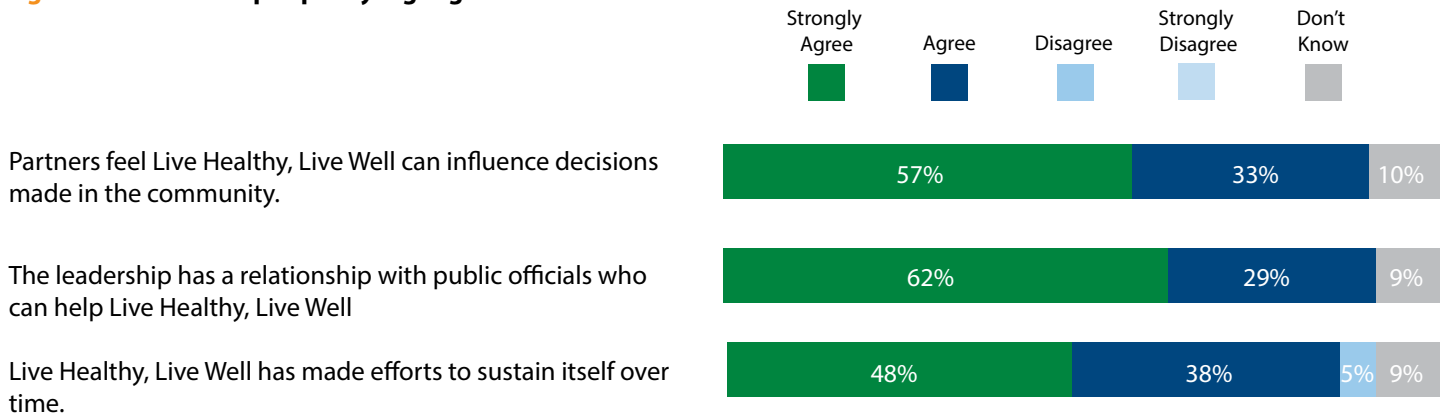


Figure 25: Partnership capacity highlights



Partnership Capacity: Characteristics of Note

- The majority (57%) of LHLW partners strongly agreed that their program influenced decisions in the community.
- LHLW has 3 people from city government in their partnership network. Accordingly, 91% of LHLW partners agreed or strongly agreed that the leadership has a relationship with public officials who can help the program.
- Although SIM funding is ending, LHLW has secured new grant funding to sustain its efforts. Thus, 86% of LHLW partners strongly agreed or agreed that the program has made efforts to sustain itself over time.

PUTNAM COUNTY
GO   **D** **LIFE**
active • healthy • drug free

Putnam County Good Life

Putnam County is a small, rural community located in north central Missouri. The target population of Putnam County Good Life was the entire county, which is a low income community where access to healthy foods, physical activity, and healthcare are limited. Putnam County Good Life worked to increase physical activity opportunities in their county, improve nutrition, as well as decrease tobacco use by increasing smokefree places. Milestones achieved by Putnam include park and trail improvements; increased access to new physical activity equipment; increased policy development resulting in smokefree businesses; and a new complete streets policy created and adopted for Unionville, the largest city in Putnam County. Table 4 on page 33 displays Putnam County's project plan and progress towards SIM goals. Figure 26 below highlights the successes Putnam County Good Life achieved in the community.

The Complete Streets Policy and Joint Use Agreement:

- As a result of SIM, Putnam County made sustainable community changes such as the implementation of a complete streets policy to improve the built environment and connectivity of the city of Unionville. These policies will allow for more biking and walking in the city.
- Good Life also helped the school build an all-weather track and established a joint use agreement with the city so residents have access to exercise facilities year round.

Figure 26: Putnam County Good Life community improvements



Project Plan Evaluation:

- Putnam conducted outreach to businesses to promote smokefree workplaces, exceeding their project plan objective by helping 40 businesses to go smokefree.
- During the 3 years of SIM, Putnam improved the physical activity infrastructure of the community by making over 18 improvements. Infrastructure improvements ranged from planting trees and placing benches in the park to creating new trails and installing new recreation or playground equipment.
- Putnam County Good Life improved the physical activity environment by establishing a joint use agreement between the school and city for the newly constructed all-weather track, improved playground, and fitness center.
- Putnam developed and implemented an education campaign on the importance of walkability and created enough momentum to successfully pass a complete streets policy for the City of Unionville.
- In year 3, Putnam County Good Life increased programming at the PC Café and Resource Center to promote use of the new built environment by offering a couch to 5K class, Relay for Life, walking school bus, and walking groups.
- Putnam developed a wellness policy for one childcare center to increase physical activity.
- A worksite wellness policy supporting resources in the community was established at the Putnam County Memorial Hospital. The toolkit for establishing worksite wellness policies was also disseminated via the hospital's website.

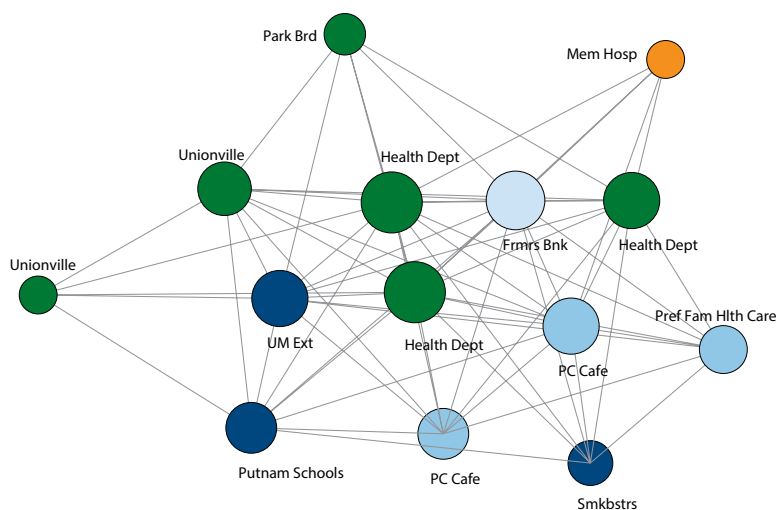
Table 4: Putnam County Good Life project plan objectives

Objective	Outputs	Timeframe
1. Increase the number of places in Unionville that have tobacco free policies from 20 to 42.	<ul style="list-style-type: none"> • Baseline community assessment completed & smokefree ordinance strategic plan developed. • 40 local businesses adopted smokefree policies. • 5 new smokefree amenities added in parks. • 2 tobacco free signs posted in recreation areas. • 21 smokefree bingo nights held. 	Year 1-3
2. Increase the number of infrastructure enhancements or improvements to walkability, bikability, and access to recreational facilities from 8 to 18.	<ul style="list-style-type: none"> • Baseline System of Observing Play And Recreation in Communities (SOPARC) data collected. • 1 master park plan developed and approved. • 4 trailheads installed; 10 trail signs posted. • 3 new pieces of playground equipment installed in McCalment Park. • 18 pieces of recreation equipment installed in parks and schools. • 5 new fitness machines purchased for the school district. • 6 new sidewalks and/or trails installed in Unionville. • 2 pedestrian safety lights installed in the park. • 22 trees planted in the park. • 4 bleachers, 1 rest room, and 10 benches installed in the park. • 42 new parking spaces and 2 bike racks installed at the park. 	Year 1-3
3. Pass a complete streets policy in the city of Unionville.	<ul style="list-style-type: none"> • 1 walkability audit completed. • 2 livable streets videos made to promote complete streets. • Education campaign exposed community members to messaging through newspaper articles/press releases, flyers, postcards, media spots, billboards, social media, community events, and promotional items. • 1 complete streets policy created & adopted. • 1 streets improvement project including new curbing, guttering, culvert, and ADA accessible ramps completed. 	Year 1-3
4. Increase the number of joint use agreements in place for the all-weather track from 0 to 1. Make an addendum to the original joint use agreement to include the fitness center and playground.	<ul style="list-style-type: none"> • 10 meetings with school officials. • 1 joint use agreement drafted & adopted. • 2 new pieces of playground equipment, a concrete perimeter, and tire chips installed in the PCR-1 school playground. • 1 addendum to the joint use agreement made in 2013 to include the school playground and fitness center. 	Year 2-3
5. Collaborate with the PC Café Resource Center to increase the number of programming options, which support use of the built environment, from 0 to 4.	<ul style="list-style-type: none"> • 1 MOU established between Putnam County Good Life and the PC Café and Resource Center for a staff member to assist with SIM program activities. • 6 walking groups established. • 8 couch to 5K classes held. • 1 Relay for Life event held at the new park facilities. • 47 people participated in the walking school bus. • 65 media spots promoted PC Café and Resource Center programming options. • 71 built environment improvement advertisements. 	Year 2-3
6. Increase the number of childcare centers that require physical activity through their wellness policy from 0 to 1.	<ul style="list-style-type: none"> • 1 childcare center wellness policy with a physical activity component developed. • 5 pieces of playground equipment installed at childcare center. 	Year 3
7. Increase the number of sites that are emphasizing nutritious options from 0 to 4.	<ul style="list-style-type: none"> • MOU established with Putnam County Memorial Hospital to promote healthy menu options and healthy food samples at grocery stores. • 8 new healthy food displays or samples at grocery stores. • 20 new healthy choices offered at 2 local restaurants. 	Year 3
8. Increase the number of model worksite wellness policies and supporting resources in the community from 0 to 6.	<ul style="list-style-type: none"> • 1 worksite wellness policy implemented at Putnam County Memorial Hospital. • 5 wellness classes offered; 102 attended classes. 	Year 3

Collaboration and Partnership Diversity

Putnam County engaged stakeholders from multiple sectors such as education, government, and nonprofit organizations to accomplish several milestones related to increasing physical activity and decreasing tobacco use. The most represented sector in Putnam’s network was government organizations. The majority of Putnam County Good Life partners reported being fully linked, meaning they collaborated as a formal team, mutually planned and shared resources to accomplish goals. Figure 27 below shows the Putnam County Good Life partnership collaboration network in year 3. The gears in Figure 28 display each sector engaged by Putnam County Good Life and their level of representation within the organization.

Figure 27: Putnam County Good Life’s collaboration network in 2013

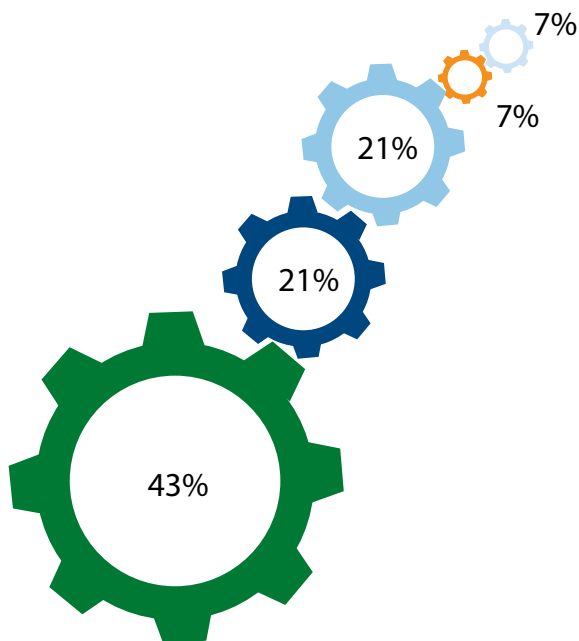


Collaboration: Characteristics of Note

- The percentage of partners reporting fully linked, the strongest type of relationship, increased over the 3 years of SIM. In 2013, 58% of partners reported being fully linked, compared to 31% of partners in 2012, and 49% in 2011.
- In year 3, the most common level of collaboration was fully linked (58%). For 15% of connections, partners indicated that they coordinated with each other, and 26% indicated that they cooperated.
- Individual partners actively collaborated with an average of 9 other partners. This was slightly lower than previous years when partners reported collaboration with an average of 10 and 11 partners in year 1 and 2, respectively.

○ = Business ● = Education ● = Government ● = Medical ● = Nonprofit

Figure 28: Gears representing the percentage of partners from each sector



Sector Engagement:

- The largest sector in the Putnam County Good Life network was government. Forty-three percent of partners represented this sector. Government was consistently highly represented across all 3 years.
- Putnam County Good Life engaged a diverse group of partners and worked collaboratively to make community changes. Several other sectors were engaged in Putnam County Good Life such as education and non-profits.

Putnam County Good Life Success and Partnership Capacity

Partners indicated that they thought Putnam County Good Life was very successful at reaching its tobacco control and obesity prevention goals and that many different aspects contributed to this success such as bringing together diverse stakeholders and meeting regularly. Partners also indicated that Good Life can influence decisions made within the community. Figures 29-31 below display partner opinions on the program's success and capacity within the community.

Figure 29: Gauge displaying partner opinion on Putnam County Good Life's success



Figure 30: Partner opinion on aspects of Putnam County Good Life contributing to organizational success

(Responses are not mutually exclusive)

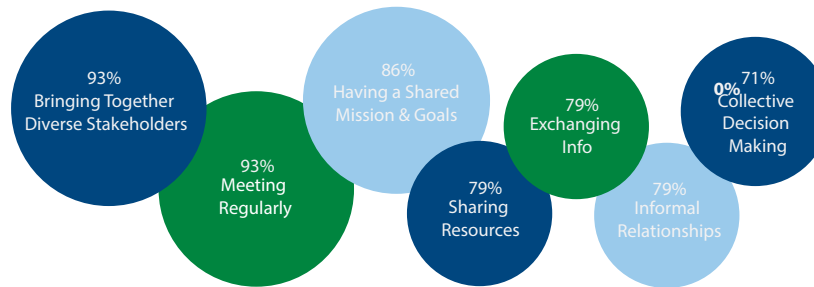
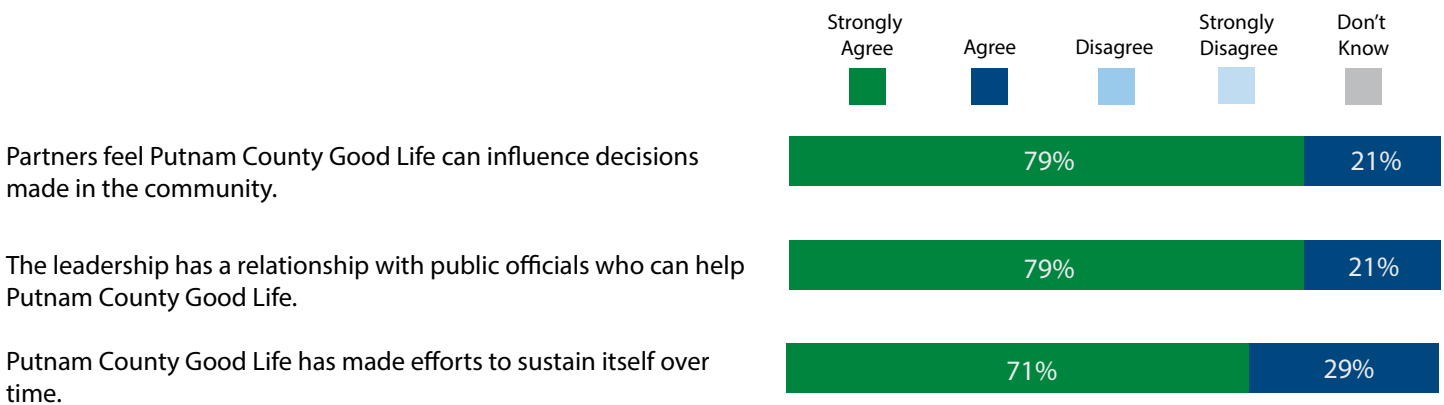


Figure 31: Partnership capacity highlights



Partnership Capacity: Characteristics of Note

- Putnam County adopted a complete streets policy developed by Putnam County Good Life. All partners either agreed or strongly agreed that Putnam County Good Life can influence decisions made in the community.
- Putnam County Good Life has 3 partners from the city council, thus all partners agreed or strongly agreed that Putnam County Good Life has a relationship with public officials who can help their program.
- Although SIM is ending, all partners agreed or strongly agreed that Putnam County Good Life has made efforts to sustain itself.



Schools and Communities in Partnership Project

The Schools and Communities in Partnership Project (SCIPP) was a school based SIM initiative in the Jennings School District (JSD) located in North St. Louis County. The Jennings School District is in an under-served community disproportionately affected by obesity and poverty. St. Louis University and the Jennings School District partnered to implement a school based program to improve the health and wellness of children in the district by increasing fruit and vegetable intake, increasing physical activity, and preventing tobacco use. Table 5 on page 39 outlines SCIPP's project plan and progress towards those objectives. Figure 32 below highlights SCIPP's success and improvements made in the Jennings School District.

The school wellness policy:

- Removed sweetened beverages from vending machines and required additional fruit and vegetable servings and less fat in school meals.
- Increased physical activity opportunities for students.
- Implemented new, culturally sensitive tobacco education and prevention curriculum.

Figure 32: SCIPP improvements in the Jennings School District



Project Plan Evaluation:

- SCIPP formed a health and wellness committee as well as 4 community task forces to create and oversee the improved health and wellness policy. SCIPP then developed and passed a School Wellness Policy based on the JSD's community needs.
- All 8 of JSD's schools discontinued sweetened beverages such as soda and sports drinks in vending machines.
- Of the 6 schools implementing the SPARK physical education program, 66% reported increased physical activity levels among students.
- All 8 of JSD's schools implemented new, culturally sensitive tobacco education and prevention curriculum.
- All 8 of JSD's schools started cafeteria garden bars with colorful plates for easy access to fruit & vegetable choices for students.
- Students selected or were served significantly fewer calories (54.51kcal) on average after implementation of the wellness policy. Caloric intake also decreased by 118.1calories among JSD students in year 2 compared to year 1.
- The percentage of calories from fat in food selected or served to students significantly decreased from 34.2% in year 1 to 31.7% in year 2. Also, caloric intake from fat decreased from 36.4% in year 1 to 34.5% in year 2.
- Students being physically active in PE class increased from 41.3% in year 1 to 56.1% in year 2.

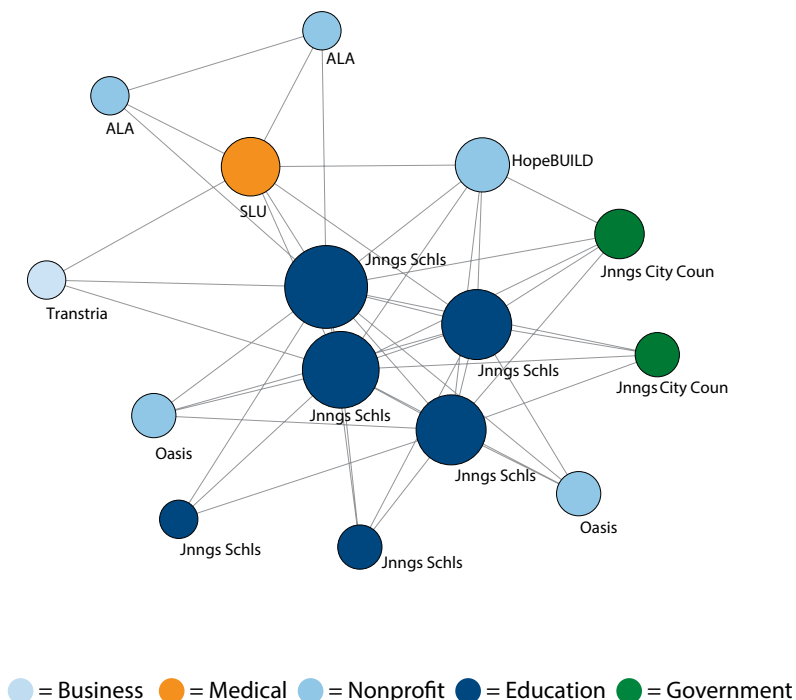
Table 5: SCIPP project plan objectives

Objective	Outputs	Timeframe
1. Form a strong JSD Health and Wellness Policy Committee with appropriate district and community representation.	<ul style="list-style-type: none"> Health & Wellness Policy Committee formed. 3 Committee meetings held. Wellness Coordinator hired. 	Year 1
2. Create 4 School-Community Wellness Task Forces to oversee health and wellness activities and implementation of Wellness policy.	<ul style="list-style-type: none"> 4 task forces formed. 	Year 1
3. Create and distribute the SCIPP Charter to assist Task Forces in aligning their activities with the goals of SCIPP.	<ul style="list-style-type: none"> Efforts redirected to SCIPP Charter presentation at JSD Health & Wellness Summit. 	Year 1
4. Assess JSD student fruit & vegetable intake, physical activity levels, & tobacco use/exposure to establish baseline and inform policy development.	<ul style="list-style-type: none"> Nutrition, physical activity, and tobacco policies reviewed. Student tobacco survey completed. 3 days of fruit/vegetable consumption observations completed. 	Year 1
5. Assess the local environment around 4 schools with respect to resources for & barriers to obtaining fresh fruits & vegetables, participating in physical activity, & eliminating exposure to tobacco among students.	<ul style="list-style-type: none"> School & community environment assessment completed. School/community report cards completed. 	Year 1
6. Provide professional development to JSD staff in the areas of physical activity, dietary guidelines & best practices, evaluation, & data collection.	<ul style="list-style-type: none"> Staff trained for Presidential physical fitness assessments. 2 PE teachers trained on for PE participation & noncompetitive physical activity. 	Year 1
7. Draft a new, comprehensive, evidence-based JSD Health & Wellness Policy, present to the JSD Board of Education, & disseminate the policy.	<ul style="list-style-type: none"> New physical activity, nutrition, and tobacco policies drafted and presented to Board of Education. New wellness policies approved by Board of Education. 	Year 1
8. Host School-Community Wellness Task Force Planning Summit & create action plans for implementation of Task Force activities.	<ul style="list-style-type: none"> 1 School-Community Wellness Task Force Planning Summit held. 3 Action plans developed & implemented. 	Year 1
9. Determine the increases in physical activity levels, fruit & vegetable intake, reductions in tobacco exposure among JSD students, & changes in tobacco beliefs/attitudes	<ul style="list-style-type: none"> Students being active in PE class increased from 41.3% to 56.1%. 118.4 fewer calories consumed by students in year 2 than in year 1. 	Year 2
10. Sustain the increases in physical activity levels, fruit & vegetable intake, & reductions in tobacco exposure among JSD students through a process of quality improvement, cost analysis, & seeking of durable long term funding. The position of Health & Wellness Coordinator will transition from a contracted position to a permanent JSD staff member.	Due to financial struggles in the school district, the Health & Wellness Coordinator position could not be continued past the 2 years of SIM funding.	Year 1
11. Provide at least one serving each of fresh fruits & fresh vegetables to JSD students during each school breakfast, during each school lunch, & during after school programs.	<ul style="list-style-type: none"> 1 nutrition environmental audit completed. 17 meal assessments at 3 schools completed. 1 school garden established at Fairview School 8 schools provided with easy to access salad bars & colorful plates for children. 2 schools reported increased vegetable consumption; 3 schools reported increased fruit consumption. 	Year 1 Year 2-3
12. Reduce access to less healthy, obesogenic foods and beverages among JSD students	<ul style="list-style-type: none"> All 8 JSD schools removed access to sweetened beverages such as soda and sports drinks. All 8 JSD schools reduced proportions of fat and simple sugars in breakfast & lunch meals. 6 JSD schools reported lower fat consumption by students. 	Year 1-3
13. Increase physical activity opportunities for JSD students during the school day.	<ul style="list-style-type: none"> 6 schools implemented the SPARK fitness program. 9 pieces of fitness equipment purchased for JSD schools. 335 students participated in community programs available for physical activity opportunities. 4 schools reported increased student activity levels. 	Year 1-3
14. Implement strong tobacco policies, provide tobacco prevention best practices, & create linkages to tobacco cessation resources to JSD students, staff, & parents.	<ul style="list-style-type: none"> 1 tobacco exposure environmental audit completed. 8 JSD schools taught new tobacco curriculum. 150 new tobacco free signs posted in district. 	Year 1 Year 2-3

Collaboration and Partnership Diversity

SCIPP engaged stakeholders from multiple sectors such as education, government, and nonprofit organizations to accomplish several milestones in increasing physical activity and decreasing tobacco use in the Jennings School District. The majority of partners reported cooperation with each other, as defined by working together to achieve common goals. Figure 33 below shows SCIPP’s partnership collaboration network in year 3. The gears in Figure 34 show the diverse sectors engaged by SCIPP and their representation within the organizations partnerships.

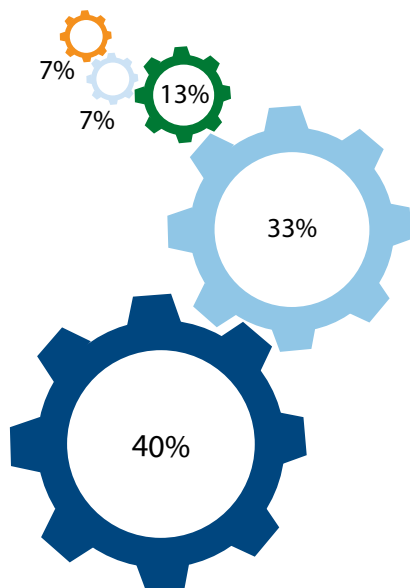
Figure 33: SCIPP’s collaboration network in 2013



Collaboration: Characteristics of Note

- As SIM funding ended, the average number of partners each partner collaborated with decreased. Although collaboration decreased in year 3, the peak in partners collaborating occurred in year 2, when the school wellness policy was implemented.
- The most common level of collaboration was cooperation (39%). For 20% of connections, partners indicated that they coordinated with each other and 39% of connections were partners who noted they were fully linked.
- Partners that reported the strongest type of relationship (fully linked) decreased during the 3 years of SIM. In year 3, 39% of partners reported being fully linked compared to 52% in year 2 and 55% in year 1.

Figure 34: Gears representing the percentage of partners from each sector



Sector Engagement:

- Since SCIPP worked with the Jennings School District to improve community health, the largest sector in the network is education with 40% of partners representing this sector.
- Although SCIPP engaged mostly education stakeholders, the program managed to incorporate a diverse range of sectors such as nonprofit and government organizations, which are also represented among partners.

SCIPP's Success and Partnership Capacity

SCIPP partners indicated that they thought the organization was successful at achieving its tobacco control and obesity prevention goals and that aspects such as collective decision making and having a shared mission and goals contributed to this success. Most partners either agreed or strongly agreed that SCIPP can influence decisions made in the community. Figures 35-37 below display partner opinions on the programs success and capacity within the community.

Figure 35: Gauge displaying partner opinion on SCIPP's success

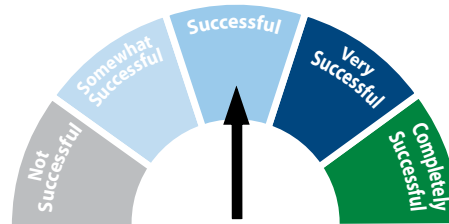


Figure 36: Partner opinion on aspects contributing to SCIPP's organizational success
(Responses are not mutually exclusive)

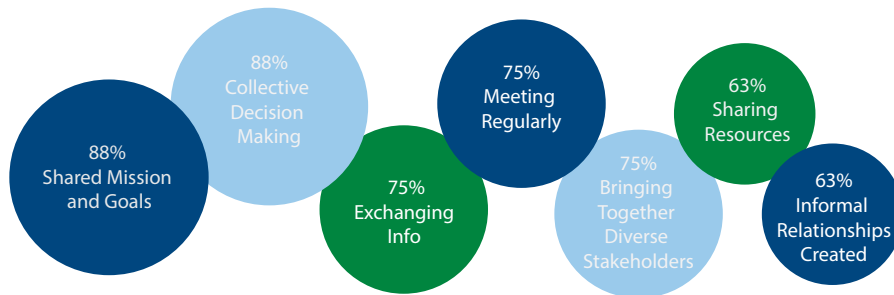
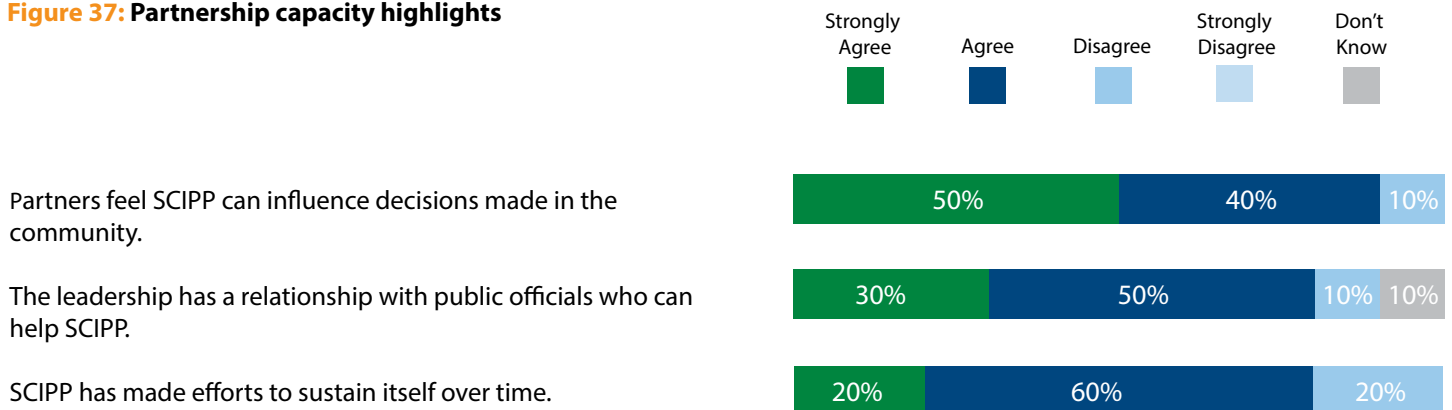


Figure 37: Partnership capacity highlights



Partnership Capacity: Characteristics of Note

- 90% of partners either agreed or strongly agreed that SCIPP can influence decisions made in the community.
- SCIPP has 2 city council members in their collaboration network. Thus, 80% of SCIPP partners agreed or strongly agreed that SCIPP had a relationship with public officials who can help SCIPP.
- Although SIM funding ceased, 80% of SCIPP partners agreed or strongly agreed that SCIPP has made efforts to sustain itself over time. This possibly represents the sustained affects of the health and wellness policy SCIPP developed and implemented in JSD.



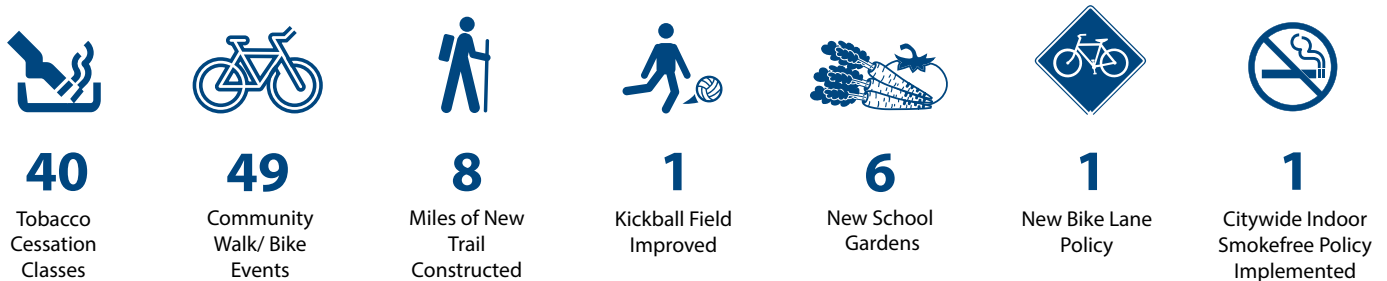
Live Well St. Joe

St. Joseph is a small urban community located in northwest Missouri. Live Well St. Joe (LWSJ) worked to improve health in the community through improving access to healthy foods, changing community attitudes regarding policy changes, and working to shape policies that promote health. LWSJ partnered with the community to increase nutrition education and access to healthy foods by creating school community gardens. In addition, LWSJ implemented events to promote physical activity and also passed a measure to install bike lanes through a main section of town. LWSJ had success with multiple smoking cessation classes for community members and with increasing the quit rate. Table 6 on page 45 outlines LWSJ's project plan and progress towards SIM objectives. Figure 38 below highlights LWSJ's achievements within the St. Joseph community.

School Gardens and Built Environment Improvements:

- LWSJ worked to improve community health by establishing 6 new school gardens and improving nutrition curriculum to educate youth on healthy eating.
- Over the 3 years of SIM, 8 miles of new trail were constructed and a bike lane policy was adopted to improve the physical activity environment in St. Joseph.

Figure 38: LWSJ community improvements



Project Plan Evaluation:

- Live Well St. Joe met their specific goal to increase the number of school gardens by establishing 6 new school gardens.
- Two schools adopted policies to support healthy eating and active living. Also two schools adopted the Active and Healthy School model.
- LWSJ worked to increase and promote physical activity opportunities by offering various running, walking, and cycling events and implementing built environment improvements.
- Three trails were improved during SIM with a total of 8 miles of new trail constructed for community use.
- LWSJ provided 40 smoking cessation classes during SIM with a 53% quit rate among cessation class participants.
- LWSJ made efforts to educate the public about the dangers of secondhand smoke via a pro-tobacco control and clean air media campaign which included billboards, television, and radio advertisements. The City of St. Joseph passed a citywide indoor smokefree policy in April 2014.
- A bike lane plan was developed and 1.5 miles of bike lane was striped in St. Joseph to increase connectivity and physical activity opportunities for the community.

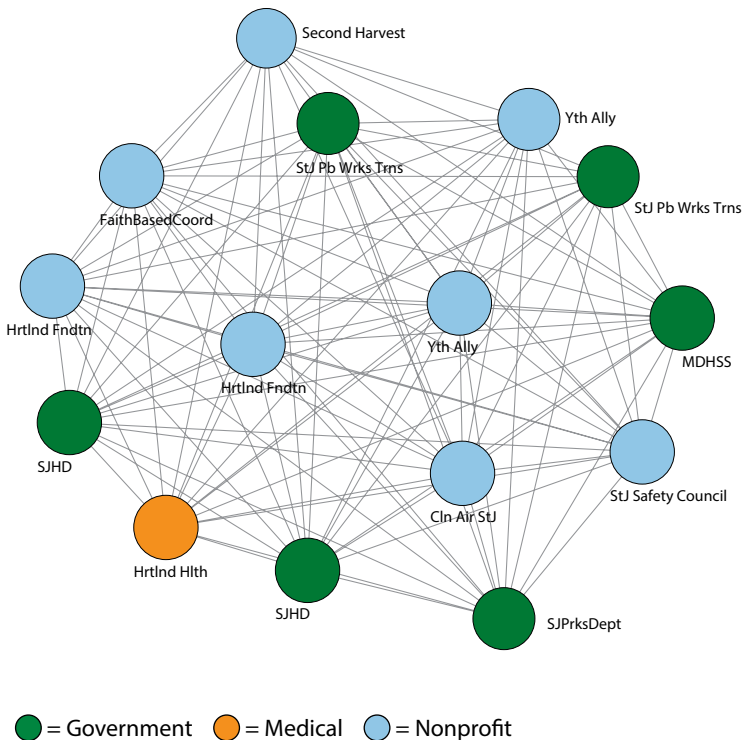
Table 6: Live Well St. Joe project plan objectives

Objective	Outputs	Timeframe
1. Increase (from 0 to 6) the number of school-based gardens providing access to fresh produce for students & their families. Increase consumption of fresh fruits and vegetables.	<ul style="list-style-type: none"> 6 school gardens built. 	Year 1-3
2. Increase (from 1 to 3) the number of schools with organized healthy eating, active living programming for children & families.	<ul style="list-style-type: none"> 40 family education nights held at 4 schools; 889 attended. 2 All Star fitness rallies held; 63 teachers attended. 	Year 1-3
3. Increase the number of school buildings with policies and/or activities that support physical activity & healthy food choices from 1 to 4.	<ul style="list-style-type: none"> 3 physical activity policy meetings held. 2 schools adopted the Active and Healthy School model. 	Year 1-3
4. Complete 2 school site infrastructure improvements that improve access to the built environment & improve recreation options.	<ul style="list-style-type: none"> 1 kickball field improved. Treadmills purchased and installed at Benton High School. Project Fitness America physical activity equipment & walking track made available for public use. 	Year 1-3
5. Increase the number of built environment education and promotion initiatives from 0 to 6.	<ul style="list-style-type: none"> 49 community run/walk/bike events held. 1,064 "likes" on facebook posts. 5 <i>St. Joseph Press</i> newspaper media exposures for built environment improvements; 26,015 newspaper circulation. 	Year 1-3
6. Implement a policy regarding smokefree parks and trails.	<ul style="list-style-type: none"> 1 smokefree workshop held. 1 trail made smokefree. Efforts redirected in year 2. 	Year 1
7. Complete 3 infrastructure improvements that improve access to the built environment at public parks and the hike/bike trail.	<ul style="list-style-type: none"> 3 trails improved; 8 miles of new trail installed. 1 event held promoting parks/trails; 117 attended. 	Year 1-3
8. By 2014, a Bike Lane plan will be developed and implemented.	<ul style="list-style-type: none"> 1 policy to build bike lanes developed and approved. 1.5 miles of new bike lanes built. 	Year 2-3
9. Increase the number of smokefree restaurants from 56% to 100% and the number of work places, who implement work place policies and/or activities that support smokefree environments, from 43% to 100%.	<ul style="list-style-type: none"> 1 indoor smokefree policy passed for St. Joseph. 39 youth tobacco prevention events. 93 community events or presentations for tobacco education. 16 worksites with cessation services & smokefree policies. Tobacco education media included television, radio, & billboards. 26 letters to the editor written and 5 T.V. or radio earned media exposures promoted smokefree environments. 	Year 1-3
10. Increase access to cessation services from 0 to 30 programs over the 2-year grant period.	<ul style="list-style-type: none"> 41 cessation classes held; 404 attended and 216 quit smoking. 363 calls to MoQuit Line in years 1-2. 2 trainings held for Freedom From Smoking class facilitators. 	Year 1-3
11. Develop a program that brings fresh produce and healthy food choices to low-income neighborhoods west of 22nd street via the convenience store and small grocer markets or a mobile pantry.	<ul style="list-style-type: none"> Efforts were redirected in year 3 due to a lack of buy in from grocers and businesses. Efforts to develop a mobile food pantry were redirected to work with Second Harvest on Super Food Fairs. 6 Super Food Fairs; 520 people attended. 3,277 lbs of food distributed at Super Food Fairs 1 Second Harvest garden expanded. 12 additional gardens pledged to donate produce to Second Harvest. 	Year 1-3
12. Maintain the HEAL program by releasing 2011 Call for Heal proposals and accepting the proposals that fit the criteria.	<ul style="list-style-type: none"> 11 Heal Projects that support SIM goals funded throughout the grant period. 	Year 1-3

Collaboration and Partnership Diversity

Throughout SIM, LWSJ worked with several partners. In year 3, the partnership network had an increase in the average number of partners reporting active collaboration. In addition, the number of partners reporting the highest level of collaboration, fully linked, increased in year 3. The majority of LWSJ partners represented nonprofit organizations and government organizations in the third year. Figure 39 below displays LWSJ's year 3 SIM partnership collaboration network. The gears in Figure 40 display the sectors engaged in LWSJ's work and their level of representation within the network.

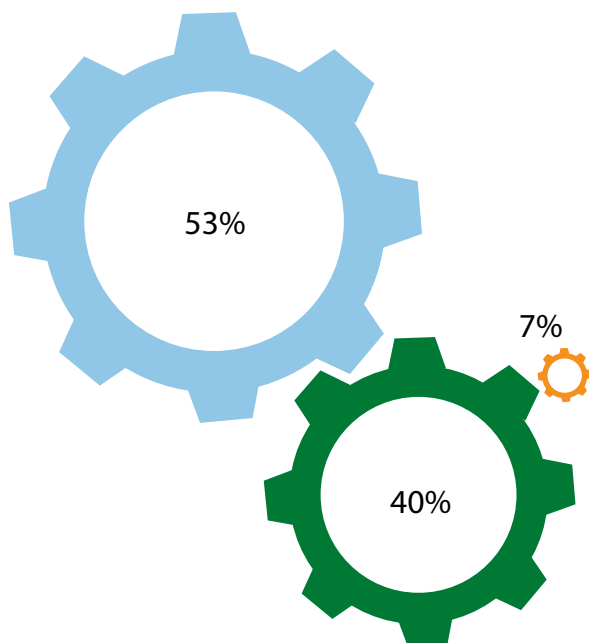
Figure 39: LWSJ's collaboration network in 2013



Collaboration: Characteristics of Note

- ▶ The average number of LWSJ partners actively collaborating (cooperation, coordination, or fully linked) increased between year 2 and year 3.
- ▶ In year 3, individual partners actively collaborated with an average of 14 other partners related to tobacco control and obesity prevention, compared to 7 of 15 in year 2, and 17 of 24 in year 1.
- ▶ The most common level of collaboration was fully linked; which accounted for 59% of connections. The level of collaboration between partners increased over the 3 years of SIM. Thirty-eight percent and 35% of partners indicated that they were fully linked in year 1 and year 2, respectively.

Figure 40: Gears representing the percentage of partners from each sector



Sector Engagement:

- ▶ The largest sector represented in the year 3 LWSJ network was nonprofit. Government and medical sectors were the most represented in year 2 and year 1, respectively.
- ▶ In year 1, LWSJ engaged diverse sectors such as education and multiple partners from the medical sector. As the network matured and the number of sectors in the network condensed, collaboration increased. In year 3, the most represented sectors were nonprofit and government and 14 out of 15 partners reported active collaboration between partners.

LWSJ Success and Partnership Capacity

LWSJ partners indicated that they thought the organization was successful at reaching their goals and that different aspects such as meeting regularly and exchanging information contributed to this success. All partners also agreed or strongly agreed that LWSJ influenced decisions made in the community. Figures 41-43 below display partner opinions on the program’s success and capacity within the community.

Figure 41: Gauge displaying partner opinion of LWSJ’s success

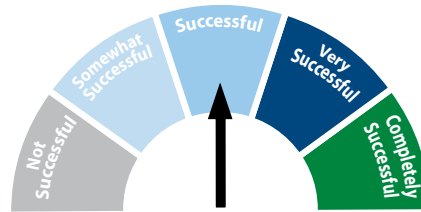


Figure 42: Partner opinion on the aspects of Live Well St. Joe contributing to organizational success
(Responses are not mutually exclusive)

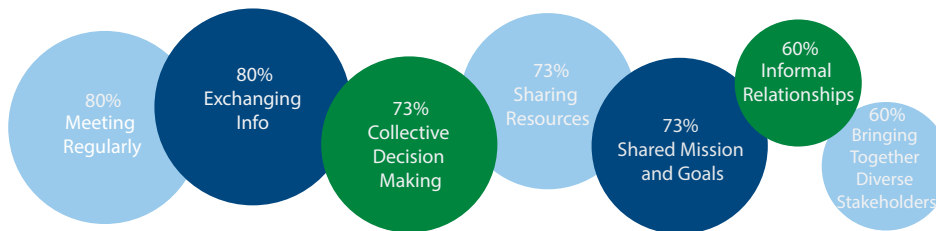
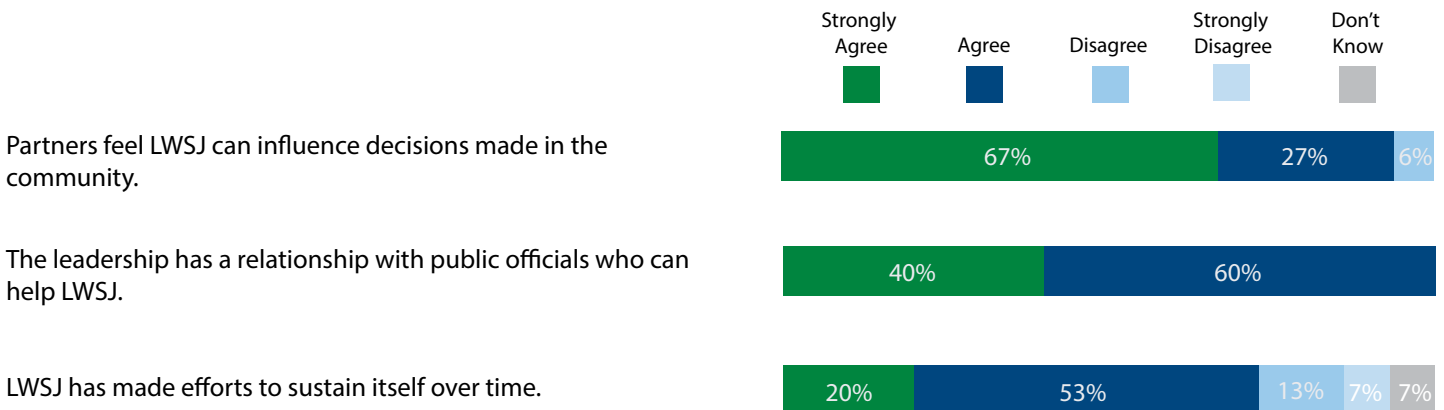


Figure 43: Partnership capacity highlights



Partnership Capacity: Characteristics of Note

- LWSJ worked in the community to develop a bike lane policy and a smokefree policy for St. Joseph. Thus, 94% LWSJ partners either agreed or strongly agreed that the organization influenced decisions made in the community.
- 100% of LWSJ partners agreed or strongly agreed that LWSJ leadership had a relationship with public officials who can help Live Well St. Joe.
- 73% of partners agreed or strongly agreed that LWSJ has made efforts to sustain itself over time.



Healthy Living Alliance

The Healthy Living Alliance (HLA) was a collaboration with the Ozarks Regional YMCA that worked with community organizations in Springfield in order to increase physical activity opportunities, healthy food access, and access to smoking cessation services. The areas of the community targeted by the SIM grant included the local schools and worksites located in a low income area of Springfield that is disproportionately affected by obesity and poverty. Through collaboration with organizations from a diverse group of sectors, HLA worked to improve the health of their community through policy change that improved access and the built environment in Springfield. Table 7 on page 51 outlines HLA's project plan and progress toward SIM objectives. Figure 44 below highlights HLA's successes within the community.

Increased Access to Physical Activity and Healthy Food:

- HLA made built environment and policy improvements within the community in order to have a lasting impact on community health.
- HLA installed garden bars in 2 local schools to increase fruit and vegetable consumption, which affected 486 students.
- HLA established a birthday celebration policy at one local school to increase physical activity and decrease consumption of sugary foods.
- Over 100 nutrition or physical activity classes were held and promoted by HLA and its partners.

Figure 44: HLA improvements in Springfield



Project Plan Evaluation:

- HLA worked with 12 schools and worksites to increase access to healthy food. 1,376 lbs of produce were distributed and all sites began displaying nutritional information in their establishments. HLA also installed garden bars in 2 school sites and improved or renovated 4 school/community gardens to increase access to healthy food.
- HLA conducted a needs assessment to inform the implementation of the new complete streets policy, started 6 active transportation sites, and 3 walking school buses to promote active living.
- Six schools and worksites adopted or strengthened a wellness policy to support healthy eating, active living, and smokefree environments.
- HLA conducted a smokefree environment public awareness campaign and helped uphold the smokefree ordinance in Springfield. HLA also provided 31 new tobacco free signs that were posted in baseball parks, worksites, and schools.
- Access to smoking cessation resources was improved by linking the HLA website to smoking cessation sites and the distribution of 240 smoking cessation and Quitline materials.
- Participation in physical activity, healthy eating, and smoking cessation family programming increased from 1,446 to 3,641.

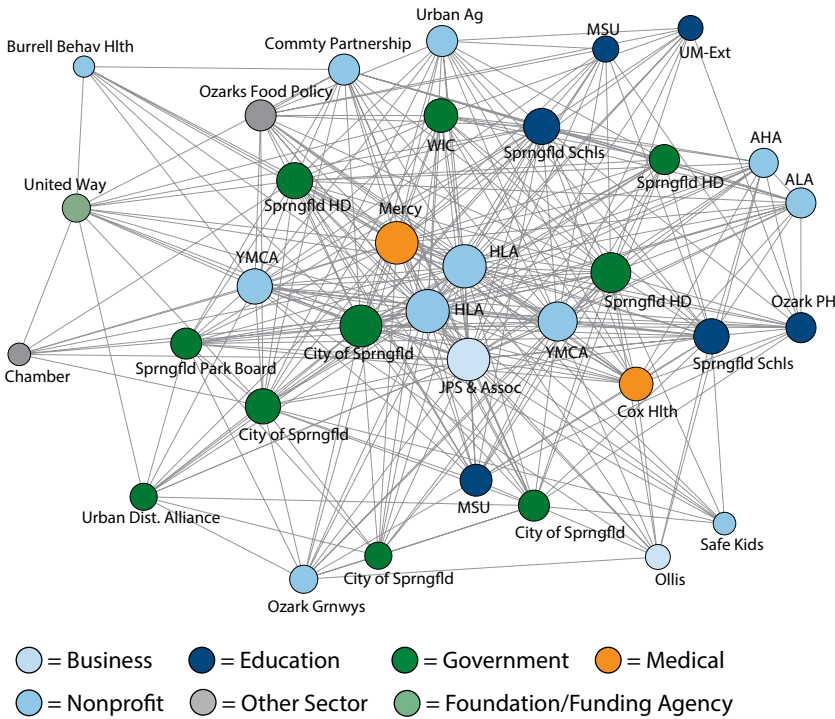
Table 7: Healthy Living Alliance project plan objectives

	Objective	Outputs	Timeframe
1.	Increase the number of sites with access to farm fresh food from 0-7 in year 1 & from 7-15 by end of grant year 2.	<ul style="list-style-type: none"> 3 school Springfield Urban Agriculture Coalition partners. 1,376 lbs of produce distributed by the farm to site program in year 2. 4 farm to site events; 175 people attended. 4 school/community gardens improved or renovated. 	Year 1-2
2.	Increase the number of sites with individualized nutrition information from 0-7 in year 1 & from 7-15 by end of grant year 2.	<ul style="list-style-type: none"> 1,407 nutritional info flyers distributed. 12 sites displaying nutritional information posters. 	Year 1-2
3.	At least 50% of snacks in school vending machines will follow healthy snack guidelines as defined by the USDA.	<ul style="list-style-type: none"> 17 Community Healthy Living Index (CHLI) assessments. 10 meetings held to discuss healthy snacks in schools. 2 new garden bars installed in schools; 486 students affected. 	Year 1-2
4.	Provide needs assessment to support implementation of the existing Complete Streets policy & increase connectivity of neighborhoods surrounding 15 schools & worksites.	<ul style="list-style-type: none"> 1 walkability audit completed for Springfield Public Schools. 4 areas for connectivity improvement identified. 2 events held to promote active transportation. 	Year 1-2
5.	Increase access & awareness of fifteen schools & worksites to active living by providing support, incentives, & memberships.	<ul style="list-style-type: none"> 3 school assemblies and 1 bike rodeo held to promote bicycle/pedestrian safety. 6 school and worksites promoted active transportation; 410 participated. 3 schools participated in walking school bus. 8 worksites purchased corporate YMCA membership for employees. 	Year 1-2
6.	Increase to 15 the number of schools and worksites that approve a policy change to support healthy eating, active living, & smokefree environments.	<ul style="list-style-type: none"> 5 wellness policy development meetings held; 29 attended. 6 sites adopted or strengthened a health and wellness policy. 	Year 1-2
7.	Increase community support for tobacco free policies through a public awareness campaign.	<ul style="list-style-type: none"> 2 tobacco free partner meetings held. 31 tobacco free signs posted in parks, schools, and worksites. 	Year 1-2
8.	Increase the number of individuals who utilize support groups and the Quitline at fifteen sites over two years.	<ul style="list-style-type: none"> HLA website linked to the Quitline website. 240 Quitline/cessation materials distributed. 5 tobacco cessation events; 96 people attended. 2 smoking cessation classes offered year 1-2; 19 people attended. 	Year 1-2
9.	Increase the number of schools & worksites with a tobacco free policy, to include smoking near entrances or exits to buildings, by providing smokefree training & resources.	<ul style="list-style-type: none"> 1 worksite tobacco free policy assessed. 3 partner sites supported a tobacco free policy including smoking near building entrances and exits. 1 tobacco free policy adopted at a worksite and tobacco free signage was provided by HLA. 	Year 1-2
10.	Increase residences with access to physical activity from 824 to 1,374.	<ul style="list-style-type: none"> 1 new trail installed; 2,325 feet. 14 new LINK way finding signs posted. 4 bicycle aid stations installed. 280 additional residences within 1 mile of a trail. 1 Fresh Start Kids Park built with foursquare court and supplies at MO Hotel. 	Year 3
11.	Increase CHLI assessments at school sites from 5 to 11 to support & strengthen Springfield Public Schools' wellness policies.	<ul style="list-style-type: none"> 3 additional school CHLI assessments completed. CHLI assessments will be completed at each school's convenience. 	Year 3
12.	Increase participation in physical activity, healthy eating, and smoking cessation family programming from 1,446 to 3,660.	<ul style="list-style-type: none"> 1 new food pantry established. 3 new pieces of cold food storage equipment purchased for 2 food pantries. 750 students with access to food pantry. 5 cessation classes provided in year 3; 25 people attended. 27 nutrition classes provided in year 1-2; 391 attended. 10 nutrition classes provided in year 3; 95 attended. 20 physical activity classes provided in year 1-2; 1,154 people attended. 63 physical activity classes provided in year 3; 511 people attended. 	Year 3
13.	Increase capacity and partnerships of HLA from 21 key partners to 24 key partners.	<ul style="list-style-type: none"> 8 new partners were added to the year 3 partnership network. 	Year 3

Collaboration and Partnership Diversity

HLA made it an organizational priority to develop a large partner network as well as engage multiple sectors in order to achieve SIM goals. The multiple sectors engaged served HLA by providing match dollars, hosting health fairs, helping advance policy change, and conducting community assessments. In year 3, HLA's network added 8 new partners, and active collaboration between partners increased between year 2 and year 3. Figure 45 below shows HLA's collaboration network in year 3. The gears in Figure 46 highlight the diverse sectors engaged by HLA and their level of representation within the network.

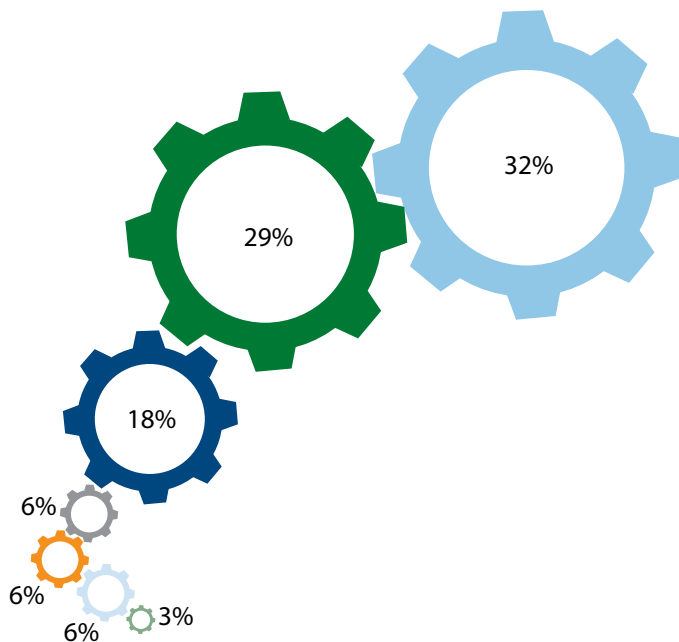
Figure 45: HLA's collaboration network in 2013



Collaboration: Characteristics of Note

- ▶ The average number of partners actively collaborating increased between year 2 and year 3 as additional partners joined the network. Individual partners actively collaborated with an average of 19 other partners in year 3. In year 2 partners collaborated with an average of 17 partners.
- ▶ In year 3, 30% of partners reported being fully linked, the strongest type of relationship. In year 1, only 18% reported being fully linked.
- ▶ The most common level of collaboration was cooperation; which accounted for 40% of connections.

Figure 46: Gears representing the percentage of partners from each sector



Sector Engagement:

- ▶ The largest sector in the HLA network was nonprofit with 32% of partners representing this sector.
- ▶ Government organizations were also highly represented with 29% of partners representing this sector.

HLA Success and Partnership Capacity

HLA partners indicated that they thought the organization was successful at reaching its tobacco control and obesity prevention goals and that many aspects contributed to this success such as bringing together diverse stakeholders and exchanging information. Also, most partners agreed or strongly agreed that HLA influenced decisions made in the community. Figures 47-49 below display partner opinions on the program’s success and capacity within the community.

Figure 47: HLA’s success gauge

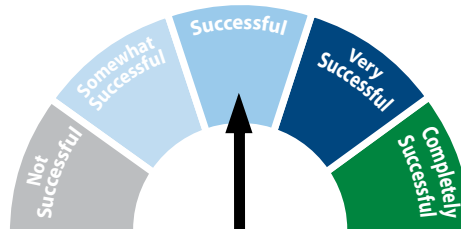


Figure 48: Partner opinion on aspects of HLA contributing to organizational success

(Responses are not mutually exclusive)

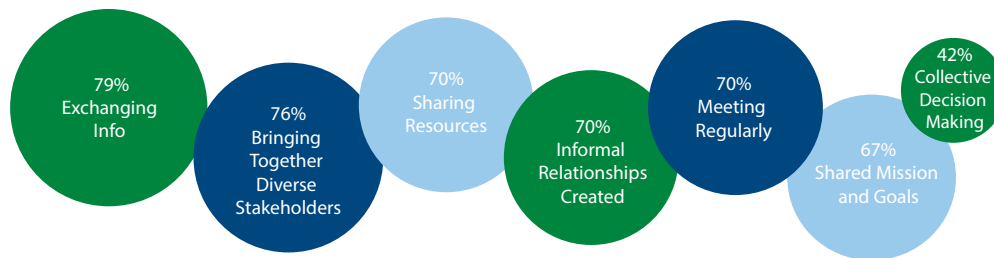
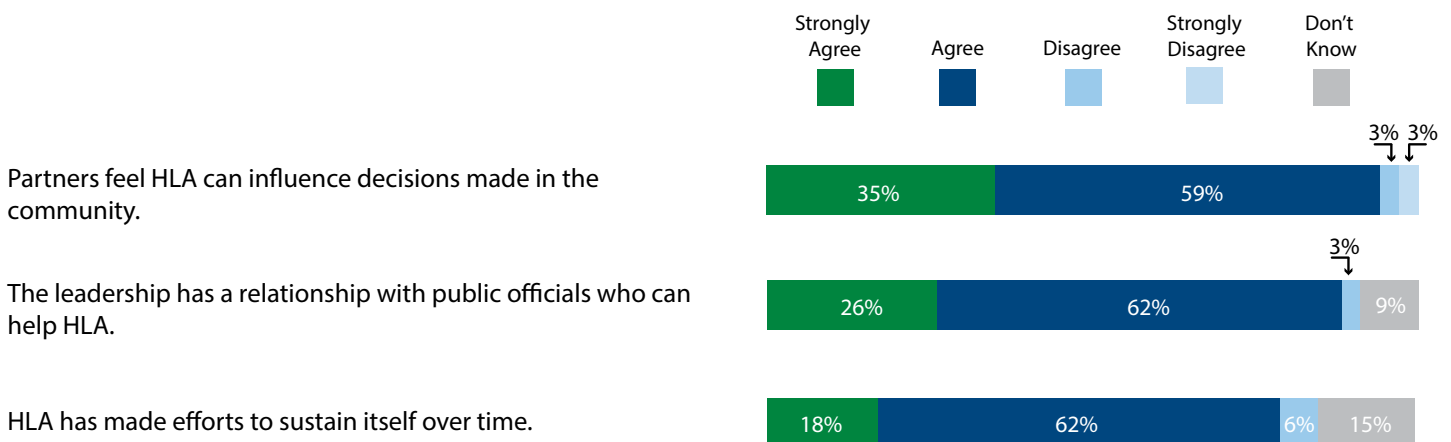


Figure 49: Partnership capacity highlights



Partnership Capacity: Characteristics of Note

- 94% of HLA partners agreed or strongly agreed that HLA influenced decisions made in the community.
- HLA had 29% of its partners from the government sector and several partners from local city councils. Thus, 88% of HLA partners agreed or strongly agreed that HLA had a relationship with public officials who can help the organization’s efforts.
- HLA expanded its network in year 3 to reach potential partners in order to find match funding and to continue SIM efforts. 80% of HLA partners agreed or strongly agreed that HLA has made efforts to sustain itself over time.

Conclusions

SIM Grantees made great strides to improve their community's health, however tobacco use and obesity continue to be the two leading causes of preventable death in the state and Missouri needs continued support for community health improvement work in the areas of tobacco control and obesity prevention. According to Americans for Nonsmokers' Rights, only 22 communities in Missouri have a comprehensive indoor smokefree policy that includes all workplaces, bars, and restaurants; additionally, the state lacks a statewide indoor smokefree policy. As of February 2014, there are 24 complete streets policies in Missouri and more are necessary to improve the health of Missourians. SIM grantees engaged community partners from diverse sectors and had substantial success in the areas of:

1. Built environment improvements to promote physical activity,
2. Smokefree policy adoption in individual businesses and/or restaurants.
3. Media education campaigns on wellness, smoking cessation, indoor air quality, and/or built environment improvements.
4. Increasing smoking cessation classes.
5. Implementing complete streets policies.
6. Developing partnerships across many sectors within the community.

Recommendations

Many high impact changes were made in SIM communities, however the work needs to continue in order to see improved health in Missourians. Based on the quantitative and qualitative evaluation findings, CPHSS makes the following recommendations for future grant programs like SIM:

- Continue to develop infrastructure for a coordinated approach to tobacco control and obesity reduction work in Missouri and consider providing grantees with tobacco and obesity integration strategies that are sensitive to the polarizing issue of tobacco control in Missouri.
- Formalize grantee utilization of technical assistance early in the grant in order to insure strong policy development, assessment tool development, and data collection for grantee evaluations.
- Tailor the TA offered to each grantee's unique community needs for addressing policy change.
- Continue to encourage grantees to engage diverse sectors, especially education and government groups. Grantees with the most policies implemented and/or joint use agreements established engaged several government agencies and/or education institutions in their partnership networks.
- Continue to focus efforts on adopting policies and built environment improvements that will create sustainable access and environmental changes to increase physical activity and smokefree places.
- Focus future tobacco control efforts on comprehensive and strong policies that create enforceable smokefree policies.

Appendices

A. Logic Model

B. Evaluation Questions Matrix

C. Other Data Sources

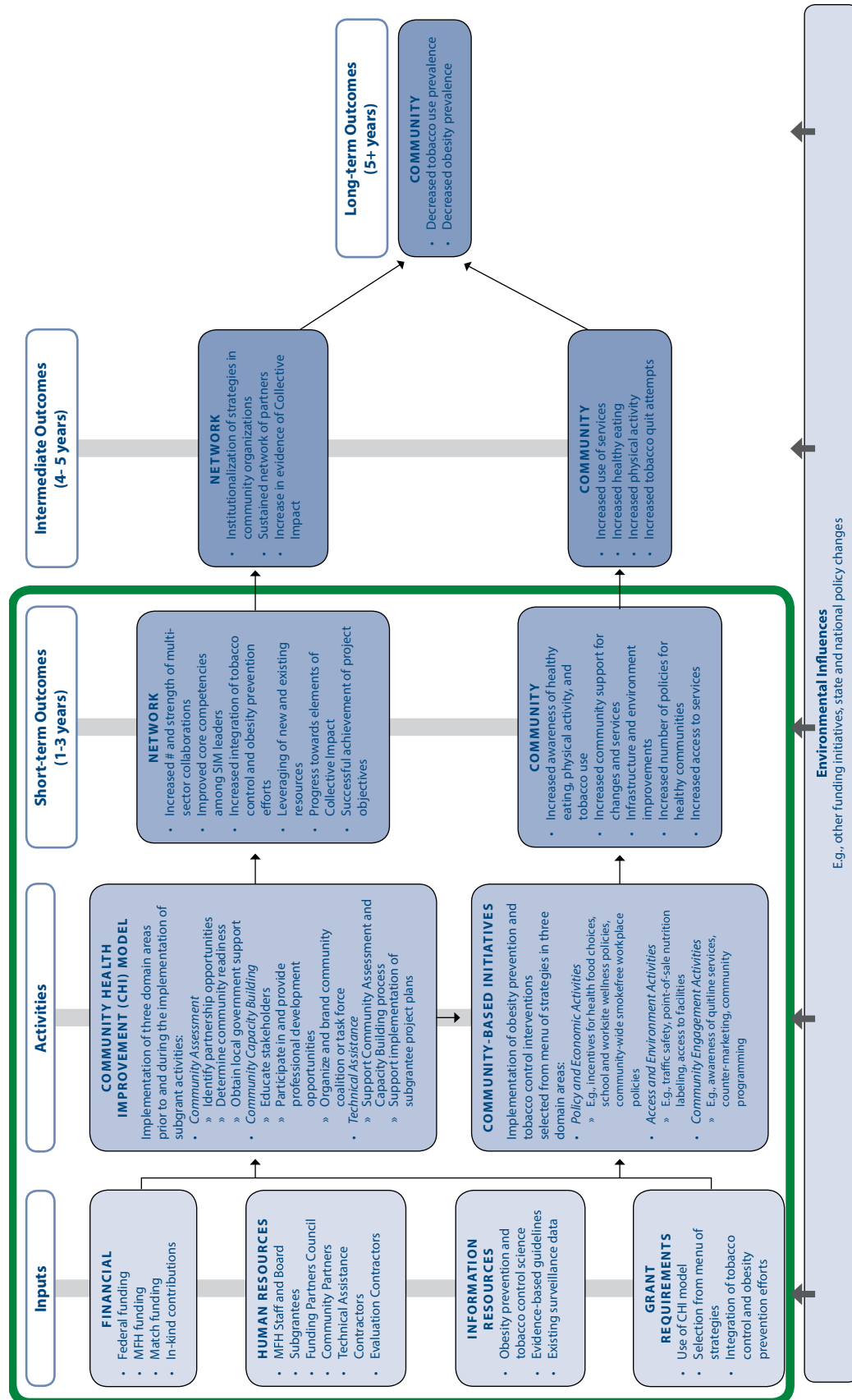
D. Core Competencies Checklist

E. Partner Collaboration Scale

F. Community Capacity Survey

G. CHI Evaluation Rubric

Appendix A: Logic Model



Appendix B: Evaluation Questions Matrix

Primary Question	Data Source
1. What was the reach of the SIM Initiative? a. What was the geographic reach of the program? b. In what setting(s) was program implemented? c. How many people were reached by the program?	<ul style="list-style-type: none"> Grantee Interim Reports
2. To what extent did grantees achieve the objectives outlined in their project plans?	<ul style="list-style-type: none"> Grantee Interim Reports
3. To what extent was CHI implemented across grantees? a. Presence and utilization of CHI components i. Community assessment ii. Community capacity-building iii. Technical assistance (type and frequency) b. What were the facilitators and barriers to implementing CHI?	<ul style="list-style-type: none"> Grantee Interim Reports Social Network Analysis Surveys Key Informant Interviews Community Capacity Survey
4. What were the primary outcomes of the CHI model? a. How did CHI influence grantees' capacity to implement strategies? b. How did technical assistance influence grantees' strategies? c. How did CHI influence the formation and ongoing development of partner networks (i.e., coalitions)? i. Diversity of Partners ii. Frequency of Communication iii. Strength of Collaboration	<ul style="list-style-type: none"> Core Competencies Checklist Interviews Social Network Analysis Surveys Community Capacity Survey
5. How was tobacco and obesity integrated in grantees' efforts? a. Roles and responsibilities b. Implementation in settings	<ul style="list-style-type: none"> Grantee Interim Reports Key Informant Interviews Social Network Analysis Surveys
6. What were the benefits, if any, of an integrated approach? a. Leveraging of political capital b. Cost efficiencies	<ul style="list-style-type: none"> Grantee Interim Reports Key Informant Interviews Social Network Analysis Surveys
7. How have communities and public health outcomes in communities changed because of the SIM Initiative? a. Policy changes b. Environment changes c. Access to resources/services	<ul style="list-style-type: none"> Grantee Interim Reports Final Grantee Evaluation Report

Appendix C: Other Data Sources

- Grantee MFH SIM grant applications
- MFH SIF application
- Missouri Complete Streets Information Center:
<http://mobikefed.org/content/missouri-complete-streets-information-center>
- Americans for Nonsmokers' Rights list of Municipalities with a smokefree policy:
<http://www.no-smoke.org/goingsmokefree.php?id=519#ords>
<http://www.no-smoke.org/pdf/100ordlisttabs.pdf>

Appendix D: Core Competencies Checklist

This survey was developed to help identify strengths and areas of growth in your work with [Program name]. This information will be used by Trailnet and Americans for Nonsmokers' Rights to tailor SIM trainings and technical assistance to meet your needs. The following questions ask about your experience with regard to specific skill areas. For each item below, please rank your current personal level of each skill on a scale from 1 to 5, with 1 being a low level of knowledge/skill and 5 being a high level of knowledge/skill.

CHANGE PROCESS PLANNING	Low				High
Assessing the baseline for tobacco issues in your community	1	2	3	4	5
Assessing the baseline for healthy eating issues in your community	1	2	3	4	5
Assessing the baseline for active living issues in your community	1	2	3	4	5
Researching and adapting evidence-based best-practices to a local context	1	2	3	4	5
Setting realistic goals, utilizing SMART objectives, and establishing key benchmarks	1	2	3	4	5
Creating a clear process timeline	1	2	3	4	5
Researching lessons-learned from other states and municipalities	1	2	3	4	5
Establishing partnerships across multiple campaigns when appropriate (e.g., tobacco and built environment)	1	2	3	4	5
Identifying fundraising needs	1	2	3	4	5
Incorporating fundraising strategies throughout your campaign to ensure financial sustainability	1	2	3	4	5
COALITION BUILDING	Low				High
Identifying key stakeholders	1	2	3	4	5
Building and maintaining relationships	1	2	3	4	5
Identifying and working with the self-interest of stakeholders and volunteers	1	2	3	4	5
Developing and maintaining a database of supporters (including database platform, content, Freedom of Information Act considerations)	1	2	3	4	5
Attracting nontraditional coalition partners (business, government, etc.)	1	2	3	4	5
Attracting diverse coalition partners (racial, socio-economic, etc.)	1	2	3	4	5
Building a coalition around common vision, goals, and objectives	1	2	3	4	5
Clearly articulating projects vision, goals, and objectives	1	2	3	4	5
Developing deal-breakers and obtaining commitment from partners	1	2	3	4	5
Attracting, mobilizing, and sustaining volunteers	1	2	3	4	5
Training and empowering volunteers to assume leadership roles	1	2	3	4	5
Understanding of community-led grassroots methodology	1	2	3	4	5
FACILITATION	Low				High
Facilitating the development of collaborative community vision and values	1	2	3	4	5
Leading coalition meetings that are professional, but also encourage creativity and foster excitement	1	2	3	4	5
Establishing a process and framework for group decision-making	1	2	3	4	5
Supporting and facilitating efficient group-decision making	1	2	3	4	5
Building consensus	1	2	3	4	5
Mediating conflict	1	2	3	4	5
Delegating tasks to coalition members and managing the process to ensure tasks are completed	1	2	3	4	5
Knowing when to lead and knowing when to delegate	1	2	3	4	5
Fostering inclusivity of diverse opinions, views, partisans, populations, and beliefs	1	2	3	4	5
Respecting different opinions and ideas	1	2	3	4	5
Enforcing agreed-upon deal-breakers	1	2	3	4	5

COMMUNICATIONS / SOCIAL MARKETING	Low					High				
Analyzing and articulating the problem - tobacco issues	1	2	3	4	5	1	2	3	4	5
Analyzing and articulating the problem - healthy eating issues	1	2	3	4	5	1	2	3	4	5
Analyzing and articulating the problem - active living issues	1	2	3	4	5	1	2	3	4	5
Ability to quote from documented, reliable sources	1	2	3	4	5	1	2	3	4	5
Technical knowledge and skills -- understanding a wide range of communications media, including listservs, print media, radio, TV, Facebook, Twitter, YouTube, etc.)	1	2	3	4	5	1	2	3	4	5
Educating coalition leaders broadly and deeply on the issues	1	2	3	4	5	1	2	3	4	5
Managing internal communications process - communicating with the coalition	1	2	3	4	5	1	2	3	4	5
Educating community stakeholders broadly and deeply on the issues	1	2	3	4	5	1	2	3	4	5
Managing external communications process - communicating with the public	1	2	3	4	5	1	2	3	4	5
Identifying effective messages based on best-practices	1	2	3	4	5	1	2	3	4	5
Understand constituent groups and tailor messages appropriately, including cultural competency	1	2	3	4	5	1	2	3	4	5
Delivering key messages - public speaking	1	2	3	4	5	1	2	3	4	5
Delivering key messages - working with the media	1	2	3	4	5	1	2	3	4	5
Identifying and training effective messengers for the campaign	1	2	3	4	5	1	2	3	4	5
Estimating the potential impact of target strategies -- such as policies, environmental changes, or programs -- across several criteria (health, economic, etc.) and communicating in clear language	1	2	3	4	5	1	2	3	4	5
Understanding and capitalizing on the value of community dialogue, even when it appears to be negative.	1	2	3	4	5	1	2	3	4	5

POLICY ADVOCACY	Low					High				
Knowledge of smoke-free and other tobacco policy best-practices	1	2	3	4	5	1	2	3	4	5
Knowledge of healthy eating policy best-practices	1	2	3	4	5	1	2	3	4	5
Knowledge of active living policy best-practices	1	2	3	4	5	1	2	3	4	5
Knowledge of existing local, regional, and state laws	1	2	3	4	5	1	2	3	4	5
Knowledge of local and regional policy process	1	2	3	4	5	1	2	3	4	5
Campaign planning and strategy	1	2	3	4	5	1	2	3	4	5
Understanding of protocol and timing for approaching elected officials	1	2	3	4	5	1	2	3	4	5
Understanding of preemption as a potential threat to your advocacy work	1	2	3	4	5	1	2	3	4	5
Identifying your opponents and their weaknesses	1	2	3	4	5	1	2	3	4	5
Understanding definition of "lobbying" and how it relates to your campaign activities (e.g., what paid organizers can do vs. what volunteers can do)	1	2	3	4	5	1	2	3	4	5
Communicating with decision-makers and courting champions	1	2	3	4	5	1	2	3	4	5
Preparing decision-makers for opposition talking points and strategies - neutralizing the opposition's impact	1	2	3	4	5	1	2	3	4	5
Monitoring and interpreting decision-maker response	1	2	3	4	5	1	2	3	4	5
Developing campaign benchmarking goals	1	2	3	4	5	1	2	3	4	5
Responding to advocacy wins and advocacy losses in a manner that continues to build momentum for change	1	2	3	4	5	1	2	3	4	5
Creating a policy implementation plan and supporting the policy implementation process	1	2	3	4	5	1	2	3	4	5
Understanding challenges for implementing and enforcing different types of policies and adjusting advocacy strategies accordingly (e.g., more complex policies are more complicated to implement and enforce)	1	2	3	4	5	1	2	3	4	5

POLICY IMPLEMENTATION

	Low			High	
Budgeting for the implementation process	1	2	3	4	5
Developing public education that supports implementation	1	2	3	4	5
Supporting enforcement activities	1	2	3	4	5
Developing and managing a violation reporting system	1	2	3	4	5
Identifying needs and gaps of implementation efforts	1	2	3	4	5
Monitoring for legal and other challenges to policies	1	2	3	4	5

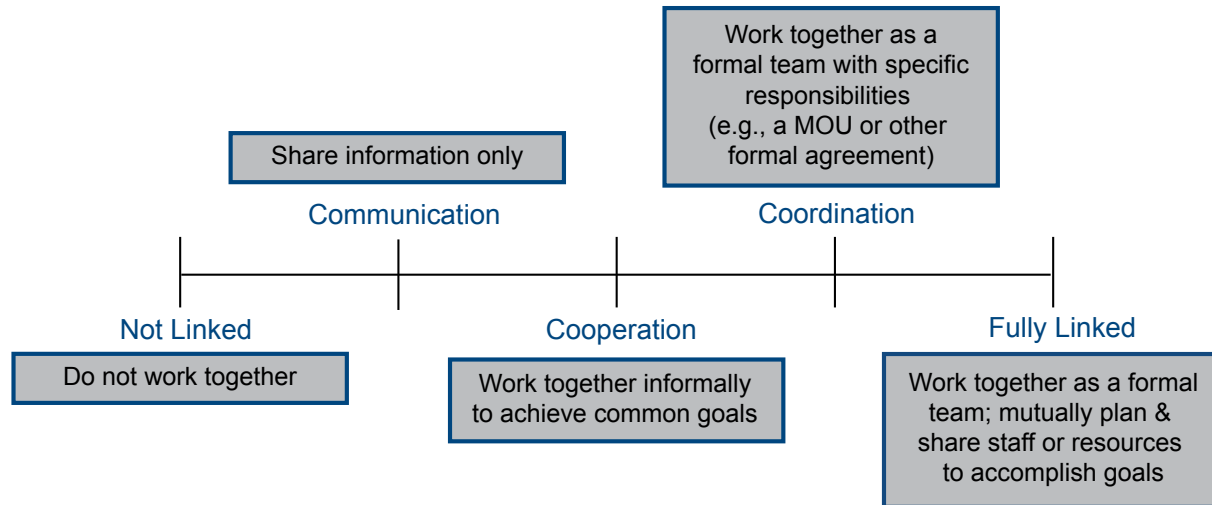
COORDINATING COMMUNITY EVENTS

	Low			High	
Setting event goal(s)	1	2	3	4	5
Planning and managing event logistics	1	2	3	4	5
Recruiting and training event volunteers	1	2	3	4	5
Cultivating new supporters and/or partners through events	1	2	3	4	5
Empowering new messengers through events	1	2	3	4	5
Capitalizing on events for fundraising	1	2	3	4	5
Closing the loop on events -- following-up to build momentum	1	2	3	4	5

OTHER

Are there other areas or skill sets that you would like to gain to be a more effective leader of your SIM project? Please provide this information below:

Appendix E: Partner Collaboration Scale



Appendix F: Community Capacity Survey

1. Please think about the organization and community efforts on **tobacco control** or **obesity prevention**. We would like to know more about the organization’s characteristics. For the following questions, please indicate if you strongly agree, agree, disagree or strongly disagree.

Purpose and Goals	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know
The organization goals are clearly defined.					
The organization makes decisions based on the community’s needs.					
Partners feel the organization can influence decisions made in the community.					

Functioning (Operations)	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know
The organization has a core leadership group that organizes its efforts.					
The organization procedures are clearly defined.					
Partners come to the organization meetings.					

Leadership	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know
Partners trust the leadership of the organization.					
The Leadership listens to the ideas and opinions of the Partners.					
The Leadership has a relationship with public officials who can help the organization.					

Resources and Sustainability	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know
Community members know what the organization does					
The organization is successful in generating resources for its efforts					
The organization has made efforts to sustain itself over time					

2. How successful has the organization been at reaching its goals?

- Not successful
- Somewhat successful
- Successful
- Very Successful
- Completely Successful

3. What aspects of the organization contribute to this success? (check all that apply)

- Bringing together diverse stakeholders
- Meeting regularly
- Exchanging info/knowledge
- Sharing Resources
- Informal Relationships created
- Collective Decision Making
- Having a shared mission, goals

4. Please think about the organization in relation to tobacco control and obesity prevention.

	Not at all	A small amount	A fair amount	A great deal
How valuable is the organization's power and influence in achieving tobacco control and obesity prevention in your community?				
How valuable is the organization's level of involvement in achieving tobacco control and obesity prevention in your community?				
How valuable is the organization's resource contribution in achieving tobacco control and obesity prevention in your community?				
How reliable is the organization?				
To what extent does the organization share a mission with this community's mission and goals?				
How open to discussion is the organization?				

Please share any additional comments or information you may have about your organization's work.

Appendix G: CHI Evaluation Rubric

Scoring Matrix	Fully-2 Implemented	Partially – 1 Implemented	Not – 0 Implemented
Community Assessment			
Measure Community Readiness			
Identify Partnership Opportunities			
Determine local government commitment			
Community Capacity Building			
Organize and brand a task force			
Provide professional development opportunities			
Educate Stakeholders			
Present best practices to community leadership			
Bolster Social networks in communities			
Technical Assistance			
Seek assistance on implementation plan			
Receive feedback on policy drafts and strategies			
Navigate impediments to policy change			

Community Assessment

Fully Implemented: Well developed assessment and interaction with community

Partially: Attempting or planning to assess community, not able to integrate with community

None: Little attempt to assess community

Measure Community Readiness

Fully Implemented: Conducting rigorous surveys of community, schools, etc

Formal measurement of aspect of community (SOPARC, CHLI, etc)

Partially: Discussing doing an assessment, determining what to assess

None: No methods or assessment in place

Identify Partnership Opportunities

Fully Implemented: Systematically looking through community organizations for opportunities

Attending or reaching out to people in communities, going to meetings, etc.

Partially: Discussing partnership

None: No partnership development efforts or plan

Determine local government commitment

Fully Implemented: Met with government agencies, presented to city council, school board etc.

Working with local government groups on tasks (parks dept hanging signs, city crews working,)

Partially: Planning to work with local government, not being able to reach or partner with government

None: No interaction with local government, unable to assess government support

Community Capacity Building

Fully Implemented: Fully engaged with community and have multiple partners that can contribute.

Partially: Attempting or planning to build capacity, not able develop relationships with community

None: Little attempt to build capacity.

Organize and brand a task force

Fully Implemented: Created CHI-related group with representatives from partners. Creation of a new brand, getting the word out about efforts. Consistent communication of brand.

Partially: Planning to form groups or task forces, not fully promoting brand

None: No community-based task force or a brand

Provide professional development opportunities

Fully Implemented: Created systems and learning plan for staff and coalition members, attended conferences and events to build skills for CHI

Partially: Discuss professional development, talked about CHI

None: No formal method for development

Educate Stakeholders

Fully Implemented: Held events specifically to educate stakeholders and community members. Brought in outside assistance to teach and expose community to CHI elements

Partially: Invited stakeholders to meetings, sent out information about community plans

None: No formal method of stakeholder education

Present best practices to community leadership

Fully Implemented: Engaged appropriate community leadership about plans, presented ideas and developed plans to execute best practices with leadership

Partially: Discussed elements of best practices, tried to engage leadership

None: No formal mechanism to get community leadership involved

Bolster Social networks in communities

Fully Implemented: Multiple methods of social marketing in place, from regular community meetings and emails to facebook/twitter. Brand is well promoted and community knows organization

Partially: Used one or two methods to develop social networks, some brand recognition

None: No methods of networking or media promotion in place

Technical Assistance

Fully Implemented: Mutually beneficial relationship with TA providers. Using TA assistance and in regular contact

Partially: Some attempt to use TA. Meeting with TA at regular intervals

None: Little attempt to use TA

Seek assistance on implementation plan

Fully Implemented: Engaged TA providers or other experts to provide assistance. Consulted with TA about best practices and how to implement plan. Sought advice on their own.

Partially: Met with TA providers as a part of CHI

None: Did not use TA

Receive feedback on policy drafts and strategies

Fully Implemented: Engaged TA providers or other experts to provide assistance. Consulted with TA about optimal policy and how to approach policy change. Sought advice on their own.

Partially: Met with TA providers as a part of CHI

None: Did not use TA

Navigate impediments to policy change

Fully Implemented: Engaged TA providers or other experts to deal with impediments. Consulted with TA about new strategies for achieve policy goals. Sought advice to deal with issues.

Partially: Met with TA providers as a part of CHI

None: Did not use TA

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Funding provided by



Center for Public Health
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SCHOOL OF SOCIAL WORK



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Funding for this evaluation 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.