

Mobilizing Rural Communities to Prevent Childhood Obesity: A Toolkit



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Executive Summary

This toolkit is the product of a multi-state (Indiana, Kansas, Michigan, North Dakota, Ohio, South Dakota and Wisconsin), multi-disciplinary research project titled *Mobilizing Rural Low-income Communities to Assess and Improve the Ecological Environment to Prevent Childhood Obesity*, more commonly referred to as *Communities Preventing Childhood Obesity (CPCO)*. The goal of the CPCO project was to mobilize capacity in rural communities to create and sustain environments to prevent childhood obesity among preschool age children. The CPCO project team worked toward this goal by:

1. Assessing community environments using an ecological model of childhood overweight
2. Selecting evidence-based or evidence-informed approaches to address community needs
3. Testing the effectiveness of a Community Coaching model in improving the ability of communities to address identified needs

Detailed information about the research project, including background information and methods used, has been previously published. In short, in each of the seven states participating in the CPCO project, two rural communities were selected to support existing community coalitions in improving the environment for nutrition and physical activity. Each coalition was asked to create and implement a plan to reduce obesity in their community, using at least one intervention to improve nutrition and one intervention to increase physical activity among preschool age children. One community in each state was provided with a community coach to help the coalition work toward its goals. Community coaching is a new community capacity development model that is described in more detail later in this toolkit. Complete methodology for the CPCO project can be found at <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3047-4>.

Best practices and lessons learned throughout the CPCO project are shared in the five chapters that make up this toolkit, written specifically for coalition members and leaders actively working or interested in working to prevent child obesity:

1. Is Your Coalition “Ready” to Make a Change in Childhood Obesity?
2. Considering Levels of Community Change
3. Using Evidence-based Strategies and Interventions: Choosing What Works
4. Using a Community Coach to Help Your Coalition Identify and Reach its Target
5. Introducing Program Evaluation and Tools to Your Coalition

Each chapter is designed to stand alone, so you can move through the topics that interest you in whatever order you choose. Each chapter contains activities to try or action steps to take with your coalition in your own community. The action steps appear at the end of each of the chapters and are marked with a star.

Introduction

Why focus on rural communities?

Rural communities have a particular problem with obesity that merits attention. The Economic Research Service indicates that there were 46 million people living in rural areas as of 2014 (Economic Research Service, 2015). The Center for Study of Rural America (2006) reports that people in rural areas suffer the highest obesity rates in the nation. While most states have obesity prevention plans, few plans seem to focus on the rural population and their special needs (Friedrich, 2007).

Lutfiyya and colleagues (2007) report that children living in rural areas in the U.S. are about 25 percent more likely to be overweight or obese than their urban counterparts. Similarly, Davis and colleagues (2011) found that rural children were significantly more likely to be obese (21.8%) compared to their urban counterparts (16.9%) in their analysis of 2003-2004 and 2005-2006 NHANES data. In Kentucky, North Carolina, South Carolina, West Virginia, and central New Mexico, all with large areas of persistent rural poverty, childhood overweight and obesity rates are 33 to 50 percent (Crooks, 2000; Davis and Lambert, 2000; Neal, 2001).

Recent research from several areas of the country confirms the higher prevalence of obesity in both adults and children living in rural areas (Davy, et al, 2004; Demerath, et al, 2003; Lewis, et al, 2006; Liebman, et al, 2003; Lutfiyya, et al, 2007). Some argue the reason that children in rural areas are more obese is that rural children now have fewer chances than urban children to exercise in their daily routine (Moore et al., 2010). The geography and infrastructure of rural areas makes residents especially prone to problems of poor nutrition and physical inactivity (Tai-Seale and Chandler, 2010).

Additionally, some of the retail development patterns in rural areas have eroded access to healthy foods. From 1997 to 2002, the U.S. experienced a 29 percent increase in the number of health food stores, but rural areas were largely left out of this growth (Center for the Study of Rural America, 2006). Food systems are of particular interest to states with predominantly rural communities, where “food deserts” have begun to appear (Smith and Morton, 2009). Research in Iowa using the Nutrition Environment Measures (NEMS) survey indicates that fresh fruits and vegetables were more available and less expensive in communities with populations greater than 5,000 (Lasley and Litchfield, 2008).

Why use a community development approach to prevent childhood obesity?

Consensus is building among researchers that the obesity epidemic is driven by the environment, rather than solely by individual factors (Anderson and Butcher, 2006; Hill, et al, 2003; Institute of Medicine, 2004; Schwartz and Brownell, 2007; Whittemore, D'Eramo, and Grey, 2004). As Schwartz and Brownell note, the gene pool did not change between 1970 and 2000, “yet the overall rate of being above the 85th percentile in BMI for children doubled in these years (from 15% to 30%), and the rates of being above the 95th percentile tripled (5% to 15%). Evidence reviewed supports the hypothesis that the environment is driving the changes in obesity rates” (Schwartz and Brownell 2007 p. 81). This is especially true in relation to food choices. The availability of retail food outlets that sell nutritious foods at affordable prices is an important factor in encouraging individuals to make healthy food choices that reduce their risk for obesity (Flourney, 2005; Wrigley and Warm, 2003). People who live near grocery stores are less likely to be obese (Auchincloss, et al, 2008; Morland, Diez Roux, and Wing, 2006). A 2008 study by the California Center for Health Policy confirmed that the higher the ratio of fast-food restaurants and convenience stores to grocery stores and produce vendors, the higher the prevalence of obesity for both high and low-income neighborhoods (Goldstein, 2008). That is, for individual behavior change to be sustained, it must be carried out in an environment that supports healthy choices (Friedrich, 2007). Consider the difficulty posed when fast food restaurants are clustered around schools, making it almost impossible for children to make healthy lunch choices (Austin et al., 2005).

A recent report by the Prevention Institute identified 11 case studies highlighting local environment changes that improved the health of communities (Aboelata, et al, 2004). Examples of community changes enacted include bringing full-service grocery stores to areas that lack sufficient access (Rochester, NY); creating community gardens to foster health eating, physical activity, and social connections (Denver, CO); and improving community walkability through major infrastructure changes in the built environment (Boston, MA).

The Designed for Disease report (2008) identifies other environmental innovations that can have an impact on food choice, such as establishing different retail operations like small scale markets, mobile vendors, healthy food choices in vending machines, and food cooperatives. These environmental changes were brought about through a process of community dialogue, community decision making, and community action. They all fostered making the healthy choice the easy choice for individuals.

Why focus on the environment of 4-year-olds?

Approximately one in four preschool age children are considered overweight or obese with higher rates among low-income families (Ogden et al., 2014). Four years of age appears to be critical in overweight/obesity prevention. If obese at 4 years of age (95th percentile), male children will have a 14 percent likelihood of being overweight (BMI ≥ 30) at age 35 and females will have a 25 percent likelihood at age 35 (Guo et al., 2002). After an initial increase in BMI during the first year of a child's life, BMI declines and reaches a low point at 4-6 years of age. A subsequent increase in BMI is known as "adiposity rebound." According to Dietz and Gortmaker (2001) several studies have demonstrated that children with an early adiposity rebound have an increased BMI as adults. Additionally, in a recent study conducted in the Netherlands, half of the mothers who took part in the study and 39 percent of the fathers thought that their obese 4 or 5 year old child was of normal weight (Littikhuis, 2010).

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Chapter One: IS YOUR COALITION READY TO MAKE A CHANGE IN CHILDHOOD OBESITY?

Lead Author: Dawn Contreras, Michigan State University Extension

Objectives

In this chapter you will learn:

- How to define coalition readiness
- Key attributes related to coalition readiness
- Specific strategies for increasing the readiness of your coalition



Skeptic's Question

Our coalition has been together for a long time and we know each other well. It's a small community and we're good at getting things done. Why should we work to improve our readiness?

“Readiness” can be defined as a state in which coalition members believe that they have the attributes and capacity needed to make changes in their community around a certain topic. For a coalition involved in childhood obesity prevention initiatives, readiness can increase their likelihood of success with their program goals while also reducing the risk of experiencing “burn-out”, alienation, and frustration among coalition members. Assessing coalition membership, current assets and resources, clarity of vision and mission and member roles and structure will help the coalition increase its level of readiness and prevent confusion and issues later on (Emery, Hubbell and Miles-Polka, 2011).

“If we don't have a focus, if we aren't prepared, if we don't have a goal, a mission, a vision to be able to execute, then the whole thing goes south.”

-Coalition Member

Core Attributes of Coalition Readiness

Research shows that there are several core attributes associated with coalition readiness, including:

1. Diverse coalition membership
2. Competent and skillful leadership
3. A sense of trust, respect and cohesiveness among members
4. Community receptiveness toward the topic or issue of concern

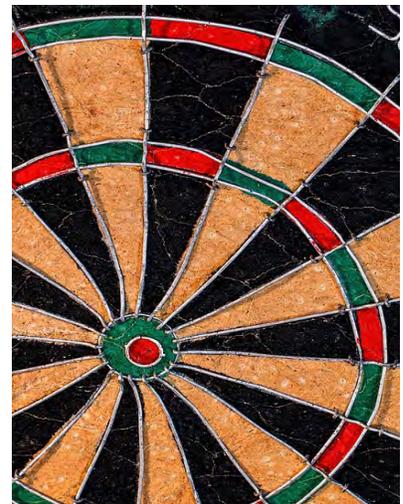
Diverse Coalition Membership

In order to achieve complex goals that involve multiple elements, a coalition needs diverse representation. Research suggests many benefits to diverse coalition membership such as having a more representative sample of opinions and perspectives from the community. Too often, community coalition memberships are homogenous in nature because members share the same experiences in community development activities and are in the same social networks. These coalitions can be very limiting when it comes to fully understanding the community's needs, assets and opportunities (Popielarz and McPherson, 1995).

Homogenous membership is of particular concern in rural communities where populations tend to be smaller than those of urban or suburban communities. An analysis of data drawn from the Communities Preventing Childhood Obesity (CPCO) project showed that homogeneous memberships of rural coalitions from six midwestern states may have skewed perceptions of their capacity to address complex community issues, like childhood obesity (Glaza, 2015). A homogeneous group may fall into "group think" where the perceptions of capacity are artificially skewed in a positive or negative way and not reveal the true capacity of the coalition. Bringing diverse opinions into the group may help the membership better assess their ability to achieve goals and outcomes.

So what can coalitions do to build diversity? Coalitions can increase their representation by asking questions such as "who is not yet at the table?" When considering the composition of your coalition, think about diverse organizations that care about your topics of interest and/or target audience. Who has an interest in young children and/or an association with influences related to overweight and obesity? Be as creative and far-reaching as possible. By casting a wide net you will be able to increase your coalition's capacity, resources and overall readiness to deal with the complex issue of childhood obesity.

"One of the first things I did was draw a bullseye and put the coalition name in the middle, and then the next circle out I said "okay, who is represented here at this coalition?" And we wrote those in. And then I asked them "who else might have the same vision that you have about healthy lifestyles in your county?" And they named names. We then talked about, you know, how could we get those people to come, and then the next month, we did a quick review, okay, we said here's who's here now, here's who potentially could be here. Has anybody asked any of those folks yet? Do you have a plan? What, how can you do this? And then I stretched their brain one more time to say "who else did we not list in this circle that we could list on the outside of this chart?" And they added maybe five or six more names." -Community Coach



When examining your coalition membership for childhood obesity issues, consider representatives from different levels of the child's environment. One method of defining different levels of the environment is through a socio-ecological model, covered in chapter 2).

Listed below are a few examples of people from different levels of the community who may be interested in or affected by the issue of childhood obesity:

Level of Community	Potential Partners to Consider
Intra- and Inter-personal	Friends, family members, neighbors
Organizational	Representatives from schools, child care centers, health care organizations and faith based organizations
Community	Representatives from local businesses, health departments, non-profit organizations, media outlets and funding organizations
Public Policy	Advocacy groups, state and federal agencies, locally elected officials (i.e. city councils, mayors, etc.)

At each level, consider potential representatives who are diverse in terms of age, household composition, education, income, race, ethnicity, and religion. This will help to ensure that the coalition is more representative of the community.

CASE STUDY

One community health coalition participating in the CPCO project used its diverse, broad-based membership to plan and implement a childhood obesity prevention initiative. In 2014, coalition members from Extension, the county health department, the juvenile court, a local hospital and a few other community organizations decided to revitalize a local park. The coalition purchased and installed age-appropriate playground equipment for preschool children, renovated existing park equipment and hosted a grand re-opening celebration for the community to experience the new park. The turnout at the celebration was large enough that the coalition decided to partner with a local business to install a splash pad at another local park in the community in 2015.





ACTION
STEP

COALITION ACTIVITY

Work with your coalition to assess the diversity of your membership. Draw the chart below on a white board or flip chart. As a group, fill in the current members of your coalition and brainstorm possible future members for each level of the community. Within each level, consider additional diversity in representation by seeking out variation in demographics such as gender, age, occupation, social economic status, household composition, etc. Once the chart is completed, discuss who will invite the new members and how the coalition meetings can be made convenient and accessible to them.

Level of Community	Current Members	Potential Members
Intra- and Inter-personal		
Organizational		
Community		
Public Policy		

COMPETENT AND SKILLFUL LEADERSHIP

The people who lead, participate in and implement coalition activities contribute to the growth, development and success of the group (Butterfoss, 2007). Competent and skillful leaders:

- Assist the coalition in setting common goals and objectives
- Maintain movement towards group goals
- Delegate tasks to coalition members
- Engage all members in the work of the group
- Provide positive feedback and reinforcement of good work
- Communicate openly and honestly with coalition members

Coalitions can develop competent and skillful leadership for their group by providing organization and structure for the functioning of the group. A coalition with weak organization and structure will often lack in productivity and efficiency. Specific strategies to increase organization and structure include defining the group’s mission and vision, setting overall goals, writing targeted objectives, creating strategic plans, having meeting agendas, archiving minutes, delegating tasks, having clear expectations and using open communication and facilitation processes.

“I think we are (ready) because we spent a lot of time doing a lot of stuff that someone from the outside might think was a waste of time, like coming up with our mission statement and our goals and things that we might not be doing action stuff. We can actually do lots of stuff because I think we already know what our coalition is about and what our goals are, so I think we are ready.”

Coalition Member

“When I came in, it kind of seemed like there wasn’t really much organization or clear direction of what they wanted to do or where they wanted to go. They kind of had a few different plans up in the air and didn’t really have much of a vision of what they wanted, and so that’s been a change. Once they figured out what they wanted to accomplish, that made them more organized and more ready to work. I think they kind of needed a goal before they could really get moving on things.”

Community Coach



COALITION ACTIVITY

At your next coalition meeting, consider working with your group to write objectives. Having objectives for your coalition is one way to provide structure to your group, especially when they meet the SMART criteria described below (Butterfoss, 2007). SMART objectives will give your coalition a clear direction for action and a strong sense of purpose. A well-written and clearly defined SMART objective is:

- Specific. It identifies specific actions and activities that will take place.
- Measurable. It quantifies the amount of change to be achieved.
- Appropriate. It is logical and related to your coalition's goals.
- Realistic. It is achievable given the available resources.
- Time specific. It specifies a time by which the objective will be achieved.

A SMART objective might read, "After identifying appropriate tools or resources, within the next six months we will conduct an assessment or inventory of physical activity options available to young children in our community and identify at least two opportunities for our coalition to concentrate our efforts." Within this objective, the activities are to 1) identify appropriate tools, 2) conduct an assessment or inventory, and 3) identify at least 2 areas of improvement for our community. The timeframe is within the next six months and the measurement is the accomplishment of the task.

Once the objectives are drafted, it will be up to your coalition to determine if they are realistic, given your resources, and appropriate, given your coalition's mission and goals.

"I'll tell you another thing that really worked well. We went through a planning process and came up with a mission statement, and then over time we developed a template for our meetings, and the top of the template has the mission statement. So as we started off every meeting, people would come in and they would see the mission statement and they would know what the organization was about. And then the next thing was we had a section called Healthy Happenings, and it was our introduction. Everyone would go around the room and introduce themselves and tell a Healthy Happening - maybe their organization was putting on a 5K, or they were implementing some new program or project, and we would go through that, and that was a great networking time. Then we had our old business, then new business, then the working groups gave a report. I think that was really beneficial to the overall coalition, just getting that all in place and running every meeting like that." - Community Coach

A SENSE OF TRUST, RESPECT AND COHESIVENESS

A lack of trust, respect or cohesion among members can cause a coalition to be unsuccessful in reaching its goals. This is often the case when there is a perceived imbalance of power or an unequal distribution of resources (time, money, attention, etc.) among the members. Lack of trust or cohesiveness can arise when members feel like their needs are not going to be met or their opinion will not be valued.

The use of effective conflict resolution strategies and good communication skills are important ways to build a sense of trust, respect and cohesion among coalition members. Although a certain amount of conflict is expected during the coalition processes, too much conflict can result in member turnover, difficulty recruiting new members, and avoidance of coalition activities. Good communication and problem solving strategies result in committed and satisfied coalition members, and can assist in resolving conflicts which can strengthen the coalition over time (Ivan, 2013).

Coalition processes that help prevent unnecessary conflict include the following:

- Effective communication
- Shared understanding of member roles, purposes and meeting processes
- Flexibility and the ability to adapt goals, roles, etc. as needed
- Careful member recruitment

When conflict does occur, coalition leaders should assess the issue of controversy and decide whether it is critical to the work of the coalition. If it is not a critical issue, it is best to use an avoidance strategy and divert attention to the work of the coalition (Smathers & Lobb, 2014). If the issue is critical to the work of the coalition, common conflict management strategies that tend to work well include compromising, collaborating, welcoming differences and bargaining. Additional group problem solving processes are outlined in the Ohioline factsheet provided in the additional resources section at the end of this chapter.

COMMUNITY RECEPTIVENESS TOWARD THE TOPIC OR ISSUE OF CONCERN

The relationship between coalition readiness and community receptiveness is a reciprocal one. An intervention initiated by a high-functioning, cohesive coalition will likely fail if the community is not ready to address the problem (Feinberg, Riggs and Greenberg, 2005).

Assessing your coalition's readiness periodically is a good idea. Readiness is a dynamic element that will change over time. Your level of coalition readiness may suddenly change if a key member of your coalition leaves the group and/or you bring on new members. Coalition readiness may also change if your members switch roles, i.e. a different person becomes the chair or if there is a change in resources available to the group.

"I noticed that it is much easier to do these projects when you have good relationships"

– Community Coach

"In one case, one of the members who stopped coming, it seemed to improve things. So now there's less people at the table, but they are more involved and more invested, I guess I would say."

– Community Coach



ACTION
STEP

COALITION ACTIVITY

One good tool to assess coalition readiness is the Coalition Self-Assessment Survey, developed by Erin Kenney and Shoshanna Sofaer, which includes questions related to the following variables associated with coalition readiness: inclusion, recruitment and membership; decision-making; conflict resolution; leadership, staffing and relationships; trust; mission, strategies, and action plans; participation; coalition maturity; readiness; and sustainability. A link to the coalition self assessment is available at http://asthma.umich.edu/media/eval_autogen/CSAS.pdf.

SUMMARY

In this chapter you have learned what coalition readiness is, key attributes related to coalition readiness and specific strategies for increasing the readiness of your coalition. Coalition readiness changes over time. Take time to assess your coalition's readiness periodically so you make sure you are functioning at your fullest capacity.

Action Steps:

- Assess the diversity of your coalition's membership
- Write SMART objectives for your coalition
- Complete the coalition self-assessment

ADDITIONAL RESOURCES FOR COALITIONS

1. Coalition Building Factsheet series from Ohio State University Extension: <http://ohioline.osu.edu/tags/building-coalitions>
2. Evidence-based Practices for Coalition Building from Champions for Inclusive Communities, Utah State University: http://www.eiri.usu.edu/projects/champions/factsheets/coalition_building_fact_sheet.pdf
3. Components of an Effective Coalition from Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/capt/tools-learning-resources/components-effective-coalition>
4. Group Problem Solving Process factsheet from Ohio State University Extension: <http://ohioline.osu.edu/factsheet/CDFS-1572>

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Chapter Two:
CONSIDERING LEVELS OF COMMUNITY CHANGE

Lead Author: Jenny Lobb, Ohio State University Extension

Objectives

In this chapter you will learn:

- How to define a socio-ecological model in a way that is relevant to coalition work
- How to introduce a socio-ecological model to your coalition
- Ways to use a social-ecological model as a framework for exploring possible interventions



Skeptic’s Question

Our coalition provides nutrition presentations to the community throughout the year. We hand out resources related to nutrition and physical activity and increase community awareness related to health and wellness. Why should we do anything more than that?

Traditionally, health professionals have leaned toward health fairs and other educational efforts to prevent childhood obesity; however, research has shown that educational efforts are more effective when coupled with interventions that impact multiple components of one’s environment (i.e. homes, schools, worksites, recreational facilities, food service and retail establishments, ant other community settings) For example, nutrition education offered in a school classroom will likely have a larger impact when school food policies require high quality food choices be made available in the cafeteria. Similarly, nutrition education delivered to adults will be more effective when the worksites, stores, restaurants and food pantries used by those individuals provide healthful options.

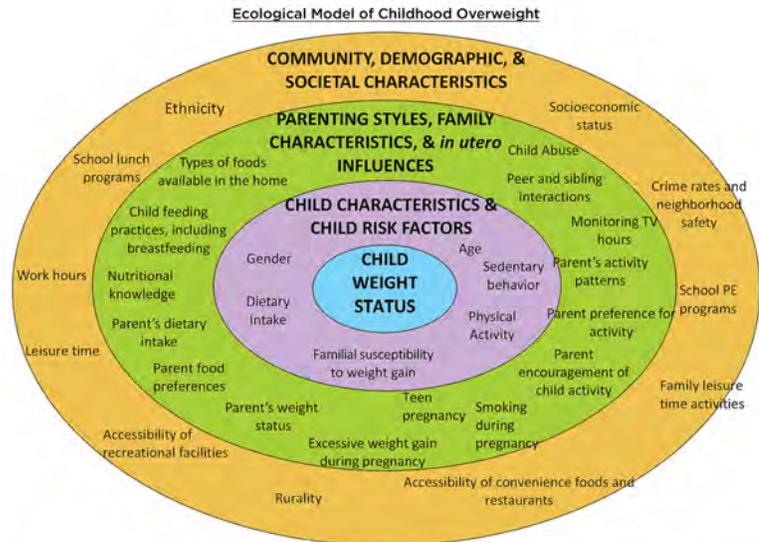
Large organizations such as the Academy of Nutrition and Dietetics, Centers for Disease Control and Prevention and the Health and Medicine Division of the National Academies of Sciences, Engineering and Medicine (formerly known as the Institute of Medicine) recommend using multi-level, multi-component approaches to prevent and treat childhood obesity, and the 2015 Dietary Guidelines for Americans recommend using a socio-ecological model to consider various sectors and settings in which to improve eating and physical activity behaviors.

What is a Socio-Ecological Model?

“A socio-ecological model is a theoretical framework that can be used to identify complex, multi-level factors in one’s environment that influence behavior (Bronfenbrenner, 1977). These models suggest that behavior is influenced by factors at the following levels:

- Individual**-knowledge, attitudes, beliefs and personality traits
- Interpersonal**-friends, family and peers that provide social identity and support
- Organizational**-rules, regulations, policies and structures
- Community**-social networks, norms and standards
- Public Policy**-local, state and federal policies and laws

The Ecological Model of Childhood Overweight is one socio-ecological model. This model specifically focuses on characteristics that could affect an individual child's weight status in relation to the multiple environments surrounding that child (Davison and Birch, 2001). The Ecological Model of Childhood Overweight looks at the combined effects of the community-at-large, parenting styles and family factors, and individual factors that impact a child's weight. It takes into account the whole environment in which a child lives, providing a coordinated community approach to obesity intervention. This type of approach is "often the missing component necessary to support lifestyle changes that influence childhood obesity" (DeMattia and Denney, 2008).



Based on expanded version of Davison & Birch (2001), enhanced by Reed et al. 2011. *Obesity in Rural Youth: Looking Beyond Nutrition and Physical Activity*. JNE Vol. 43, No. 5, Pg. 403



The Health and Medicine Division of the National Academies of Sciences, Engineering and Medicine, formerly known as the Institute of Medicine, created an infographic to depict how multi-component approaches to preventing childhood obesity are more effective than any one strategy would be on its own. Childhood obesity prevention efforts that involve changing the systems and environments of schools, retail outlets, recreation facilities, parks and workplaces can reinforce educational efforts that occur at the individual level.

Excerpt of infographic from The Health and Medicine Division of the National Academies of Science, Engineering and Medicine (2012). *Accelerating Progress in Obesity Prevention*. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>.

How to Use a Socio-Ecological Model?

Your coalition can first use a socio-ecological model to brainstorm various factors in your community that may prevent or contribute to childhood obesity, such as:

- The availability and affordability of fresh fruits and vegetables
- The availability and affordability of fast food
- The nutritional quality of meals served in schools and early childcare centers
- Physical activity programs offered in schools and early childcare centers
- The availability and affordability of public parks and recreation facilities
- The safety of public parks and recreation facilities
- The availability and accessibility of public drinking water

Once factors are identified, your coalition can brainstorm potential programs, policies or interventions that would address the most relevant influences, such as:

- Creating community gardens or farmers' markets
- Healthy corner store projects
- Local zoning policies that limit the number of fast food restaurants
- Building or revitalizing community parks, walking paths, etc.
- Offering afterschool physical activity programs
- Offering nutrition education programs supported by healthy school meal policies
- Creating health-related guidelines or policies for organizational meetings or events
- Installing drinking fountains in public places that serve preschool children

This approach to childhood obesity prevention can result in improved collaboration and coordination amongst coalition members, growth and development of community programs, and leveraging of resources to maximize the coalition's impact in the community.



ACTION
STEP

COALITION ACTIVITY

The Dig Deeper worksheet available in appendix 1 may help your coalition to identify who has control over various factors that affect the health of preschool children, as well as what type of changes may be most feasible to target recommend in different sectors of the community.



How Real Life Coalitions Have Used a Socio-Ecological Model

“We used it in deciding what kind of activities we wanted to utilize the grant for. We thought first of all to start as young as we could, with the 3- and 4-year olds, and actually get them really involved in learning, and also involve the parents, and so the curriculum we use is for preschool, and we thought that is a really good way of getting to the child, to the family, to the schools, the teachers, and then going out further into the community.” - Coalition Member

“I think specifically with our childhood obesity goal we looked at doing both parent education and then we also did some education for childcare providers and purchased the Color Me Healthy curriculum. So we looked at that, along that aspect. And then we’ve also worked with some school-based programs to increase, like, gardening, and those activities, and now some of our recent activities are more at the community level of looking at biking and trails and physical activity.” - Coalition Member

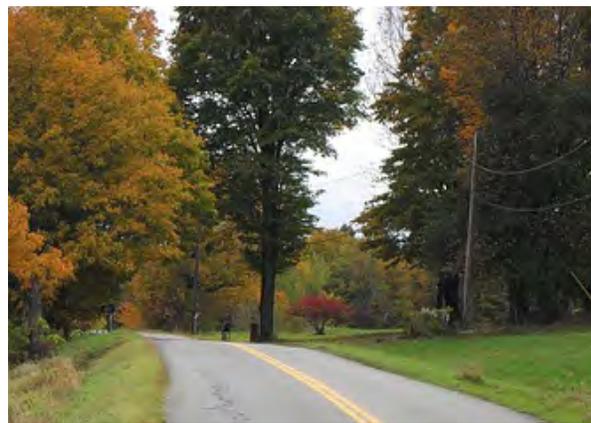
“Starting with the center (of the model) and moving out, our biggest goal was in the middle, preventing childhood obesity. And then circling out, considering physical activity, dietary intake and exercise, and then further out, trying to increase their nutrition knowledge, encouraging activities, looking at parent’s activities in relation to how active they can get their kids to be. And then further out into the community, what community affects childhood obesity patterns in our community and even the socioeconomic factors, like if they couldn’t afford better food they went with the higher fat cheaper things.” - Coalition Member

CASE STUDY

One rural community health coalition participating in the CPCO project decided to focus their efforts on a swimming pool. In addition to promoting the pool as a place where families could be physically active during the summer months, the coalition set out to change the pool environment to promote health in the form of good nutrition. Coalition members noticed that the concession stand at the pool was selling mostly high fat, empty calorie foods like chips, candy and soda. They thought that if the pool was a place where people could go to be active, the food items sold there should support their health, too. The coalition took the concession stand menu to a dietitian and asked about healthier options that could be sold. Using an existing healthy eating policy as a model for a new concession menu, the coalition implemented a traffic light labeling system to mark concession stand items as either healthy or unhealthy. Items labeled with a green light, such as fruits and vegetables, are nutrient-packed items that can and should be eaten every day. Items labeled with a yellow light contain some nutrients but also some fat, sugar and/or salt. These items can be eaten occasionally, but not too often. Items labeled with a red light contain few (if any) nutrients and are high in fat, sugar and/or salt. These items should be avoided or eaten only rarely or in small amounts. Using this labeling system, the concession stand at the city pool is working to offer and encourage more nutrient-dense options in the green light category.”

Using a Socio-Ecological Model in a Rural Community

Although there is a growing body of evidence demonstrating the effectiveness of using multi-level, multi-component interventions to prevent and treat childhood obesity, the majority of this evidence comes from urban and suburban communities. Barnidge et al. argue that while multi-level interventions are likely the best approach to childhood obesity prevention in rural communities, certain barriers associated with rural living must be considered prior to developing programs, policies and interventions in these settings. Factors related to the geography and infrastructure (built environment) of rural communities, such as traffic safety, lack of public transportation and distance to public parks and playgrounds, may contribute to the weight status of preschool children (Buro et al., 2015). In addition to these environmental factors, rural communities are often defined by small populations, which can present unique challenges to the planning, implementation and evaluation of large, multi-component interventions. Rural communities may struggle to find funding for potential programs, for example, because programs may have more limited impacts in rural settings than in more densely populated communities (Foster et al., 2015).



Rural communities may also lack recreational departments, community planning departments, or other staff members who could partner with community members to implement obesity prevention interventions. Additionally, rural communities may lack expertise in certain areas related to obesity prevention, and existing staff members may wear many different hats and be spread too thin to take on additional responsibilities. A study of early childcare and education centers in rural communities, for example, found that many centers lack the funding and staff training that is needed to implement nutrition and physical activity policies, a common childhood obesity prevention strategy.



Despite these unique barriers, rural communities also possess strengths associated with their small population size. Rural communities tend to be more tightly knit than more densely populated communities, making it easier for collaboration and coordination to occur amongst community members. Community coalitions can share resources, build upon existing resources, and leverage support to implement desired changes in their communities. Coalitions can reach out to Extension educators or public health professionals in their state for any expertise that they may lack in their community. Additionally, coalitions may find it beneficial to focus on and communicate a long-term vision for their community to better engage potential program funders and community leaders, as well as create buy-in and support from community members relative to their work.

How to Introduce a Socio-Ecological Model to your Coalition?



ACTION
STEP

COALITION ACTIVITY

The members of your coalition may already be familiar with a socio-ecological model; however, it is helpful to review the framework before brainstorming multi-level interventions that are appropriate for your community. A presentation such as the one designed for coalition members participating in the Communities Preventing Childhood Obesity project may help you to explain the model while considering the specific characteristics of your community. The example presentation available for download under the resources tab of the online toolkit ends with a brainstorming activity that asks coalition members to think about potential interventions that make sense for your community, given its specific needs, strengths and challenges.



ACTION
STEP

COALITION ACTIVITY

Another way to review the socio-ecological framework is to engage coalition members in a brief learning activity and discussion in which they are asked to complete an environment scan and share their findings with the group. Members can be asked to complete a scan in a setting where children live, eat or play and report their findings back to the group at a coalition meeting, or a situation can be constructed during a coalition meeting so that members are able to complete the scan together. For example, members of the Growing Healthy Kids Columbus Coalition were led through this activity during a workshop that included lunch. Members were presented with both healthy and unhealthy options at lunchtime, but the food was intentionally set up on two separate tables. The first table, located in the front of the room, was covered with a nice tablecloth, decorations, and two table-top message tents that read “make each plate a healthy plate” and “water first for thirst”. Sandwich wraps, cookies and soda were available on this table. The second table, located in the corner of the room, was uncovered and undecorated. Fresh fruit, salad and water were available on this table.



Workshop attendees were asked to complete an environment scan prior to eating, and observations were discussed over lunch. The discussion during lunch centered around the idea that “the choices that we make are shaped by the choices that we have”. In other words, educational messages are limited in effectiveness when healthy choices are not available. It seemed silly to display the “water first for thirst” message next to soda and the “make each place a healthy plate” message in front of cookies. At the same time, making healthy choices available is not enough in and of itself, either. While water, fruit and salad were made available at this lunch, attendees had to walk across the room to access them, and the table was not nearly as appealing as the table holding the cookies. This simple activity was used to emphasize the importance of pairing educational messaging with environmental change when working to improve the health of the community. While this example came from a coalition in an urban setting, the concept is applicable to both rural and urban areas.

How did community coaches from the Communities Preventing Childhood Obesity Project introduce the socio-ecological model to coalition members? Here are a couple examples:

“I put it in front of them every opportunity I got because I knew that this whole grant was based around that. And so we passed out copies of it to them at the very beginning, every year when we did our self-reflection, or our self-assessment survey, and then when we reflected on the results of that, I would whip out the ecological model and show them the big picture. Sometimes when we were even talking about what initiative we were going to implement, you know, we would talk about the ecological model and how we’re trying to change the whole culture, not just do one little thing, you know, not put in a bike trail. That’s not what it’s about. It’s about changing the whole culture of the community to be healthier.”

“For the last couple of years, at least, I actually did a presentation on the social ecological model for our whole collaborative. After we did our coalition assessment, I helped share the results of our coalition assessment, and so I stayed down with the director and talked about some goals and ideas and things. I wanted to make sure we drew out of that things that were positive and things that were negative, and at that time I also presented the social ecological model and let them know ‘okay, this is kind of the idea of what we’re trying to work toward.’”

SUMMARY

In this chapter you learned what a socio-ecological model is, how to use a socio-ecological model in coalition work, and ways to use a socio-ecological model as a framework for exploring possible interventions. Interventions based on a socio-ecological model are more effective than individual level behavior change strategies alone. As a coalition, take time to regularly assess which levels of the community you are targeting with your efforts.

Action Steps:

- Complete the dig deeper worksheet
- Share a presentation on the socio-ecological model with your coalition
- Conduct an environment scan with your coalition

ADDITIONAL RESOURCES FOR COALITIONS

1. Policy, System and Environment Change Factsheet from the Health Policy Institute of Ohio
<http://www.healthpolicyohio.org/what-is-policy-system-and-environmental-change/>
2. Policy, System and Environment Change Factsheet from Ohio State University Extension
http://ohioline.osu.edu/bc-fact/pdf/Policy_System_Environmental_Change_CDFS_2_14.pdf
3. “Implementing Policy, Systems and Environmental Change Interventions in SNAP-Ed” from Kansas State Research and Extension: <http://www.he.k-state.edu/fnp/program-management/pse-resources.html>

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[CHAPTER 2: APPENDIX]

Dig Deeper Worksheet

1. Identify a factor or behavior that contributes to obesity among preschool children.
Example: Sugar-sweetened beverage consumption
2. Identify the level(s) of the community or type(s) of environment where this is a problem.
Example: Home environment
3. Think about who might have the power to help change or shape that environment.
Example: Parents and caregivers
4. Brainstorm what the change agents identified in step 3 could do to improve the environment for preschool children.
Example: Parents and caregivers could keep the home free of sugar-sweetened beverages and role model healthy beverage consumption in front of young children



Chapter Three: USING EVIDENCE-BASED STRATEGIES AND INTERVENTIONS: CHOOSING WHAT WORKS

Lead Author: Carol Smathers, Ohio State University Extension

Objectives

In this chapter you will learn:

- How to define an evidence-based intervention
- How to differentiate between types of evidence-based interventions
- Where to look for evidence-based interventions



Skeptic's Question

Our coalition hosts an annual health fair at the local community center. Community residents receive information about local services **and are** able to get basic health screenings done there. Many people attend each year and we always receive a number of positive comments about this event. Do we really need to consider other ways to promote health in the community?

Definition of Evidence-Based

It can be tempting to come up with strategies to tackle community problems based on the availability of certain resources or because they simply seem logical to members of your coalition. Consider these examples:



- Many coalition members report that young parents they serve don't know how to cook from scratch like previous generations did, so they decide to offer regular cooking classes at the community center to teach healthy cooking methods.
- Coalition members plan to hold health fairs throughout the community to raise awareness of local health care resources, farmer's market incentives, and ways to reduce screen time.
- A local company donates 1000 pedometers, so the coalition decides to create a walking challenge.
- The coalition is asked to join in other groups' one-day events, which take up a lot of the coalition members' available time.
- Community businesses are willing to offer prizes and incentives, so the coalition includes them in events, even though the products are not very healthy.

Intervention decisions like these are often based on short-term opportunities alone. The Health and Medicine Division of the National Academies of Sciences, Engineering and Medicine, formerly known as the Institute of Medicine, has determined that decision making in public health is often compelled by “crises, hot issues, and concerns of organized interest groups” (Brownson, Fielding & Maylahn, 2009). However, a strategy that seems efficient or logical might not actually be a very effective approach to preventing obesity and may be an inefficient use of resources in the long run. And what seems like an urgent or major problem might require time-tested approaches to address.

Evidence-based approaches to obesity prevention, on the other hand, are programs, services, activities or strategies that have demonstrated effectiveness supported by research.

Catagories of Evidence



ACTION
STEP

The USDA Food and Nutrition Service (FNS) developed a checklist, available at <https://snaped.fns.usda.gov/materials/checklist-evidence-based-approaches>, to help organizations select nutrition education programs and obesity prevention interventions that are evidence-based. The FNS has identified three categories of evidence that vary along a continuum according to scientific rigor, evaluation outcomes and research translation. The three categories are: research-tested, practice-based, and emerging.

Research tested category of evidence:

The first step involved in choosing evidence-based strategies and interventions is to verify whether desired approaches have been recognized by groups of experts and researchers. According to FNS, strategies or interventions that have been reviewed for effectiveness by at least one government or scientific agency or that are listed in a registry reviewed by experts and researchers in nutrition education and obesity prevention are considered research-tested. Registries and summaries of population-level intervention strategies to help prevent and control obesity in children are outlined in the appendices at the end of this section.

If the strategy or intervention you are considering is not recognized by a government or scientific agency or group of experts, then you could search for evaluation results showing positive impact that have been published in at least one peer-reviewed journal article and that have shown significant positive effects when tested against some type of control condition. Approaches that meet these criteria are also considered research-tested.

Helpful Hint: For more information on how to search and evaluate the scientific literature for evidence-based public health interventions, a brief tutorial is available online at <https://phpartners.org/tutorial/04-ebph/2-keyConcepts/4.2.5.html>.

Practice tested category of evidence:

Practice-based evidence refers to interventions that have been developed and tested in practice, not just in research settings (Leeman et al. 2011). One advantage of practice-based evidence is that these interventions are often more feasible to implement and more compatible with existing community efforts than researcher developed interventions. These interventions add a source of “best available evidence” to guide community-level practice (Leeman et al., 2011).

Practice-based interventions meet the following criteria:

1. Potential public health impact – Has the intervention satisfied the criteria of the RE-AIM framework (Glasgow, Vogt & Boles, 1999) including reach, effectiveness, adoption, implementation and maintenance? More information about the RE-AIM framework is available at www.re-aim.hnfe.vt.edu/index.html.
2. Dissemination readiness – Is the intervention replicable? Are its materials/supporting documents available for download and of useable quality?
3. Effectiveness – Did the intervention demonstrate positive results? If so, could the results have been due to other factors, or is there sufficient evidence to suggest that they were the result of the intervention (i.e., was a control group used)?

Strategies or interventions that have not been research-tested but that have at least one evaluation report or case study that shows positive changes in behaviors, environments or obesity prevention policies are considered practice-tested. Intervention strategies focused on the outer policy/system change ring of the social ecological model often fall into this category.

Emerging category of evidence:

Emerging approaches are interventions that have not been thoroughly tested but are considered to have potential for effective obesity prevention. These approaches typically meet criteria 1 & 2 – potential impact and dissemination readiness- of the practice-based intervention criteria. Additionally, criteria for selecting appropriate emerging approaches include:

1. Alignment with the current government-issued guidelines such as the Dietary Guidelines for Americans and the Physical Activity Guidelines for Americans
2. Consideration of characteristics, needs, values and preferences of the target population, such social and linguistic needs of cultural groups and budgetary and time constraints of low-income groups.
3. Anticipated evaluation data that demonstrates changes in individual behaviors, food and/or physical activity environments or obesity prevention policies.
4. Potential to address implications of state- or community-level needs assessments and state- or local-level priorities and strategic plans.
5. Potential to result in a substantial health impacts

Choosing effective evidence-based approaches to obesity prevention and health promotion involves integrating the best research evidence with the best available practice-based evidence. Systematic reviews of scientific literature and research study findings reported in one or more academic journal articles are considered the most objective sources of evidence, while media data and personal experience are considered the most subjective.

Types of Findings

In addition to the three categories of evidence, there are three different types of scientific findings that may be considered when interventions are evaluated for their evidence-base. Each type suggests either: something should be done, which specific approaches should be taken, or how an intervention should be done (Brownson, Fielding & Maylahn, 2009).

Type 1 defines the causes, severity, and preventability of diseases and associated risk factors. It suggests that something should be done.

Type 2 describes the relative impact of specific interventions, suggesting specific approaches that should be taken.

Type 3 shows how and under which contextual conditions interventions were implemented and their associated impacts, suggesting how something should be done. This is the most useful type of evidence to consider when selecting an intervention strategy for a specific community. Unfortunately, though, the least amount of evidence exists for Type 3, especially for some interventions most likely to influence whole populations, such as policy change (Brownson, Fielding & Maylahn, 2009).

Helpful Hint: If type 3 evidence is lacking for an intervention that you are interested in implementing in your community, consider its “active ingredients” to maximize your success. Brownson, Fielding & Maylahn (2009) describe “active ingredients” as the essential elements of an intervention that will produce desired results.



COALITION ACTIVITY

To test your knowledge of evidence-based interventions, read through each scenario and decide whether the intervention described is research-tested, practice-based or neither.

Scenario 1: A coalition chooses to implement a multicomponent intervention in a local early childcare facility. The intervention consists of staff training, changes to practices within the center, and outreach to parents. The coalition, located in the state of New Jersey, found out about this intervention by reading an evaluation report released by the New York State Department of Health (NYSDOH). This evaluation was published on the NYSDOH webpage after a public health professional working for the health department compared baseline and post-intervention outcomes of 12 participating centers to 12 centers who did not participate in the intervention.

Scenario 2: A coalition chooses to implement a healthy corner store intervention based on an article that one coalition member found in an academic journal. In the journal article, researchers wrote about the effectiveness of various components of healthy corner store interventions such as providing technical assistance to store owners, increasing the availability and visibility of fruits and vegetables in corner stores, and conducting in-store nutrition education and outreach to customers.

Scenario 3: A coalition chooses to offer cooking classes for parents of preschoolers in a local community center because coalition members strongly believe that children need to learn how to prepare healthful food at a young age. The coalition does not use a prepared curriculum for their classes; rather, a coalition member who used to work as a chef chooses a recipe to guide the participants through each class.

Answers: Scenario 1: practice based Scenario 2: Research based Scenario 3: Neither

Here are a few examples of multi-component evidence-based interventions from the Communities Preventing Childhood Obesity project:



- In one county in Kansas, gardening infrastructure is in place for all ages, including preschoolers. This intervention includes activities in several towns, plant stands at two high schools, and Farm to Fork lessons for preschoolers accompanied by tomato plants being sent home with families.
- In Indiana, two communities (unknown to each other) purchased the Born Learning Trail kit to enhance and revitalize community trails encompassing early learning and encouragement of activity for children and families.
- In North Dakota, one community compiled physical activity bags for parents to check out at their children's preschool. The bags contain fun, skill building activities and equipment that kids could use indoors during the long winters.
- In Wisconsin, one coalition embraced the concept of "making the healthy choice the easy choice" and initiated dialogue and construction of a walking and biking trail with convenient access for families with young children. In addition, the coalition worked on a systems wide effort to create positive branding around walking and biking in a community that has identified more with motorized sports.

Pairing Education and Messaging with PSEC

While the use of policy, systems and environment change (PSEC) is a powerful childhood obesity prevention strategy, it is also important to consider the use of education and messaging to support changes made at the outer level of the Ecological Model of Childhood Obesity. When selecting educational messages to use in interventions, look for evidence-based strategies because some messages and types of messaging have been proven to be more effective than others. A study of consumers conducted by Darden Restaurants and the National Restaurant Association found that when educational messages are used to accompany calorie counts on restaurant menus, there are ways to frame those messages that appeal to consumers. The same messages framed in different ways, however, can actually annoy consumers. Lessons learned from this study include:

- **Keep messages POSITIVE:** Messages that preach the consequences of too many calories or contain negative words and phrases will be ignored.
- **Emphasize the YOU:** Everyone wants to feel in control, so remind them that having calories on the menu puts them in the driver's seat.
- **Provide a RULE OF THUMB:** General guidelines, such as four ounces of juice per day for preschoolers, provide context that consumers need.
- **Remind them of their RESOURCES:** Resources are helpful, but don't be too 'bossy' about when and how to use them.
- **Respect the OCCASION:** Dining out at a "sit down" restaurant is usually a special occasion. Analogies that sound like too much work (like label reading or budgeting) aren't likely to be successful.

Implementing Evidence-Based Interventions in Rural Communities

Coalitions in rural areas often have few members who can devote attention to selecting evidence-based strategies and limited time available for the process of comparing and adapting interventions. They also have limited financial and human resources available to devote to numerous activities within multi-component strategies.

Comments from coalition members in Communities Preventing Childhood Obesity communities indicate that they experienced challenges related to using evidence-based strategies.

"I think the intervention still has to be a good match. I think it's important to at least have evidence-informed tools, but I think it has to be a good match. It still has to fit within the constraints of our work, the financial resources we have, the time and place that we have."

"My more personal feeling about evidence-based interventions is anything that shows results, and I think we have to use that in our area because we are so rural. A lot of times those sort of canned activities or those that are coming all in a kit don't necessarily fit an organization our size, and so a lot of times, you know, the ideas that we can come up with locally that show results for our population, to me, is evidence based but obviously, you know, there are people who disagree. We try to do both here, you know, use some of those that are evidence-based and then also, you know, do some stuff that's more, I don't know, more specific to our area."



At the same time, coalitions in rural communities can be more nimble than those in larger urban settings because there may be fewer and smaller private organizations and government agencies, greater connectedness or more direct communication among community decision-makers and stakeholders, and/or a greater trust in or awareness of coalition members and their work. Although the quotes from coalition members in CPCO communities provided in this section reflect challenges related to using evidence-based strategies in rural communities, they also indicate that these coalition members found value in using tried and tested strategies to childhood obesity prevention. The nimbleness rural communities can help coalitions find and adapt evidence-based strategies appropriate for their situations.

SUMMARY

In this chapter you learned how to define evidence-based interventions, how to differentiate between types of evidence-based interventions, and where to look for evidence-based interventions. You also learned how to identify elements of multi-component, multi-level childhood obesity prevention initiatives that can support their success, even when evidence seems to be lacking. Keep in mind that pairing education and messaging with outer ring interventions can maximize your coalition's impact in the community, especially when messages are framed in a specific way to appeal to your target audience. Although it can be challenging at times to find and implement evidence-based interventions appropriate for your community, the effort is worthwhile as these strategies are the most effective and efficient way to use coalition resources.

Action Steps:

- Practice identifying evidence-based interventions using the checklist from the US Food and Nutrition Service
- Evaluate and select evidence-based strategies specifically appropriate for your coalition.
A guide to evidence-based prevention from the Health Policy Institute of Ohio, available at <http://www.healthpolicyohio.org/tools/health-policy-tools/guide-to-evidence-based-prevention/> may be a useful resource for your coalition
- Review the resource lists in the appendixes for possible evidence-based interventions that target various levels of the community.

ADDITIONAL RESOURCES FOR COALITIONS

Appendix 1 – Resources for Selecting Evidence-Based Interventions

Appendix 2 - Evidence-Based Nutrition and Physical Activity Interventions for the Prevention of Childhood Obesity

Appendix 3 – Menu of Interventions for the Communities Preventing Childhood Obesity (CPCO) project

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[CHAPTER 3: APPENDIX 1]

Resources for Selecting Evidence-Based Interventions Guides to General Population-Level Interventions

1. [The Guide to Community Preventive Services \(www.communityguide.org\)](http://www.communityguide.org)

The Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations (the Community Guide) evaluates and make recommendations on population-based and public health interventions. The Community Guide reviews evidence on intervention effectiveness, the applicability of effectiveness data, (i.e., the extent to which available effectiveness data is thought to apply to additional populations and settings), the intervention's other effects (i.e., important side effects), economic impact, and barriers to implementation of interventions.

2. [The Health and Medicine Division of the National Academies of Sciences, Engineering and Medicine \(http://www.nationalacademies.org/hmd/Reports\)](http://www.nationalacademies.org/hmd/Reports)

Formerly known as the Institute of Medicine, the National Academies and other organizations such as the U.S. Surgeon General's Vision for a Fit and Healthy Nation and the President's Childhood Obesity Task Force have put forward recommendations for childhood obesity prevention. Additionally, these organizations have put forward publications for decision makers and policy makers including the Local Government Actions to Prevent Childhood Obesity, the Early Childhood Obesity Prevention Policies, and the National Physical Activity Plan that move the field from research evidence to action.

3. [The Agency for Healthcare Research and Quality's Evidence-based Practice Centers \(http://www.ahrq.gov/research/findings/evidence-based-reports/overview/index.html\)](http://www.ahrq.gov/research/findings/evidence-based-reports/overview/index.html)

The Evidence-based Practice Centers Program of the Agency for Healthcare Research and Quality awards contracts to institutions in the United States and Canada to review scientific literature on a variety of health topics and produce various types of reports on their findings. These reports provide comprehensive, evidence-based information on the prevention and treatment of common health conditions, including childhood obesity.

Intervention Reviews

1. Foltz, J.L., et al. (2012). Population-level intervention strategies and examples for obesity prevention in children. *Annual Review of Nutrition*, 32, 391-415.

This review offers a list of population-level nutrition and physical education interventions that have demonstrated effectiveness in various settings including homes, schools, early child education centers, hospitals, and communities-at-large.

2. Dobbins, M., et al. (2009). Cochrane review: School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6-18. *Evidence-Based Child Health: A Cochrane Review Journal*, 4, 1452-1561.

This review offers a list of school-based interventions with demonstrated effectiveness in promoting physical activity and fitness in children and adolescents.

Websites

1. [The Center for Training and Research Translation \(Center TRT\)](http://www.centertrt.org/?p=find_interventions)
http://www.centertrt.org/?p=find_interventions

The Center TRT supports the efforts of public health practitioners working in nutrition, physical activity and obesity prevention by (1) reviewing evidence of public health impact and disseminating population-level interventions and (2) providing guidance on evaluating policies and programs aimed at impacting healthy eating and physical activity. An index of evidence-based interventions is available on their website. Each listing contained in the index includes an intervention overview, a detailed description of the intervention's core elements, resources required for implementation, implementation instructions, a public health impact review, and an evidence-review summary.

2. [Kansas Health Matters](http://www.kansashealthmatters.org/)
<http://www.kansashealthmatters.org/>

Kansas Health Matters is a website that was created by the Kansas Partnership for Improving Community Health to provide public health professionals and other community partners with resources and information related to improving community health. One such resource is an index of promising (evidence-based) practices.

3. [Child Trends](http://www.childtrends.org/what-works/)
<http://www.childtrends.org/what-works/>

Child Trends is a nonprofit research center that provides information on the wellbeing of children and youth to public health professionals and policymakers. Their website includes a searchable register of evidence-based programs that address topics such as youth education, life skills, physical health and mental health.

4. [The National Cancer Institute](http://rtips.cancer.gov/rtips/index.do)
<http://rtips.cancer.gov/rtips/index.do>

The National Cancer Institute has a searchable index of research-tested intervention programs for cancer prevention, including programs that address obesity, physical activity, diet and nutrition in both children and adults

5. [The Robert Wood Johnson Foundation](http://www.rwjf.org/en/our-focus-areas/topics/childhood-obesity.html)
<http://www.rwjf.org/en/our-focus-areas/topics/childhood-obesity.html>

The Robert Wood Johnson Foundation has been dedicated to reversing America's childhood obesity epidemic since 2007. Their website highlights a variety of policy and environmental strategies and approaches utilized by communities throughout the United States to promote healthy weight among children.

CHAPTER 3: APPENDIX 2

Evidence-Based Nutrition and Physical Activity Interventions for the Prevention of Childhood Obesity

Evidence-based interventions are programs, services, activities or strategies that have demonstrated effectiveness supported by research. They can be found by searching for literature reviews or published articles in academic journals, or in directories compiled by credible websites such as:

- The Community Guide (www.communityguide.org)
- Kansas Health Matters (<http://www.kansashealthmatters.org/>)
- Child Trends (<http://www.childtrends.org/what-works/>)
- The National Cancer Institute (<http://rtips.cancer.gov/rtips/index.do>)
- The Center for Training and Research Translation (http://www.centertrt.org/?p=find_interventions)

A selection of evidence-based interventions relevant to childhood obesity prevention are outlined in the tables that follow.

Interventions are organized by the five settings listed in the article by Foltz et al. titled *Population-Level Intervention Strategies and Examples for Obesity Prevention in Children: Home, Early Childhood Education (ECE), School, Hospital and Community*.

Program Name	Audience	Description	Source
Home Setting			
Eat Better, Eat Together	Families	Materials & curriculums to support family meal time	http://healthymeals.nal.usda.gov/features-month/october/eat-better-eat-together-month
We Can!	Parents, youth, community groups, organizations & health professionals	Tools & activities to promote healthy eating & active living	http://www.nhlbi.nih.gov/health/educational/wecan/
Taking Steps Together	Overweight children ages 7-17 & their parents	Nutrition & physical education curriculum	http://hcmc.org/foundation/HCMC_MAINCONTENT_421
Mind, Exercise, Nutrition... Do it! (MEND)	8-12 year old obese children & their parents	Nutrition & physical education curriculum	http://www.mendfoundation.org/
Collaboration for Health, Activity & Nutrition in	Parents of children ages 3-11	Nutrition education <i>plus</i> community collaboration to create environments that	https://fnec.cornell.edu/Our_Initiatives/CHANCE.cfm

Children's Environments (CHANCE)		promote healthy food & physical activity choices	
The RD Parent Empowerment Program	Parents of young children	Workshops on healthy eating & active living	http://www.sneb.org/documents/KER_Fact_Sheet_RD_Parent_Empowerment_Program.pdf
Early Childhood Education Setting			
Hip Hop to Health Jr.	Children ages 2-5	Nutrition & physical education curriculum	http://www.hiphoptohealth.com/
Healthy Inside, Healthy Outside	Children ages 2-5	Nutrition & physical education curriculum <i>plus</i> menu changes	Natale et al. (2014). Effect of a Child Care Center-Based Obesity Prevention Program on Body Mass Index and Nutrition Practices Among Preschool-Aged Children. <i>Health Promotion Practice</i> , 15, 695-705.
Brocodile the Crocodile	Children ages 3-5	Physical education curriculum	Dennison, B., et al. (2004). An intervention to reduce television viewing by preschool children. <i>Archives of Pediatric & Adolescent Medicine</i> , 158(2), 170-6.
Eat Well, Play Hard	SNAP-Ed families with preschool age (3-5 year old) children enrolled in low-income child care centers	Nutrition & physical education curriculum	http://www.health.ny.gov/prevention/nutrition/cacfp/ewphccs.htm
Color Me Healthy	Children ages 4-5	Nutrition & physical education curriculum	http://www.colormehealthy.com/
Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)	Child care centers	Policy assessment & development	http://gonapsacc.org/
Healthy Children, Healthy Weights	Child care centers	Training & technical assistance	http://columbus.gov/publichealth/programs/healthy-children-healthy-weights/
Coordinated Approach to Child Health (CATCH)	Pre-K children	Integrated nutrition & physical education curriculums	www.catchinfo.org/
Sports, Play & Active Recreation for Kids (SPARK)	Pre-K children	Physical education curriculums	www.sparkpe.org/

Playground Interventions	Young children	Environment change	Hannon & Brown (2008). Increasing preschoolers' physical activity intensities: An activity-friendly preschool playground intervention. <i>Preventing Chronic Disease</i> , 46(6), 532-6.
School Setting			
The Kindergarten Initiative	Kindergarteners	Nutrition education	http://www.centertrt.org/?p=intervention&id=1102&section=12
School/Community Gardens	School-age children	Garden-specific nutrition & physical education curriculums	www.edibleschoolyard.org http://www.kidsgardening.org/ http://www.lasprouts.org/curriculum/
Take 10!	Elementary school children	Short (10-minute) activity breaks that can be incorporated into the classroom	www.take10.net
Coordinated Approach to Child Health (CATCH)	K-8 th grade children	Integrated nutrition & physical education curriculums	http://catchinfo.org/
Sports, Play & Active Recreation for Kids (SPARK)	K-12 th grade children	Physical education curriculums; resources for recess activities, classroom activity breaks & afterschool programs; health messaging materials & healthy school report card assessments	http://sparkpe.org/
Lifestyle Education for Activity Program (LEAP)	Adolescent girls	Policy & environment change to support female-specific physical education curriculum	http://www.sph.sc.edu/usc_cparg/leap/index.html
Girls on the Run	Adolescent girls	Physical activity & life skills curriculum	http://www.girlsontherun.org/
Playground Interventions	School-age children	Environment change	Nielsen, G. et al. (2010). Permanent play facilities in school playgrounds as a determinant of children's activity. <i>Journal of Physical Activity and Health</i> , 7, 490-6.

			<p>Ridgers, N.D. et al. (2007). Long-term effects of a playground markings and physical structures on children's recess physical activity levels. <i>Preventive Medicine</i>, 44(5), 393-7.</p> <p>Willenberg, L. et al. (2010). Increasing school playground physical activity: A mixed methods study combining environmental measures and children's perspectives. <i>Journal of Science and Medicine in Sport</i>, 13, 210-6.</p>
The Out-of-School Nutrition and Physical Activity Initiative (OSNAP)	Elementary schools & school aged children	Policy assessment & development; health promotion materials	www.osnap.org
Eat Well, Keep Moving	4 th -5 th grade students	Nutrition & physical education curriculum	http://www.eatwellandkeepmoving.org/
Planet Health	6 th -8 th grade students	Nutrition & physical education curriculum	http://www.planet-health.org/
Healthy School Action Tools	Schools	Online self-assessment & action planning process for schools seeking to improve their health policies & practices	http://www.mihealthtools.org/hsat/
Healthier U.S. School Challenge	Schools	Resources for environment change	http://www.fns.usda.gov/hussc/healthierus-school-challenge-smarter-lunchrooms
Chef's Move to Schools	Schools	Website to help schools partner with local chefs	http://www.chefsmovetoschools.org/
Swap Your Snack	Schools	Resources to choose healthy options for vending, fundraising & special events	https://www.healthiergeneration.org/take_action/schools/
Action for Healthy Kids	Schools & parents	Toolkits & resources to create school wellness policies & healthy school environments	http://www.actionforhealthykids.org/
Community Setting			

Cooking Matters	Schools, food pantries & other community organizations that serve children, teens, adults and/or families	Nutrition education	http://cookingmatters.org/educational-tools
Let's Move!	Parents, childcare centers, schools, healthcare providers & community organizations	Toolkits, fact sheets & resources to promote nutrition & physical activity	http://www.letsmove.gov/
5-2-1-0 Let's Go! Toolkits	Schools, childcare centers, workplaces, hospitals, doctor's offices & other community organizations	Health promotion materials; support & resources to implement policy & environment change	http://www.letsgo.org/
Voices for Healthy Kids	Schools, childcare centers & community organizations	Toolkits & resources to implement policy & environment change	http://www.heart.org/HEARTORG/Advocate/Voices-for-Healthy-Kids_UCM_453195_SubHomePage.jsp
Kids in Parks	Families & communities	Enhancement & promotion of existing walking/hiking trails with signage & incentives	http://kidsinparks.com
Screen Free Week	Children, families, schools & other community organizations	Resources & messaging materials to organize or participate in a campaign promoting physical activity	http://www.screenfree.org/ http://www.commercialfreechildhood.org/
The VERB Campaign	Organizations that reach youth ages 9-13	Messaging materials to promote physical activity	http://www.cdc.gov/youthcampaign/
Joint-use Agreements	Schools & Organizations	Organizational policy development	http://www.rwjf.org/en/library/research/2012/02/joint-use-agreements-creating-opportunities-for-physical-activit.html
Healthy Food Environments Pricing Initiative	Hospitals	Development of pricing policies that encourage purchase of healthier items & discourage purchase of less healthy items.	http://centertrt.org/?p=intervention&id=1099

Healthy Vending Guidelines	Schools, childcare centers, workplaces, hospitals, government buildings & other community buildings	Development of vending guidelines to increase availability of healthy items & decrease availability of unhealthy items	https://www.cspinet.org/new/pdf/kc_vending_guidelines.pdf http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/resource/healthyvending.pdf
Healthy Corner Stores (i.e. Fresh Foods Here)	Low-income neighborhoods	Physical improvements to existing stores, technical assistance to store owners, promotional materials and events, etc.	http://healthystores.org/ http://thefoodtrust.org/
SNAP-Based Incentive Programs (i.e. Veggie SNAPS)	SNAP (Supplemental Nutrition Assistance Program) recipients	Dollar-for-dollar match of SNAP benefits at farmers' markets	http://doubleupfoodbucks.org/ https://www.wholesomewave.org/our-initiatives/
Complete Streets	Communities	Policy & Environment Change	http://www.smartgrowthamerica.org/complete-streets
Safe Routes to School	Schools & Communities	Policy, System & Environment Change	http://www.saferoutesinfo.org/

Menu of Interventions for the Communities Preventing Childhood Obesity (CPCO) project

Blue Cross Blue Shield Childhood Obesity Toolkit (Texas)

http://www.bcbst.com/providers/Childhood_obesity_tool_kit.pdf

A resource that includes education pieces for a variety of community professionals. Helpful for both nutrition and physical activity programming initiatives.

California Project LEAN Curricula

<http://www.californiaprojectlean.org/>

California Project LEAN (Leaders Encouraging Activity and Nutrition) focuses on school age youth and parent empowerment, policy and environmental change strategies, and community-based solutions to increase healthy eating and physical activity to reduce the prevalence of obesity and chronic diseases such as heart disease, cancer, stroke, osteoporosis, and diabetes. This link provides strategies for engaging parents in school wellness policy.

Center for Weight and Health – Children 0-5 Resources

<http://cwh.berkeley.edu/>

A variety of tools, activities, and education handouts that focus on increasing both physical activity and nutrition in young children.

Color Me Healthy

<http://www.colormehealthy.com/>

From the Center for Weight and Health Website created by North Carolina Research and Extension, this program is a colorful and fun way to increase vegetable consumption and physical activity time in children. The site contains a full curriculum, ready to print handouts, and all materials needed for this specific program.

Cornell—Nutrition Works Program

<https://www.nutritionworks.cornell.edu/>

A free membership that includes a variety of professional advice. Usable for all community members.

Creating Healthy Communities (CHC)

<http://www.healthy.ohio.gov/healthylife/createcomm/chc1.aspx>

The CHC Program uses population-based, evidence-based approach to expand and enhance a community's ability to develop policies, systems and environmental changes that can prevent chronic disease. The CHC Program developed a "Healthy Communities Checklist" to use as an environmental scan for the urban and rural/suburban communities. This allows the counties to establish a baseline assessment of health programs available in each priority community as they relate to environmental, systems and policy issues specific to chronic diseases.

Denver Urban Gardens

http://norcalheal.cnr.berkeley.edu/docs/DUG_Growing_Community_Gardens.pdf

This resource was created by the Denver Urban Gardens project. Since 1985, this program has been utilized in other community health improvement toolkits. This tool provides a step-by-step process of how to create community gardens in local communities, materials needed, and a monthly check-list for guidance.

HAPPE: Toddlers in Physical Play

<http://www.naeyc.org/files/yc/file/200605/ParishBTJ.pdf>

Educators at the Health and Human Performance Department of Auburn University, in Alabama, have made significant strides in developing and implementing a theoretically based physical activity program, High Autonomy Physical Play Environment (HAPPE). HAPPE motivates and engages toddlers in physical play and builds basic motor skills that are the foundation for lifetime activity.

Healthy Community Legislation (State/Community Specific)

<http://www.ncsl.org/research/health/healthy-community-design-and-access-to-healthy-foo.aspx>

Up-to-date legislation news regarding bills, policies, and future information about healthy communities across the nation.

Healthy Youth Physical Activity Guidelines

<http://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>

This CDC website has a variety of handouts, informational sheets, and program ideas.

I am Moving, I am Learning

<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil>

A physical activity and nutrition intervention designed to incorporate daily healthful habits into the lives of children in Head Start classrooms.

Institute of Medicine of the National Academies (IOM): Early Childhood Obesity Prevention Policies

<https://www.nationalacademies.org/hmd/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx>

The IOM States, “The IOM reviewed factors related to overweight and obesity from birth to age five, with a focus on nutrition, physical activity, and sedentary behavior. In this report, the IOM recommends actions that healthcare professionals, caregivers, and policymakers can take to prevent obesity in children five and younger. “

Mind, Exercise, Nutrition... Do It! (MEND)

<http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-10-220>

A physical activity and nutrition education program for parents of children ages 2-4.

National League of Cities (NLC)

<http://www.nlc.org/find-city-solutions/institute-for-youth-education-and-families>

A compilation of many different tools and programs. Specific topics can be found through interactive links specific for childhood obesity.

Nutrition, Physical Activity, & Obesity in Rural America: A Summary of Current Research

<http://files.cfra.org/pdf/Nutrition-Physical-Activity-and-Obesity-in-Rural-America.pdf>

This report summarizes and describes research done to date on childhood obesity in rural areas across the U.S. Also includes action steps and suggestions on how to address the issue.

Recommended Community Strategies and Measurements to Prevent Obesity in the United State

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

The objective of the Measures Project was to identify and recommend a set of strategies and associated measurements that communities and local governments can use to plan and monitor environmental and policy-level changes for obesity prevention. This report describes the expert panel process that was used to identify 24 recommended strategies for obesity prevention and a suggested measurement for each strategy that communities can use to assess performance and track progress over time.

Simple Suppers

<https://earlychildhood.ehe.osu.edu/>

Simple Suppers is a healthy cooking and nutrition education program for parents and their young children. The seven-lesson curriculum is currently being field tested with parents and their preschool-age children.

Steps to Health King County

<http://heb.sagepub.com/content/38/3/222>

One of 40 community-level initiatives funded in 2003 as part of the *Steps to a HealthierUS* initiative, *Steps to Health King County* sought to reduce health disparities due to chronic illness and reduce the impact of chronic diseases through a comprehensive, coordinated approach.

The Community Guide

<https://www.thecommunityguide.org/>

This helpful resource is completely free and provides a variety of community friendly programs for many health topics especially in the areas of nutrition, physical activity, obesity, and health communication.

The National Collaboration of Childhood Obesity Research

<http://nccor.org/index>

This national organization, created by the Robert Wood Johnson Foundation, combines current research, programming, and statistics to “improve the efficiency, effectiveness, and application of childhood obesity research, and to halt and reverse childhood obesity through enhanced coordination and collaboration”. This website is full of facts and educational tools for community and coalition use.

We Can! <http://www.nhlbi.nih.gov/health/educational/wecan/>

A great website for ideas, promotional tools, and educational resources to jumpstart community childhood health success.

Weight-Control Information Network (WIN): Healthy Community Kit

<https://www.niddk.nih.gov/health-information/health-communication-programs/win/win-health-topics/Pages/default.aspx>

A website that provides a wealth of helpful resources and programming materials focusing on obesity. Different interactive titles link the audience to specific resources for a variety of topics.



Chapter Four

USING A COMMUNITY COACH TO HELP YOUR COALITION IDENTIFY AND REACH ITS TARGET

Lead Author: Renee Oscarson, South Dakota State University

Objectives

In this chapter you will:

- Identify potential roles and benefits of a community coach
- Determine if your coalition wants to hire or access the services of a community coach
- Match the skills of current coalition members with specific skills a coach may have developed
- Practice coaching skills including active listening skills and developing powerful questions



Skeptic's Question

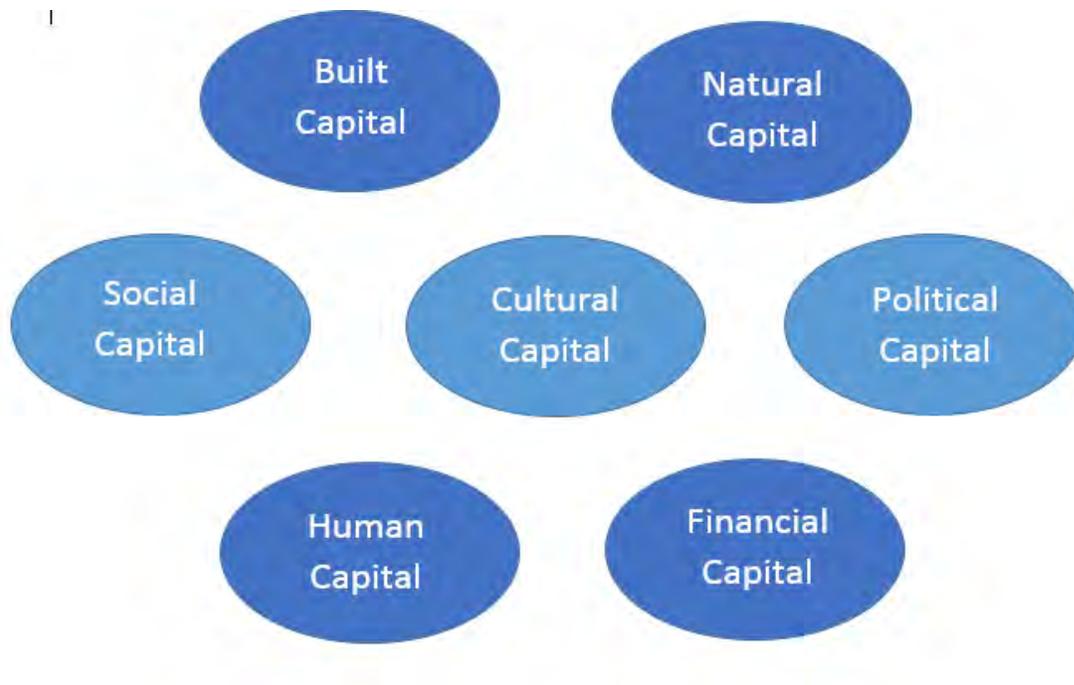
We're an established coalition with many talented members in our group. How could we benefit from a community coach?

Community Coaching is a specific type of coaching. A community coach is someone who works with a team of citizens, such as a coalition, that is working to create meaningful change in their community. A community coach, as defined by Emery, Hubbell and Salant (2005), "is a guide who supports communities and organizations in identifying and achieving their goals." The coach believes that the solutions to long-term community health are dynamic and complex. He or she supports the community change efforts of a coalition by encouraging practices that are broadly inclusive and integrated into community systems for sustainability.

A community coach can help a coalition to achieve effective structure and function, ensuring that coalition members are investing their time, energy and resources productively. They also help coalition members to consider their community interventions in terms of how the group's investments might impact multiple aspects of community life, or community capitals. When a community considers affecting change in light of these capitals, it is investing in its own successful and sustainable future.

Community Capitals

The Community Capitals Framework was developed by Cornelia and Jan Flora. They learned that successful community initiatives involved attention to the seven types of capital described in the Community Capitals Framework: built capital, cultural capital, financial capital, human capital, natural capital, political capital, and social capital. Additional information, including descriptions of each of the capitals, resources and publications related to this model are available at the Iowa State University Department of Sociology website, listed in the additional resources section at the end of this chapter.



Identifying Community Capitals



COALITION ACTIVITY

ACTION
STEP

As a coalition, take time to discuss how the community capitals impact childhood obesity. What capitals effecting obesity prevention are evident in your community? You may want to use a socio-ecological model, introduced in chapter 2, Considering Levels of Community Change, to examine how the capitals are related to the work you do in various levels of the community. How has the work of your coalition impacted these capitals?

To examine the resources in your community, your coalition may want to try a ripple mapping or asset mapping activity. Note that the ripple mapping activity described in the appendix is slightly different than the one described in chapter 5 Introducing Program Evaluation and Tools to Your Coalition.

Benefits of a Community Coach

In addition to helping a coalition focus on Community Capitals, which increase likelihood of sustainability, community coaches can also help a coalition to:

- Identify a long-term mission or vision
- Maintain focus on priority goals
- Create strategic plans
- Evaluate and reflect upon group efforts
- Move forward with initiatives in spite of setbacks
- Recognize and celebrate successes
- Plan for group sustainability



Should we Hire a Community Coach?

Given these potential benefits, should your coalition seek a community coach? Maybe! Realistically, the decision of whether to hire a coach and who to hire may be based both on your coalition's financial resources and the amount the coach charges.



Research related to coaching community coalitions is still in its infancy. That's academic jargon meaning that little to no research on the topic has been published in peer-reviewed journals, or that the research that has been published is inadequate to draw conclusions. Research in related areas suggests that community coaching may be beneficial for your coalition. For example, there are some tasks and times in the work of a coalition when community coaching may have greater impact than others. When you have clear, specific goals and the capacity within the coalition to achieve those goals, you may prefer not to seek a coach. However, preventing childhood obesity is a complex undertaking. Making progress toward the goal will involve multiple strategies, multiple levels and multiple people. The challenge becomes even greater in rural communities in which populations are more spread out and resources are often fewer.

Clutterbuck (2013) suggests that a team (or coalition) may benefit from a community coach when it:

- Is in the formation stage and needs to move to action quickly
- Is not performing as well as it could
- Wants to reinvent itself to meet challenges in its environment
- Acquires a new leader or changes membership significantly
- Is currently highly effective and successful and wants to keep ahead of the game

In the Communities Preventing Childhood Obesity project, coalitions with a community coach were found to move ahead more quickly during the first year. When analyzing community self-assessment data, Rockler (2015) found that coalitions with and without a coach changed in coalition function and efficacy during the first year of participation. However, change in measures of membership recruitment, coalition capacity and coalition communication were unique to the intervention (coached) group. This suggests that involvement of a community coach may be related to improvement in these measures.

Hiring a Community Coach

If your coalition decides that it would like to have a community coach, finding the right coach may be challenging. Community coaches are not licensed, and education or training for those who label themselves as coaches can range from no training at all to graduate degrees. Furthermore, initials following coaches' names may be misleading because certifications may be awarded after minimal (e.g., a day of) training. In other words, you will want to avoid choosing coaches just because they refer to themselves as coaches.

To increase the likelihood of finding a community coach that is appropriate for your group:

- 1) First of all, you should learn more about the role of a coach. For more information on this topic, take a look at the factsheet on community coaching published by Ohio State University Extension, listed in the additional resources section at the end of this chapter.
- 2) You also need to become clear as a group about why you might want a community coach. Coaching and community development knowledge and skills will vary from coach to coach. When you identify why and how your coalition might benefit from a coach, you will be better able to identify a coach whose skills match your coalition goals and/or needs. Plus, a coach will benefit from an accurate job description or a list of expectations.
- 3) To find a community coach who is appropriate for your group, identify potential coaches & interview them.
Possible interview questions for a community coach may include:
 - Describe your coach training and education
 - What experiences have you had coaching, leading, or participating in health-related coalitions?
 - How would you expect community development (and coalition development) principles or models to inform the work of the coalition and your coaching?
 - What success stories have you experienced from coaching coalitions?
 - Describe what you do during a coaching session or coalition meeting.
- 4) If you are in a sparsely populated rural area and have difficulty locating a coach, you may consider virtual coaching. A virtual coach may do all or some of coaching from a distance using telephone conference lines, Skype or similar services, or software designed specifically for group meeting.

Distance Coaching

"I've learned ways to distance coach: by phone, of course, but also by email, being careful with that because email can be misinterpreted. So when they send me a question, if they were initiating it, I would respond, and then I would get up and do something else, come back and read it, and I don't think I ever sent it out exactly as it originally came, as I originally wrote it, because when I came back to my desk, what I recognized was that some things were, in my rushedness, multi-tasking in our world, I had written them a little bit too short and terse, and I needed to stop to refine what I was saying to be sure that it reflected what I truly was trying to say to them. Often in the beginning of e-coaching I would do that process twice. I would get up and do something else again, I'd come back, the second time I would read what they asked me and I'd read what I wrote and I'd tweak the wording one more time."

-Community Coach

“Once I started to kind of text and talk and email the leaders more and became more inclusive with the group, I think that helped us all to work together better, which helped them move forward. So that, I think, is a big thing. Also, just helping them be organized in a way, like, just putting things out in front of them, because they would have really good ideas and they would come up with plans in the meeting and they would leave the meeting each individually writing down what they were going to do between now and the next meeting. I started sending a newsletter and reminder, you know, like send a couple of things to the group throughout the whole month, I think just putting that back in front of them and letting them see how it’s all coming together and see the bigger picture and holding them accountable to what they said they were going to do, I think that helped move things forward, too.” - Community Coach

Skills of a Community Coach

In lieu of hiring an outside person to work within your coalition as a community coach, you may also consider training and hiring an existing coalition or community member as a coach. There may be coaching-related skills that your coalition members already have. A coalition member who is an experienced teacher, for example, may have excellent reflection skills. Another coalition member may have skills in strategic planning. People from multiple professions have training in active listening. In fact, someone may be demonstrating a specific function of a coach without realizing that he/she is doing so. For a coalition focused on childhood obesity prevention (or any task that requires change at the cultural or political level), a community coach must recognize that a variety of factors arising from multiple sectors of the environment impact the problem.

Perhaps a member of the coalition is able to see a “big picture” without only (or primarily) seeing the importance of input related to his/her own organization. If so, this member might serve the coach role of regularly asking questions that prompt other members to think about how to address the problem at hand. To complement the person who asks questions about the big picture, another coalition member may have the ability to lead the coalition in reflecting on how coalition activities pertain to group goals.

“Our community coach asked questions of the group to encourage members to reflect on group activities and think critically about how group activities pertain to coalition goals really well. She would ask, ‘What’s our mission? How does this activity fit into that mission? Who else needs to be at the table? How do I get organized? How do we streamline? How do we communicate?’ things like that. The coach was coming to the coalition and that was her role, you know, so it was kind of on her radar to say “okay we need to deal with x,y,z, and a,b,c, but then also not forget about all of these other aspects as well.” And then, this is, like for myself, I would go to a coalition meeting with the habit of thinking about our activities in addition to all of the other things I’m doing in my job. And so I think what was good about the coach was that she was constantly asking ‘how are we moving the coalition forward? Are we considering all these different aspects? How can they be stronger?’ She had a game plan and she wanted us to be aware of our strengths and then also things that we needed to improve on. And so that was definitely a benefit. Our coalition members, we were kind of thinking about specific roles and not always would we think about the big picture, but we were kind of concerned with our individual aspects.” - Coalition Member

“This gentleman who has come on the coalition recently said at the meeting this month “I don’t know, I really don’t have expertise in these things you guys are talking about.” Because this year, they (the coalition) actually picked a theme for the year, and it’s going to be Water First for Thirst. And it’s also going to be working with other agencies and organizations related to drugs to see how we fit into that, what we can do to help. But he said “I really have no expertise in either one of those things, so I don’t know if I need to stay on the board, on the coalition.” And the group said no, we need you. We need your input. And I said to him after the meeting “I’ll tell you what. I hand to you the community coaching responsibilities. You can become their coach. You don’t understand exactly those topics of drugs and water, but you do understand how to help move people forward. And you’ve asked questions.” In the few months that he’s been on there, he’s asked questions that have been those big picture questions that have helped them then refine the pieces needed in order to do that. And so I said “you have the skills in asking questions. I, when I am out of here mid-March, I hand over to you the torch.” And he said “I could do that.” And so, you know, so it’s another way to – and he’s only been on that board for maybe, well, maybe it’s been five or six months. And so, in a short period of time, I’ve been able to develop a relationship with him where it worked to do that.” - Community Coach

“I think the community may not even realize what I did because I did not make a point to teach them about coaching. I did it by example. I asked questions and helped them through the process of things- hopefully they would catch on that that’s what I was doing. Now I don’t know if that completely happened or not, because sometimes I think some of the people in the meetings, they never really understood what was my role and what I was doing, especially toward the end because I didn’t have to do as much because our group got so much better and more efficient.” - Community Coach

“Our coalition was one that had a community coach, and that community coach, you know, we realize she’s not a part of the coalition, but one of the things that happened was it made us all more aware of those kinds of questions. So we kind of got used to that way of thinking. So now we have a member who is likely to ask questions, and it does make us stop and think about “why are we doing this again?” and “is this the best use of our resources?” So it does improve our work.” - Coalition Member

Big Picture Questions



ACTION
STEP

COALITION ACTIVITY

Think about your group. Who asks the “big picture” questions? Which of your coalition members helps or might help you reflect on coalition processes, activities, or impacts?

Whether a coalition chooses to hire a coach or to train an existing member as a community coach, there are a variety of skills and techniques which cut across professions that may benefit your group. In review, these skills/experiences might include:

- Active listening
- Powerful questioning
- Brainstorming
- Critical reflection
- Group facilitation
- Strategic planning

Coaching in Rural Communities

Rural communities vary considerably in terms of population density, resources, distance from a major population center and demographics. Fewer trained coaches may be available in rural communities; yet coaches who do live and work in rural areas, particularly those trained in rural community development, are likely to be more aware of the dynamics and diversity of rural communities. Rural coalitions will want to carefully examine the scope of their mission, the skills and experiences of available coaches, potential costs, and professional backgrounds and skills of people within their own or neighboring communities.



During some coalition processes and tasks, utilizing the services of an experienced coach may be most beneficial. Coalitions also have the option of requesting that someone locally accessible be trained as a community coach; coalitions making this choice should be aware that coaches will experience a “learning curve” and will gain experience over time. Or, coalitions may decide to look for specific coaching skills among coalition members and assign individuals to the tasks of active listening or big-picture questioning. Sometimes, a coalition may be content with business-as-usual. That is, many factors contribute to whether and how to choose a community coach for a rural community.

SUMMARY

In this chapter you learned potential roles and benefits of a community coach, common skills of a community coach, and how to match the skills of current coalition members with specific skills a coach may have developed. Do you think your coalition could benefit from a community coach? Think about whether there is someone in your group who asks big picture questions, encouraging members to regularly reflect on coalition activities and goals.

Action Steps:

- At a coalition meeting, discuss how the community capitals impact childhood obesity in your community
- Identify whether there is a member of your coalition who asks the big picture questions
- Review and make use of the resources for building specific coaching skills that are listed in the appendix to this chapter

ADDITIONAL RESOURCES FOR COALITIONS

Co-active coaching: Changing business, transforming lives (3rd ed.). Boston: Nicholas Brealey Publishing.

Community Capitals Framework from the Iowa State University Department of Sociology website:
<http://www.soc.iastate.edu/staff/cflora/ncrcrd/capitals.html>

A Field Guide to Community Coaching: <http://kenhubbell.com/pdfs/FIELDGUIDE-version-1final.pdf>

Engaging in Sustainable Community Change, A Community Guide to Working with a Coach:
<http://www.kenhubbell.com/pdfs/Engaging.pdf>

International Coach Federation, Core Competencies: <http://www.coachfederation.org/icfcredentials/core-competencies/>

Ohio State University Extension Factsheet on Community Coaching:
http://ohioline.osu.edu/bc-fact/pdf/Community_Coaching_to_Enhance_Coalition_Capacity_and_Effectiveness_CDFS_6_14.pdf

Southern Rural Development Center. Coaching for Community Change:
<http://srdc.msstate.edu/fop/levelthree/trainarc/coaching/coachingintro.pdf>

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CHAPTER 4: APPENDIX 1

Instructions for Ripple Mapping using the Community Capitals Framework

The following Ripple Mapping instructions were developed by Mary Emery, Ph.D. and presented to the Southern Rural Development Center on December 9, 2013.

The purpose of these instructions is to describe the Ripple Mapping process using the Community Capitals Framework. Ripple Mapping may be used to plan an initiative, as well as assess impact.

Instructions for Ripple Mapping Impact

1. Welcome and agenda review
2. Purpose of the activity is to look at how the work has made a difference in the community and to use that information to think about what we can learn from our work together, how we can use that information going forward and how we can evaluate that work.
3. Begin by asking people to share in pairs for about 5 minutes how they feel their work has made a difference in the community.
 - a. Consider your work in the community and focus in on specific aspect of that work that you feel has made a real difference in the community.
 - b. Find a partner you have not talked with in a while and share your stories for about 5 minutes.
 - c. In the large group ask people to list the impacts.
 - d. Use the information shared to help the group come up with the topic for the center of the map.
4. Write the capitals around the edges of the map with a brief explanation. I usually use black to write the capitals and the idea in the center of the map.
 - a. Start with natural capital because it frames what is possible in a place. Natural capital includes natural resources assets as well as those in our environment. For communities interested in tourism or those focused on farming, natural capital is very important.
 - b. We often think of cultural capital in terms of language, dress, traditions, music, etc. but cultural capital also includes our everyday ways of thinking and doing. Some communities might say for example, “a great asset here is our work ethic.” That is an example of cultural capital.
 - c. Human capital refers to our health, knowledge, skills and understanding. It also includes self-efficacy or our belief we can make things happen.
 - d. When we talk about social capital, we are focusing in on connections and relationships. We want to look at the networks people are involved in including those where people know each other well and bond together as well as those that are based on weak ties but link us to resources and information. Social capital exists where there are norms of reciprocity and trust.

- e. Political capital is often thought of in terms of policy, laws and running for office. Political capital includes the carrots and sticks that encourage certain types of behavior, but it also is about whose voices are heard and respected.
 - f. Financial capital is most often a focus of community development efforts. It includes not only loans and investments but also gifts and philanthropy. Investments in financial capital lead to increases in profits, jobs and businesses.
 - g. Built capital is our infrastructure from the roads we drive on to the towers that support our cell phone service and access to the Internet.
5. Confirm the topic for the center of the map
 6. Explain the three levels of ripple process and that the purpose of this tool is to better understand the impact of our work by thinking about it as a pebble or boulder in the community pond. Using the capitals to frame this discussion helps us think about the whole community and avoid overlooking some aspects. Some find it helpful to draw three rings around the center topic with ring 1 representing the first ripple right around the topic, ring 2 around that ring, and ring three representing the outside ring.
 7. Begin mapping the first ripple with the question – what are people doing differently? Put the items generated during the first ripple discussion near the center in the section of map in re region of the map framed by the capital they represent. When the map is done, you should be able to see all the social capital impacts, for example, in one section of the map. Probe for more ideas by asking about changes in the capitals not yet mentioned.
 8. Begin mapping the second ripple by focusing on items in the first ripple and using questions like: “who is benefitting and how, how is the fact that people are doing things differently affecting others?”
 - a. Use a different color, so the ripples are evident in the colors scheme.
 - b. Draw an arrow from the item in the first ripple to the item in the second. Sometimes there are multiple arrows. The arrows will show the process by which change was accomplished which can inform new efforts.
 9. Begin mapping the third ripple by asking the question, “What changes are you seeing in the community’s systems and institutions and organizations? Are everyday ways of thinking and doing changing? How?”
 - a. Use a new color
 - b. Use an arrow to link items in the second ripple to those in the third ripple.
 10. Ask, “What do you think the most significant change is on the map? Why?” Use red to star those items.
 11. Initiate a brief discussion on how the map can help with evaluation. Looking at the map and thinking about the impact of your work, what questions about your work would you like to have answered? Are their items on the map for which data is already available?
 12. Initiate a brief discussion on how this reflection process can provide insights into next steps. “What are the implications of what we learned about our impact from the mapping that will be helpful in our next round of our work?” “What additional stakeholders should we add to our advisory committees or project committees based on how we are impacting the community?”

Ripple mapping can also be used to help plan an initiative. Here the questions would be, “if we are successful, what will people be doing differently, how will that make a difference, and what changes do we hope to see in organizations, everyday ways of thinking and doing, and community/neighborhood characteristics.”

The results of a ripple mapping activity can be used to populate a logic model.

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Mapping Report Template

Name of group:

Location (town/city and state)

Number of participants: youth: adults:

Notes about group members:

Facilitator:

Context notes:

Instructions: Enter items from the map, adding additional information where needed for context. For each item, indicate Forms of Capital: B=Built, H=Human, F=Financial, S=Social, C=Cultural, N=Natural, P=Political

Indicate items starred as most significant, circled as bonding activities, and marked with triangle as items that built new relationships.

Insert as many additional rows as are necessary to capture the relationships in your map. If an item on the outer circle is connected to more than one inner circle item, it should be repeated to show that it is related to both.

Context of the activity. Who was involved - time, funds, intensity?	Activity's Short-term change. How have you changed the community?	Activity's mid-term change. Who benefits and how? How is changed behaviors affecting others?	Systems and long-term change. Are there changes in the way community groups and institutions do things?
<p>Sample 1 4-H club: 10 youth (ages 12-18) 2 adult partners procured \$500 Park & Rec funds to improve park for young families to use Meetings:</p> <ul style="list-style-type: none"> • 1 training • 2 planning • 1 public forum • 6 wks 3-hr work sessions • Additional 15 people (ages 5-60) worked at sessions 	<p>Sample B Parks improvement—purchased swing set, built pavilion, pit toilets</p>	<p>Sample B Local and visitors' kids have places to play</p> <p>H Kids start earlier physical activity</p> <p>P Youth learned to participate in public meetings</p>	<p>Sample C Community calls on youth for resources (e.g. Glacial Gardeners asked for help with tech.) 2 stars for most significant change</p> <p>S Community trusts that youth will not get out of control, will be productive.</p>

After mapping - comments/insights by participants about the mapping activity:

“After you left the 4-H volunteers were sharing with parents about the types of community connections and contributions the group discussed. This was very eye opening in that the volunteers showed pride.”

“The session was very interesting and helped me to see how very much we do as a club. Sometimes I get the narrow view and you sure widened the horizons for me.”

Ways in which the group will use this information: Grant Completion Report to Park & Recreation & Garden Club & Cooperative Extension; Pull quotes for newsletter article.

Potential Skills of a Community Coach

Whether a coalition chooses to hire a coach or to train an existing member as a coach, there are a variety of skills and techniques which cut across professions that may benefit your group. These skills/experiences might include:

- Active listening
 - <http://www.charmmdfoundation.org/resource-library/active-listening>
 - <http://www.buildingpeace.org/train-resources/educators/activities-and-lesson-plans/what-active-listening>

- Powerful questioning
 - <https://design.umn.edu/about/intranet/documents/AppreciativeInquiry-Asking%20Powerful%20Questions.pdf>
 - [https://www.principals.ca/Documents/powerful_questions_article_\(World_Cafe_Website\).pdf](https://www.principals.ca/Documents/powerful_questions_article_(World_Cafe_Website).pdf)

- Brainstorming
 - Forbes (2013, March 5). 4 Steps to Successful Brainstorming. <http://www.forbes.com/sites/susanadams/2013/03/05/4-steps-to-successful-brainstorming/#7cfe53a088f>
 - TEDBlog (2014, October 27). How to run a brainstorm for introverts (and extroverts too). <http://blog.ted.com/how-to-run-a-brainstorm-for-introverts-and-extroverts-too/>

- Critical reflection
 - http://schools.nyc.gov/NR/rdonlyres/78916EEA-A307-48A8-B489-15F9F6FC4800/0/ProfLearning_Activity8.pdf (Consider adapting this activity for your coalition)
 - https://www.uvm.edu/~dewey/reflection_manual/activities.html

- Group facilitation
 - <http://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/group-discussions/main>
 - <http://oqi.wisc.edu/resourcelibrary/uploads/resources/Facilitator%20Tool%20Kit.pdf>

- Strategic planning
 - <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning>
 - http://kresge.org/sites/default/files/A_Guide_to_Strategic_Planning.pdf



Chapter Five: INTRODUCING PROGRAM EVALUATION AND TOOLS TO YOUR COALITION

Lead Authors: Bette Avila, Michigan State University Extension & Jenny Lobb,
Ohio State University Extension

Objectives

In this chapter you will learn:

- Why program evaluation is important
- How to differentiate between types and components of program evaluation
- Where to find tools to conduct program evaluation



Skeptic's Question

If we can see that what we're doing is making a difference
in our community, why would we need to evaluate our efforts?

Program evaluation is important for many reasons. It can help a coalition to:

- Document the results of programs being conducted
- Identify areas where interventions may be improved
- Ensure that science is used as the basis for decision-making on public health issues
- Make sure that programs and processes are implemented as intended
- Obtain funding from stakeholders
- Recognize small successes and quick wins

"It lets us know where we are, if we're on track, if we've met our objectives." - Coalition Member

*"I think it's important because how in the world else are you going to figure out if what you did worked?"
Coalition Member*

"It's very important to know whether the time and resources spent on our efforts were worthwhile. Sometimes we get caught up in doing an intervention because we think it's a good idea, but not always knowing whether or not it has truly made an impact on the community or has been a wise investment of time and money."-Coalition Member

“I think it’s super important because when we’re looking for funding and talking with local governments and things like that, if you can’t show that your project worked, then your likelihood of getting them to support what you’re doing and get funding and get general support is low. You’re not going to get it.”
 - Coalition Member

“I think it’s really important. As professionals we see what we think the community needs, but sometimes what the community actually needs may be a little bit different. And so those evaluation tools are important to figure out what their needs are and also what they’re getting out of the experience, because we may be teaching something that makes perfect sense to us, but if they leave confused, then we aren’t fulfilling their needs.” - Coalition Member

There seems to be obvious value to program evaluation, a process described as a systematic and ongoing method of evaluating public health actions and policies, including childhood obesity prevention interventions. Program evaluation is an important process for determining which initiatives are best to alleviate the problem of childhood obesity.

There are two main types of program evaluation: process evaluation and outcome evaluation. Both can help a coalition to use their resources effectively and efficiently when choosing programs, activities and interventions to implement (American Academy of Pediatrics, 2008). Take a moment to review the chart on this slide to see the similarities and differences between the two types of program evaluation.

Types of Program Evaluation

Type of Evaluation	Questions Asked	Purpose	Methods
Process	1. Is our program proceeding as planned? 2. Are we completing the activities necessary to lead to the desired change?	To determine whether specific program objectives were met by the coalition and whether the programs were carried out as intended.	Surveys, interviews, focus groups and observations that allow evaluators to gather information and feedback from community members.
Outcome	1. Is my project making a difference? 2. Are we reaching our desired outcomes?	To determine whether coalition efforts have influenced the health of the community and provide a big-picture view of what the coalition has accomplished over time.	Surveys, interviews and document review (i.e. public health reports and statistics) to detect changes in community health status over time

Components of Program Evaluation

The Centers for Disease Control and Prevention (CDC) offer a step-by-step explanation of program evaluation that includes six primary components:

1. Engage stakeholders
2. Describe the program
3. Focus the evaluation design
4. Gather credible evidence
5. Justify conclusions
6. Share lessons learned



ACTION
STEP

COALITION ACTIVITY

The **first step** in the CDC's explanation of program evaluation is to engage stakeholders. Stakeholders are people who are interested or invested in the work of the coalition. A stakeholder identification worksheet from the CDC may help your coalition to recognize its stakeholders. A worksheet is available at www.cdc.gov/eval/index.htm.



ACTION
STEP

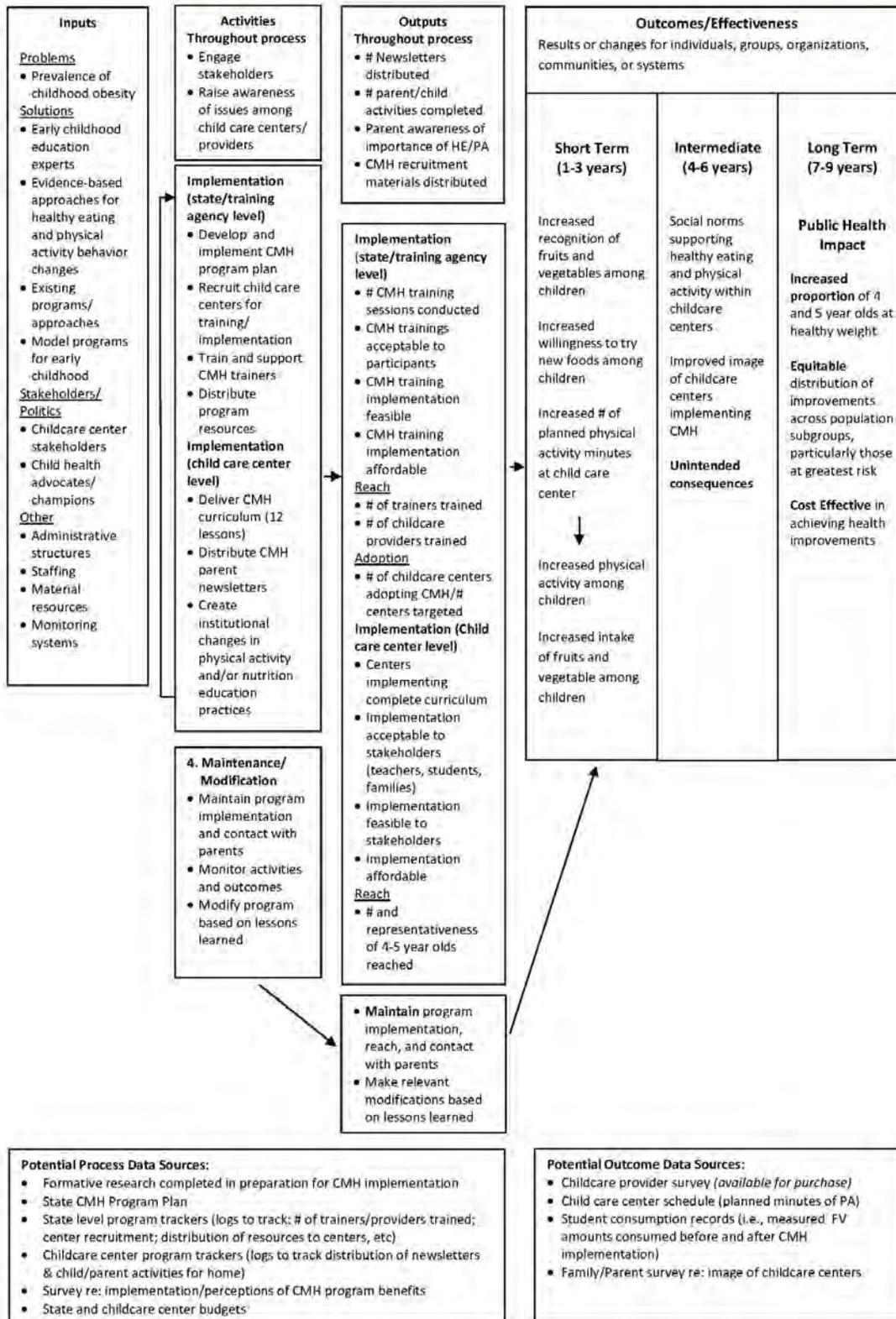
The **second step** in the CDC's explanation of program evaluation is to describe the program. A program description will include all components of the planned initiative along with its desired outcomes. Logic models are often used to write clear and concise program descriptions. A logic model contains the following components:

- **Inputs:** Resources that go into the initiative which are necessary for delivering or completing activities
- **Activities:** Actual events, actions or other components of the initiative
- **Outputs:** Direct products of activities, often measured in countable terms (i.e. the number of events held or the number of participants in attendance)
- **Outcomes:** The changes that result from the initiative's activities and outputs, often expressed as short-term, intermediate and long-term outcomes

Take a look at the example logic model for the Color Me Healthy program, a preschool curriculum designed to teach young children about fruits and vegetables while providing opportunities for physical activity.

- The **inputs** column contains program staff and early childcare education (ECE) centers, among other things.
- The **activities** column denotes that program staff will train ECE center staff to deliver the program, along with other activities associated with program delivery.
- The **outputs** column contains the number of centers and children participating in the program.
- A **short-term** outcome for this program is increased recognition of and willingness to try new fruits and vegetables among preschool children.
- The ultimate **outcome**, then, which will result from activities being implemented as described and short-term outcomes being attained, is an increased proportion of preschool children at a healthy weight.



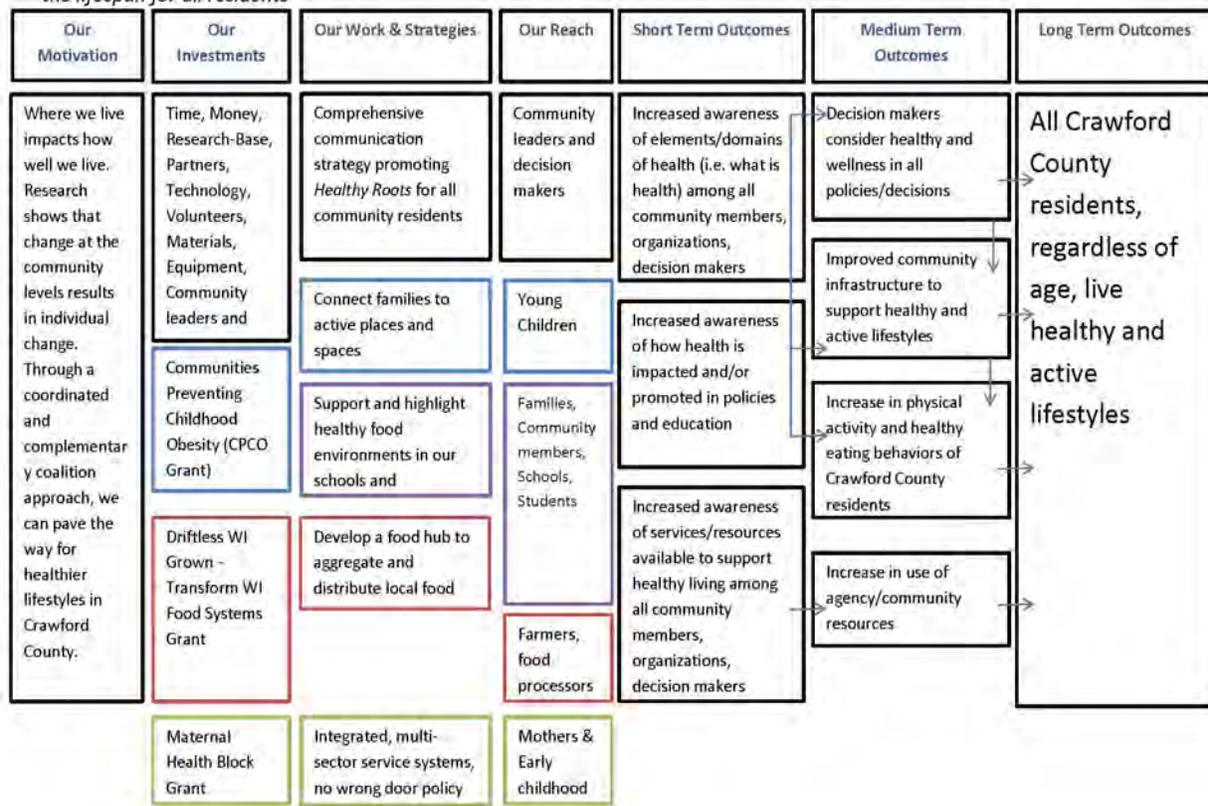


One coalition participating in the Communities Preventing Childhood Obesity project developed a logic model to illustrate how each member's individual or organizational efforts contributed to the work of the coalition as a whole and they later used the logic model as a tool for evaluation.

“We worked through a process to develop this logic model where the coalition identified a common vision and some common goals and outcomes of their collective work. Then we were able to work it backwards and identify specific inputs from each of the individual grants and organizational efforts of those who were sitting around the table. That structure of that logic model was used as a platform and evolved over time as grants, other grant efforts in the community, you know, went away, or as organizational membership changed a little bit. I don’t know the exact state of where it’s at right now, but they regularly came back to it and said “yeah, see, we all fit together, we’re all working toward a common vision.” They used it as a focus point to think about how to engage and how to move forward. I don’t think they had considered the use of the logic model in this particular way to establish sort of a strategic platform for their work. I think they had used it in the past more from an evaluative standpoint, you know, like “How do we evaluate our work?” I presented it more as a strategic plan tool than an evaluative tool. But it did evolve to be an evaluative tool for the coalition.” – Community Coach

**Healthy Roots of Crawford County – Framework for Change
September 2013**

Mission statement: *Healthy Roots of Crawford County is a coalition that seeks to promote healthy and active lifestyles across the lifespan for all residents*



Evaluation Design

The **third step** in the CDC's explanation of program evaluation is to focus the evaluation design. Once your program description is written, your coalition will need to choose evaluation questions that will indicate whether or to what extent the program objectives are met. Depending on the questions your coalition seeks to answer, there are a few different evaluation designs that can be used to obtain the information you need:

- a. **Pre- and post- single-group design.** This evaluation design is often used to assess changes in knowledge, attitudes or behavioral intentions that occur as a result of a program. Program participants are tested before the start of the program and again after the end of the program. This design will indicate whether certain changes have occurred during the program; however, it doesn't indicate whether changes have occurred because of the program or because of other factors affecting program participants.
- b. **Time series single-group design.** This evaluation design is similar to the pre- and post- design; the difference is that measurements are taken at regular intervals throughout the program to track changes over time instead of simply comparing changes from the beginning and the end of the program.
- c. **Control group design.** In an evaluation with a control group, the same measurements taken of program participants are also taken of a group of people who have not participated in the program or initiative (a control group). When the control group is carefully selected to have the same characteristics of the intervention group, the strength of the evaluation increases. This means that it is safer to say that any changes occurring to the intervention group and not the control group are due to the initiative rather than other factors.

The **fourth step** in the CDC's explanation of program evaluation is to gather credible evidence. This is the part of the evaluation when you will compile the information that you need to answer your evaluation questions. This information may come from surveys, interviews, focus groups or observations. The information gathered to answer your evaluation questions will need to be analyzed and interpreted, the **fifth step** of program evaluation. Finally, the **sixth step** is communicating findings and lessons learned to coalition members and stakeholders in a meaningful way.

Program evaluation may occur in various sectors and at multiple levels of the community. The chart shown on this slide depicts several examples of program evaluation related to childhood obesity prevention initiatives.

Level of the Community	Example Intervention	Example Evaluation
Individual	Nutrition education	Pre- and post-program surveys on nutrition knowledge and/or behavior
Organizational	Healthy meeting guidelines	Observation of foods served at organizational events and scoring of foods based on the guidelines
Community	Healthy corner store initiative	Pre- and post-monitoring of food sales
Policy	Sugar-sweetened beverage tax	Pre- and post-monitoring of beverage sales

Example of Evaluation at the Individual Level

Pre- and post-program surveys are generally conducted before and after a nutrition education program to determine whether nutrition knowledge and/or healthful food consumption increased as a result of the program. For young children, however, it may be unreasonable to ask them to complete surveys or tests. Alternative evaluation methods are described here as part of a sample evaluation of the Color Me Healthy program.



To evaluate the Color Me Healthy program, pre- and post- program observations and surveys may be used to address the following questions:

1. Did recognition of fruits and vegetables increase among children after program implementation?
2. Were children more willing to try new foods after Color Me Healthy implementation?
3. Did children's intake of fruits and vegetables increase after program implementation?
4. Did the child care centers that implemented Color Me healthy schedule more minutes for physical activity after program implementation?
5. Did children's physical activity (intensity and/or time spent) increase after program implementation?

To determine whether fruit and vegetable recognition increased from baseline to follow up, a visual test (i.e. flashcards) may be used to quiz children before and after participating in the program. Pre-test scores are compared with post-test scores to determine whether any changes have occurred as a result of the program.

To determine whether children were more willing to try new foods after participating in the program, direct observations of snack and meal times may be made before and after the program. When using this method, an evaluator would count the number of children who were willing to try the unfamiliar food(s) at each observation time.

Similarly, pre- and post-program observations may be used along with plate waste measures to determine whether fruit and vegetable intake increased as a result of the program. An evaluator could measure either the fruit and vegetable servings consumed or the amount of food discarded by class participants at each observation time.

To determine whether physical activity increased from baseline to follow-up, direct observations could be made at the childcare center by an evaluator, or a pre- and post- survey could be completed by the childcare provider. The childcare provider's daily schedule could also be used to determine whether any additional time was devoted to physical activity after completing the program.

Example at the Organizational Level

Ohio State University Extension has Healthy Eating at Meetings guidelines, available at <http://fcs.osu.edu/programs/resources/healthy-meetings>, designed to assist employees using university resources to purchase healthful foods and beverages for meetings and events. In 2015, an evaluation was conducted to assess the use of the guidelines at various Extension events across all program areas throughout the state (Smathers and Lobb, 2015). Direct observation was used to examine the foods and beverages served, and the scorecard shown below was used to assess adherence to the guidelines.

The scorecard contains seven items by which events were scored. Each event received a “0”, “1” or “2” for each item based on whether the listed criteria were met. Criteria were determined using the Healthy Eating at Meetings guidelines and the Dietary Guidelines for Americans. Foods were considered high in fat, for example, if they were fried, cream or mayonnaise based, made with butter or cream sauce, highly processed with added fat, or naturally high in fat (i.e. ham and bacon).

Assessment results revealed multiple opportunities for Ohio State University Extension professionals to improve adherence to the guidelines. The results were communicated in such a way to encourage Extension professionals to model an organizational commitment to healthy living, considering that many Extension professionals promote health and wellness in their programming efforts.

Healthy Meeting Score Card

	2	1	0	NA
Is water available?	Yes, freely available and easily accessible	Takes some effort to access (i.e. drinking fountain only)	No water	
Are other beverages available?	Unsweetened beverages only (i.e. low-fat milk, coffee, tea and 100% juice)	Mix of sweetened and unsweetened beverages	Sweetened beverages only	
Are fruits and vegetables available?	Yes, a colorful mix	One fruit or veggie	None	
Are whole-grain options available?	Plenty	A few	None	No grain items served
Are foods low in fat, sodium and added sugar?	All, including desserts	Some	None	
Are portion sizes appropriate?	Yes, all	Some	None	No visuals collected, just menus
Are vegetarian options available?	Appealing vegetarian options including a protein, in plentiful quantities	Unappealing vegetarian options, or too few servings	None	No meal served, just snack items

Total Score:

Total Possible Score:

Total Score / Total Possible Score =

Example at the Community Level

Healthy corner store initiatives aim to change the local food environment by increasing the availability of healthy food options in neighborhoods where supermarkets are limited or nonexistent. In addition to increasing the amount and variety of healthful food options in corner and convenience stores, healthy corner store initiatives typically use point-of-purchase promotions to prompt store patrons to select, prepare and consume healthier food options. Technical assistance and small incentives are often used to encourage store owner participation in these initiatives.



There tend to be multiple components to healthy corner store initiative evaluations, given that there are multiple components to the initiatives themselves. Direct observation may be conducted in the corner stores pre- and post-intervention to determine the amount and variety of healthful foods in stock and/or the number of healthful food purchases that occur within a given amount of time. Alternatively, the evaluator may ask the corner store owner or cashier to track (i.e. tally) the number of healthful food purchases that occur in a set amount of time, or he/she may use store inventory data to determine the amount and variety of healthful food in stock. Customer surveys may also be conducted pre-and post-intervention to assess changes in behaviors or behavioral intentions related to food purchasing, preparation or consumption.

Example at the Policy Level



In November 2014, Berkeley, California became the first city in the United States to pass a tax on soda and other sugar-sweetened beverages when City of Berkeley voters approved a one cent per ounce tax on high-calorie, sugary drinks (Frizell, 2014). The purpose of this measure was to decrease sugar-sweetened beverage consumption, a behavior with strong ties to childhood obesity. Efforts are currently underway to evaluate whether the tax has impacted sugar-sweetened beverage prices, sales and consumption. Evaluation methods include a comparison

of pre- and post-tax price and sales data as well as a population-based telephone survey on frequency of beverage consumption and changes in purchasing habits (i.e. amount of beverages purchased and changing of stores or cities in which beverages are purchased). A similar approach to evaluation would be applicable to initiatives passed at the municipal level in rural areas, as well.

Evaluation in Rural Communities

Coalitions in rural areas often have few members who can devote time and attention to selecting, implementing and evaluating evidence-based interventions; however, there are simple steps that coalition members can take to evaluate their efforts in the community. Program evaluation often begins with discussing the coalition's work; specifically, what is working well and what could be improved. Over time, the coalition may develop more formal evaluation processes as goals and objectives are put into writing and methods are selected to determine whether those goals have been achieved.



ACTION
STEP

COALITION ACTIVITY

If you would like to create a ripple map with your coalition, directions for leading your group through this process are provided in the appendix.

Tools and Instruments to Use for Evaluating Coalition Work

The Community Healthy Living Index (CHLI), available at www.ymca.net/chli-about/, can be used to assess community readiness to address specific issues related to nutrition and physical activity, as well as identify strengths, gaps and opportunities in a specific community. The CHLI consists of six separate tools related to six different domains of the community:

1. Afterschool child care sites
2. Early childhood programs
3. Neighborhoods
4. Schools
5. Worksites
6. The community-at-large

The Active Where? Surveys, available at <http://activelivingresearch.org/active-where-surveys>, for parents, children and adolescents allow a coalition to examine their community's opportunities for healthy eating and active living through the eyes of community members. These surveys assess home, neighborhood, park and school environments.

SUMMARY

In this chapter you learned the importance of program evaluation, types and components of program evaluation and where to look for tools and resources to conduct program evaluation. Keep in mind that program evaluation may be conducted at various levels of the community. As a coalition, take time to develop an evaluation plan before you begin each initiative. Planning ahead will help to ensure that your coalition can the information it needs to determine whether time and resources are being used effectively.

Action Steps:

- Complete the stakeholder identification worksheet with your coalition
- Develop a logic model for each intervention chosen by your coalition
- Create a ripple map with your coalition

ADDITIONAL RESOURCES FOR COALITIONS

Program Evaluation from the Centers for Disease Control and Prevention: <http://www.cdc.gov/eval/index.htm>

Planning a Program Evaluation from the University of Wisconsin-Extension: <http://learningstore.uwex.edu/assets/pdfs/g3658-1.pdf>

Logic Model from the University of Wisconsin-Extension: <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>

Coalition Building Factsheet on Program Evaluation from Ohio State University Extension: http://ohioline.osu.edu/bc-fact/pdf/Evaluating_Coalition_Progress_and_Impacts_CDFS_14_14.pdf

Western Region's SNAP-Ed Evaluation Framework: Nutrition, Physical Activity and Obesity Prevention Outcomes: <http://snap.nal.usda.gov/snap/WesternRegionEvaluationFramework.pdf>

Ripple Effect Mapping from the University of Minnesota Extension: <http://www.extension.umn.edu/community/news/ripple-effect-mapping-making-waves-in-evaluation/>

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Rural Health Information Hub (2015). Evaluating community-level interventions. Available at <https://www.ruralhealthinfo.org/community-health/obesity/7/evaluating-community-level-interventions>.

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Ripple Effect Mapping

Items needed: Large white paper posted on the wall, tape, markers, blank paper for participants to write on.

Process:

1. Introductions and establishing ground rules

i.e. everyone should feel free to share, avoid interrupting, etc.

2. Brief overview of the session , the purpose of the map and objectives

This mapping exercise provides a method of illustrating to coalition members and stakeholders the ripple effects of coalition activities.

3. Appreciative Inquiry interview (5 to 10 minutes)

- a. Find a partner (not a good friend)
- b. Share a brief story about the coalition using one of these Appreciative Inquiry types of questions:
 - How you have used information or funding received while participating in the coalition?
 - Is there anything you are proud to share? (i.e. cost savings, new ways to work, telling others about what you learned, etc.)
 - List an achievement or success you've had based on what you've learned by participating in the coalition. What made it possible?
- c. Have a few people report out to get examples

4. Mapping (30 to 60 minutes) (see next page)

5. Reflection (5-15 minutes)

Coalition members are asked to reflect on how the mapping processes made them feel.

Ask the group to identify the **most significant change** on the map.

- a. What is most interesting about the map?
- b. How might your coalition use the map to help tell a story about how you are making a difference?
- c. What should you do next? Consider additional evaluation (talking to other people in the community), sharing this information with stakeholders, taking new action, etc.

6. Have each of the participants write down the three concepts that were the most important.

Mapping Process - How to draw the map

1. Post a large piece of white paper on the wall and write your coalition's name or the purpose of the session in the center.
2. Draw out several branches from the list identified through Appreciative Inquiry conversations:

Example branches:

- Leadership
- Grant writing
- New people running for office
- Community garden development

Tips for Successful Mapping...

Individual learning and action items may be the easiest to start with.

When mapping, get as detailed as possible. After collecting information for the "map" there will be opportunities for them to add and embellish. This provides ideas about how to dig deeper.

People may be shy about sharing their own successes, but may be more willing to talk about how others have used the information.

3. Begin brainstorming the immediate results of the coalition's efforts, drawing lines to connect things. You may have to ask probing questions such as "How are things different as a result of the activities and events you planned?", "What are people doing differently?", and "What effect did participation have on attitudes, behaviors, knowledge and action?" Bold indicates possible main branches; the examples would be secondary branches. At this second level begin brainstorming the impact of those results. For example, "who benefits from the activity and how as a result of the things that people are doing differently?" Continue drawing lines to connect items.
4. A community leadership map might start out looking like the example below. Each map will look different based on the program area and concepts taught.

When the hand-written map is completed, consider transferring it to a computer software program for ease of reading and understanding. There are multiple programs available including XMind (www.xmind.net), iMindMap (<http://www.thinkbuzan.com>), and Mind Genius (<http://www.mindgenius.com/MindMapping>).



Examples of things people might identify for maps under various program efforts:

Projects/Action items	Community gardens, youth councils, transportation assistance
Visioning	Demonstrated renewed community pride
Events	Extension Field Days, new crop varieties used
Youth Activities	Youth leadership councils, 4-H camps, newfound confidence
Partnerships	State agencies, campus departments
New Resources	Grants received
Job/Business Creation	Specific jobs and businesses
Policy/Advocacy	Testifying to legislature or city council
Workshops/Training	Specific action items from workshops/conferences

Evaluation Tools for Specific Childhood Obesity Prevention Initiatives

1. [The Center for Training and Research Translation \(Center TRT\)](#)
The Center TRT supports the efforts of public health practitioners working in nutrition, physical activity and obesity prevention by (1) reviewing evidence of public health impact and disseminating population-level interventions and (2) providing guidance on evaluating policies and programs aimed at impacting healthy eating and physical activity. An index of evidence-based interventions is available on their website. Each listing contained in the index includes an intervention overview, a detailed description of the intervention's core elements, resources required for implementation, implementation instructions, a public health impact review, and an evidence-review summary. http://www.centertrt.org/?p=find_interventions
2. [California Department of Public Health](#) <http://www.cdph.ca.gov/programs/cpns/Pages/PSEEvaluationRE-AIM.aspx>
The California Department of Public Health has created a series of RE-AIM (an evaluation framework) summary sheets that offer customized evaluation plans for a variety of community and public policy level interventions.
3. [National Collaborative on Childhood Obesity Research \(NCCOR\) Measures Registry](#)
NCCOR has created a searchable database of evaluation measures that are relevant to childhood obesity prevention. Measures include questionnaires, survey instruments and a variety of other tools and techniques. <http://www.nccor.org/index>
4. [The Community Food Projects Evaluation Toolkit](#) https://nesfp.org/sites/default/files/uploads/cfp_evaluation_toolkit.pdf
This toolkit contains evaluation tools for farmers' markets, community gardens, Farm to School programs and other community food-related projects.
5. [The Behavioral Risk Factor Surveillance System \(BRFSS\)](#) <http://www.cdc.gov/brfss/>
The BRFSS questionnaire is a standardized set of questions related to a variety of current health topics. It is a great resource to look for questions that a coalition may ask on a survey or in an interview if they are interested in a specific health topic.

Tools for Evaluating Programs in Schools and Child Care Centers:

- [NAPSACC](#) (Nutrition and Physical Activity Self-Assessment for Child Care) <https://gonapsacc.org/>
- [WellCCAT](#) (Wellness Child Care Assessment Tool) http://www.uconnruddcenter.org/resources/upload/docs/what_communities/WellnessChildCareAssessmentToolForResearch.pdf
- [WellSAT 2.0](#) (Wellness School Assessment Tool) <http://www.wellsat.org/>
- [OSNAP](#) (The Out-of-School Nutrition and Physical Activity Initiative) <https://www.hsph.harvard.edu/prc/projects/osnap/>