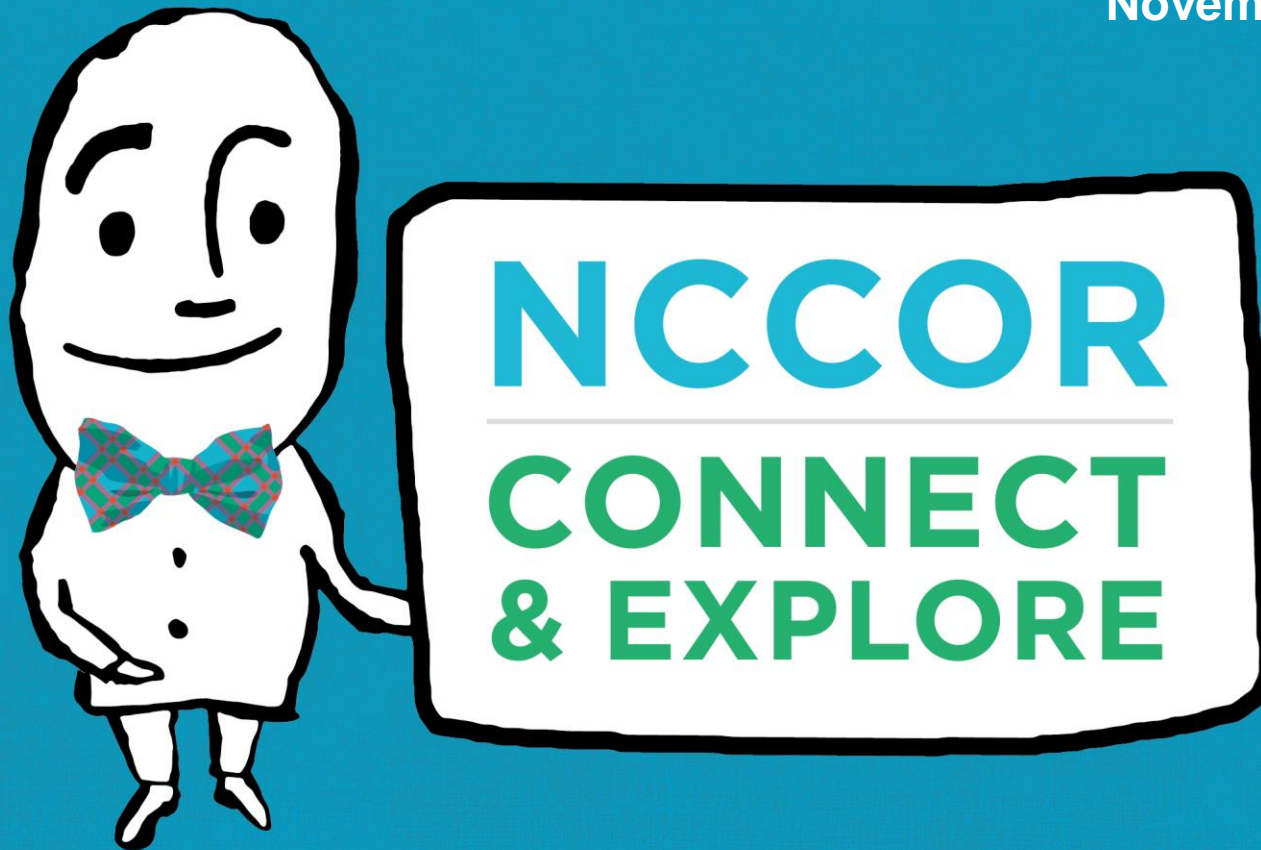


November 10, 2016



Connecting you with experts. Exploring the latest childhood obesity news and research.

We will begin at 1:05 to allow participants time to join the webinar.

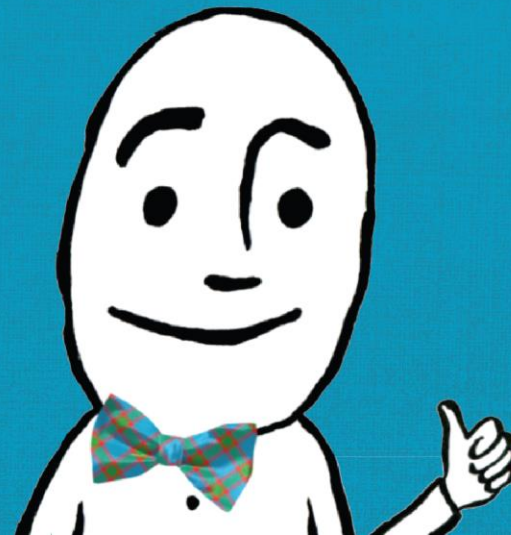
## 1. Spotlight

- Catalyzing Health Care Investment in Healthier Food Systems for Community Health
- Developing a Logic Model for Clinical-Community Engagement

## 2. One on One

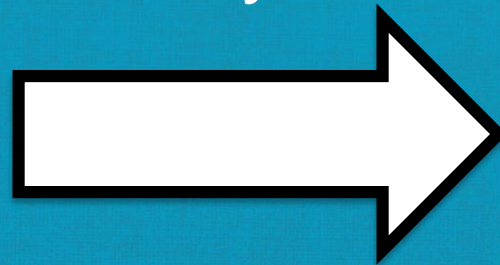
## 3. Upcoming Events

# TODAY'S PROGRAM



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located on the right and a representative  
will respond shortly



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# Today's Speakers



**Elaine Arkin**

National Collaborative  
on Childhood Obesity  
Research



**Emma Sirois**

Associate Director  
Healthy Food in Health Care  
Health Care Without Harm



**Susan Bridle-  
Fitzpatrick**

Senior Researcher  
Healthy Food in Health Care  
Health Care Without Harm



**Brook Belay**

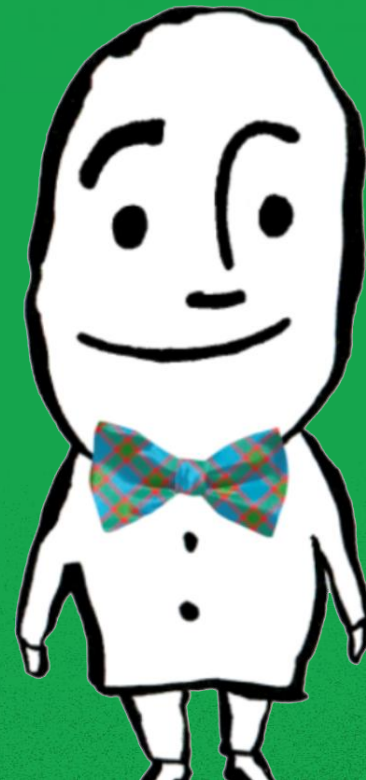
Medical Officer  
Obesity Prevention and  
Control  
Division of Nutrition, Physical  
Activity, and Obesity  
Centers for Disease Control  
and Prevention



**Daniel Kidder**

Health Scientist  
Program Performance  
and Evaluation Office  
Office of the Director  
Centers for Disease  
Control and Prevention

# INTERACTIVE POLL





# *Catalyzing Health Care Investment in Healthier Food Systems for Community Health*

**Emma Sirois, MA**

**Associate Director, Healthy Food in Health Care**

**Susan Bridle-Fitzpatrick, PhD**

**Senior Researcher, Healthy Food in Health Care**





# Healthy Food in Health Care

*Leveraging the influence and purchasing power of the health care sector to build sustainable food systems that improve public and environmental health*



Over 1,000 hospitals,  
4,000 health professionals

# Environmental Nutrition Framework

## Not All Apples Are Created Equal

*Environmental Nutrition Redefines What Constitutes Healthy Food*

### TRADITIONAL NUTRITION

Focuses on biochemical components of food and individual food consumption

*Asks:*

How much Vitamin C?

How many calories?

How much fiber?



### ENVIRONMENTAL NUTRITION

Accounts for social, political, economic, and environmental factors related to the food system as a whole

*Also asks:*

Was it grown with harmful pesticides or synthetic fertilizers?

What labor standards were used?

Were toxic chemicals used in packaging?



PRODUCTION



PROCESSING



PACKAGING



DISTRIBUTION



CONSUMPTION



RECYCLING

# Healthy Food in Health Care

*Engaging the health care sector to support healthy, sustainable food systems for community health*

Education

Capacity Building

Coalition Building

Policy Advocacy

## Hospitals as Anchor Institutions

*engaging a wide range of tools & resources to strengthen food systems, promote local economic development, advance health equity, and reduce environmental impacts*

### Hospital food procurement

*of healthy, regionally and sustainably grown food*

### Hospital community benefit activities

*to improve access to healthy food, reduce risk of diet-related disease & promote healthier food systems*

### Other leverage points

*community and food system development; programmatic and monetary investments; modeling healthy eating and employee wellness*

# Resilient Communities Initiatives

## Procurement and Investment: *A Powerful Combination*

- Aggregate demand for healthy food products
- Increase community access to healthy foods
- Create jobs for community residents
- Increase markets for local producers



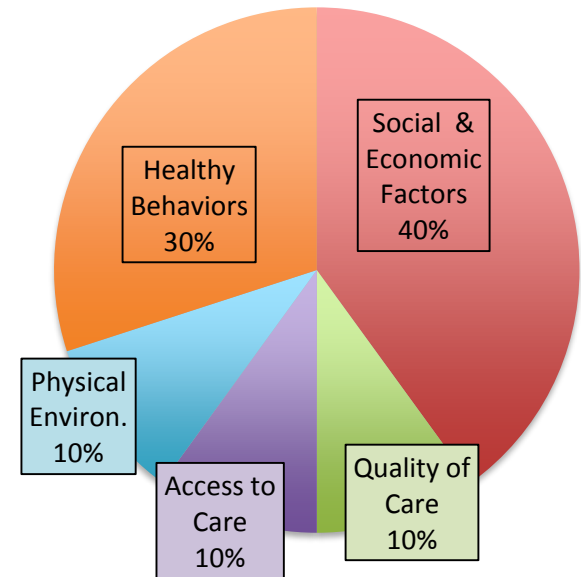
# Hospital Community Benefit

- Nonprofit hospitals
- Regulated by the IRS
- ACA: Shift toward community health promotion and disease prevention

*“The health needs a tax-exempt hospital may consider in its CHNA include not only the need to address financial and other barriers to care but also the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community.” (79 Fed Reg 250, pg 78969)*

## **Drivers of community health**

Source: County Health Rankings,  
Univ. of Wisconsin Pop. Health Inst.



# Hospital Community Benefit

- Community Health Needs Assessment (CHNA)
- Implementation strategy
- Annual community benefit (CB) report
- What counts?
- CB expenditures and reporting
  - Hospitals spent 7.5% of operating expenses on CB in 2009 (Young et al, 2013, *NEJM*)
    - Lion's share: Medicaid shortfall, charity care, research, training, other patient care services
    - Very small % spent on community health improvement activities
      - 0.4% : activities undertaken by hospital
      - 0.2% : cash or in-kind contributions to community groups

# Utilization of Community Benefit to Improve Healthy Food Access in Massachusetts

**Table 2: Incorporation of Diet, Access and Food Security in Community Health Needs Assessments**

| Facility   | Food Insecurity | Access to/<br>Affordability<br>of Retail<br>Outlets | Fruit and<br>Vegetable<br>Consumption | Participation in<br>nutrition<br>assistance<br>program (SNAP,<br>WIC or NSLP) |
|--|-----------------|---|---------------------------------------|---|
| Baystate Medical Center  | X               | X   | X                                     |   |
| Beth Israel Deaconess Medical Center Boston                          | X               | X   | X                                     | X   |
| Boston Children's Hospital   |                 | X   | X                                     |   |
| Fairview Hospital  |                 |   |                                       |   |
| Hallmark Health  |                 | X   | X                                     |   |
| Holy Family Hospital   |                 |   |                                       |   |
| Beth Israel Deaconess Hospital Plymouth (previously Jordan Hospital) |                 | X   |                                       |   |
| Lahey Hospital and Medical Center                                    |                 |   |                                       |   |
| Massachusetts General Hospital                                       | X               |   | X                                     |   |
| Saint Elizabeth's Medical Center                                     |                 |   |                                       | X   |
| UMass Memorial Medical Center  | X               | X   | X                                     |   |

Source: Information based on the most recent Community Health Needs Assessment for each of the listed facilities.

## Interviews and CHNA analysis investigated:

- Incorporation of food security, food access, and diet in CHNAs
- Types of food access, obesity, and diet-related disease interventions supported through community benefit resources
- Community benefit program evaluation

# MA Study: How Did Hospitals Evaluate Program Impact?

**Table 4: Evaluation Metrics**

| Hospital   | Program   | Evaluation Metrics  |
|--|---|---|
| Baystate Medical Center  | Integrated diet and exercise intervention                 | BMI, lipid abnormality and fitness test   |
| Beth Israel Deaconess Medical Center                                 | Funding for varied programs at community health centers   | Varied, all included BMI  |
| Boston Children's Hospital   | Integrated diet and exercise intervention                 | BMI, TV time, fruit and vegetable intake, sugar sweetened beverage consumption, and amount of physical activity |
| Fairview Hospital  | Meal delivery   | Pounds of food  |
| Hallmark Health  | Mobile farmers market                                     | Pounds of food, number of people served   |
| Holy Family Hospital   | Fruit and vegetable prescription program                  | Use of coupons, number of participants  |
| Beth Israel Deaconess Hospital Plymouth (previously Jordan Hospital) | Community coalition to address food environment           | Participation in school lunch program, sales at corner stores   |
| Lahey Hospital and Medical Center                                    | Meals and nutrition education                             | Pounds of food, number of people served   |
| Massachusetts General Hospital                                       | Food insecurity screening and pantry                      | Pounds of food, number of people served, and food insecurity prevalence   |
| Saint Elizabeth's Medical Center                                     | Medically-tailored meal delivery                          | Readmission rates   |
| UMass Memorial Medical Center  | Community and backyard gardens and SNAP incentive program | Number of beds developed, number of people served, amount of incentive dollars distributed                      |

Source: Evaluation metrics were provided through interviews with hospital staff.

Most facilities used implementation (process) measures to evaluate community benefit programs.

Obstacles to effective impact (outcome) evaluation included cost, time, and difficulty in designing evaluation strategies that can isolate the impact of a single initiative.



# Assessing the National Community Benefit Landscape

Programming to Address Healthy Food Access, Obesity and Diet-Related Disease

- National survey of tax-exempt hospitals (summer–fall 2016)
- In-depth interviews (fall–winter 2016/2017)
- Case studies (winter–spring 2017)



## Central research questions:

- How are assessment of food access, obesity & DRD included in CHNAs?
- What agencies & community groups addressing food issues are collaborating in the CHNA process?
- What initiatives to address healthy food access & DRD are included in CB implementation strategies?
- How are these programs being evaluated?
- What are facilitators & obstacles to CB investment in initiatives to improve healthy food access, including initiatives with food system sustainability objectives?

# Assessing the National Community Benefit Landscape

## Programming to Address Healthy Food Access, Obesity and Diet-Related Disease

### Survey

- Random sample of 900 tax-exempt hospitals

### Interviews

- Community benefit professionals
- Public health depts
- CHNA consultants
- Hospital associations

### Case Studies

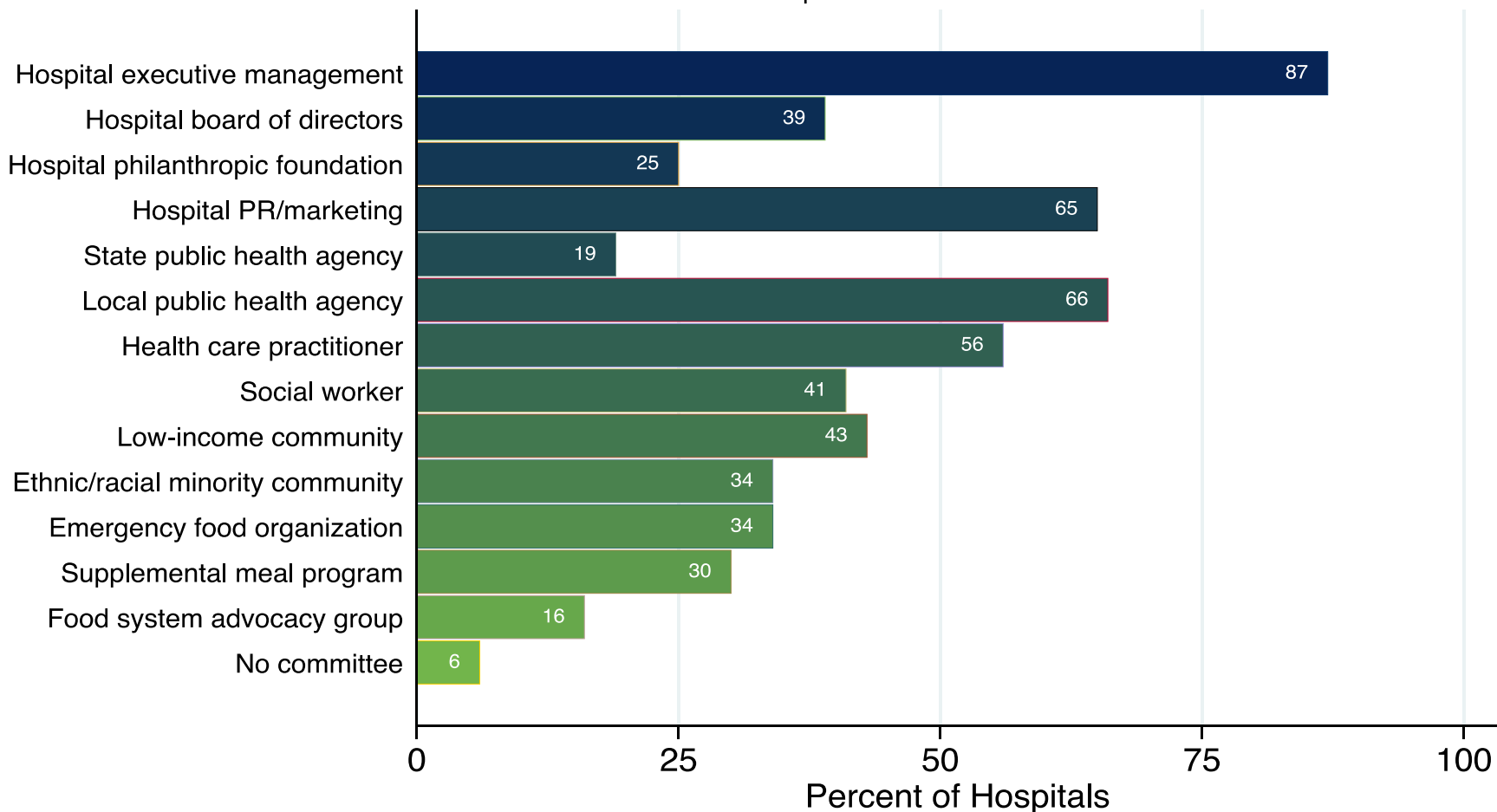
- Program design
- Implementation
- Community partnerships
- Sustainable financing
- Program evaluation



# Preliminary National Survey Findings

## Representation on CHNA Committees

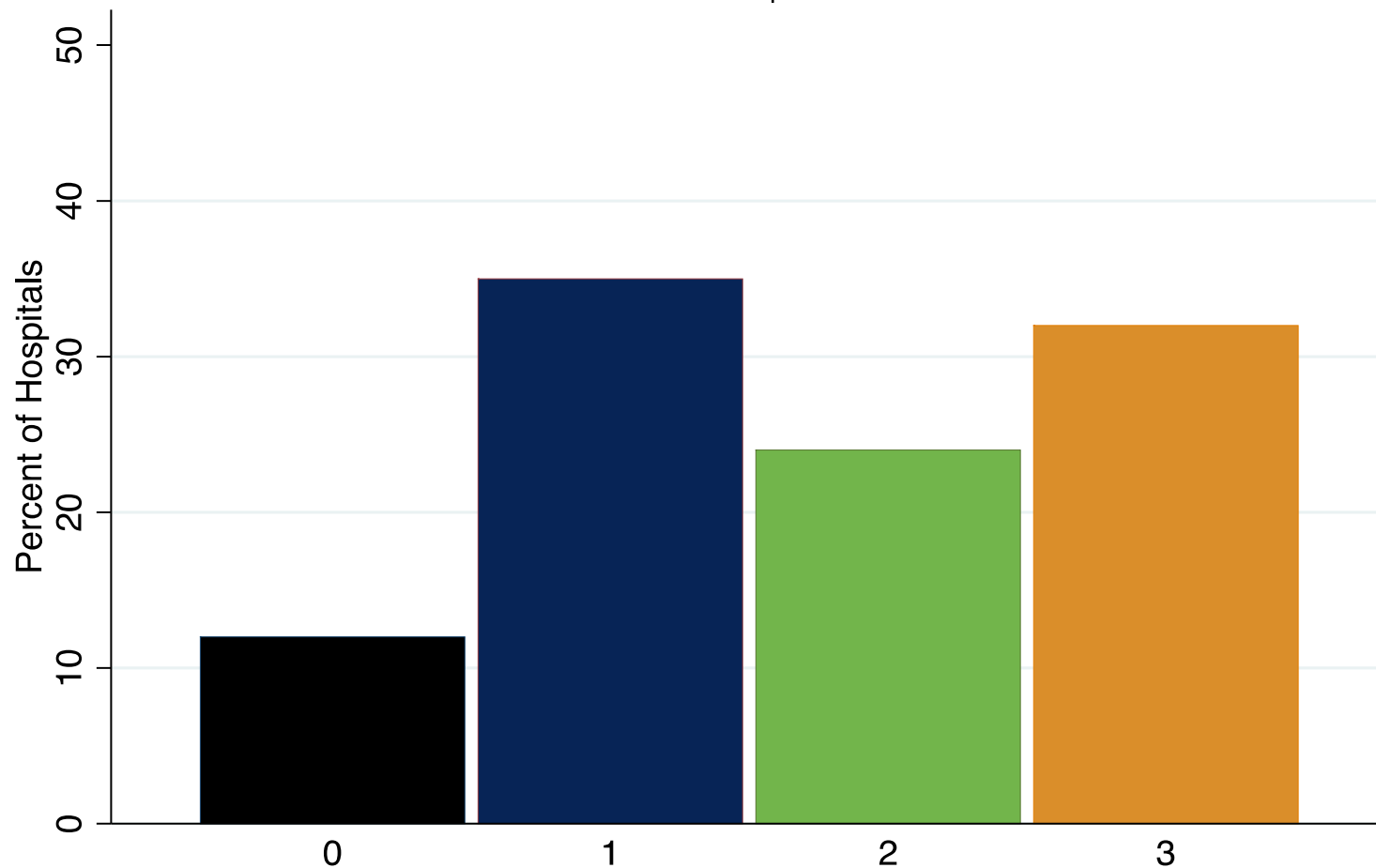
Based on first 99 respondents



# Preliminary National Survey Findings

## Hospitals Reporting 0, 1, 2 or 3 Food Access or DRD CB Programs

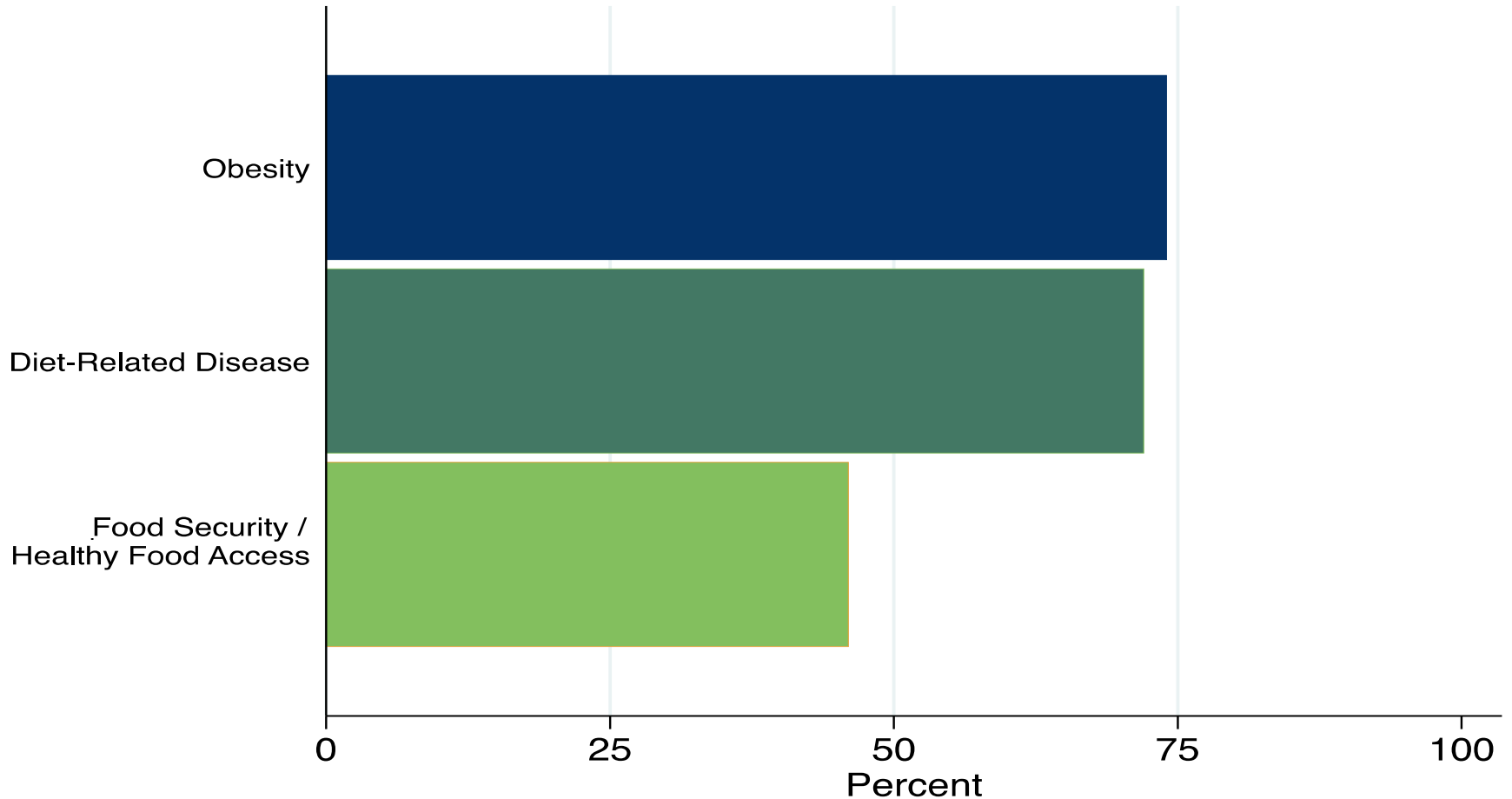
Based on first 99 respondents



# Preliminary National Survey Findings

## Percent of Community Benefit Programs Addressing Health Need

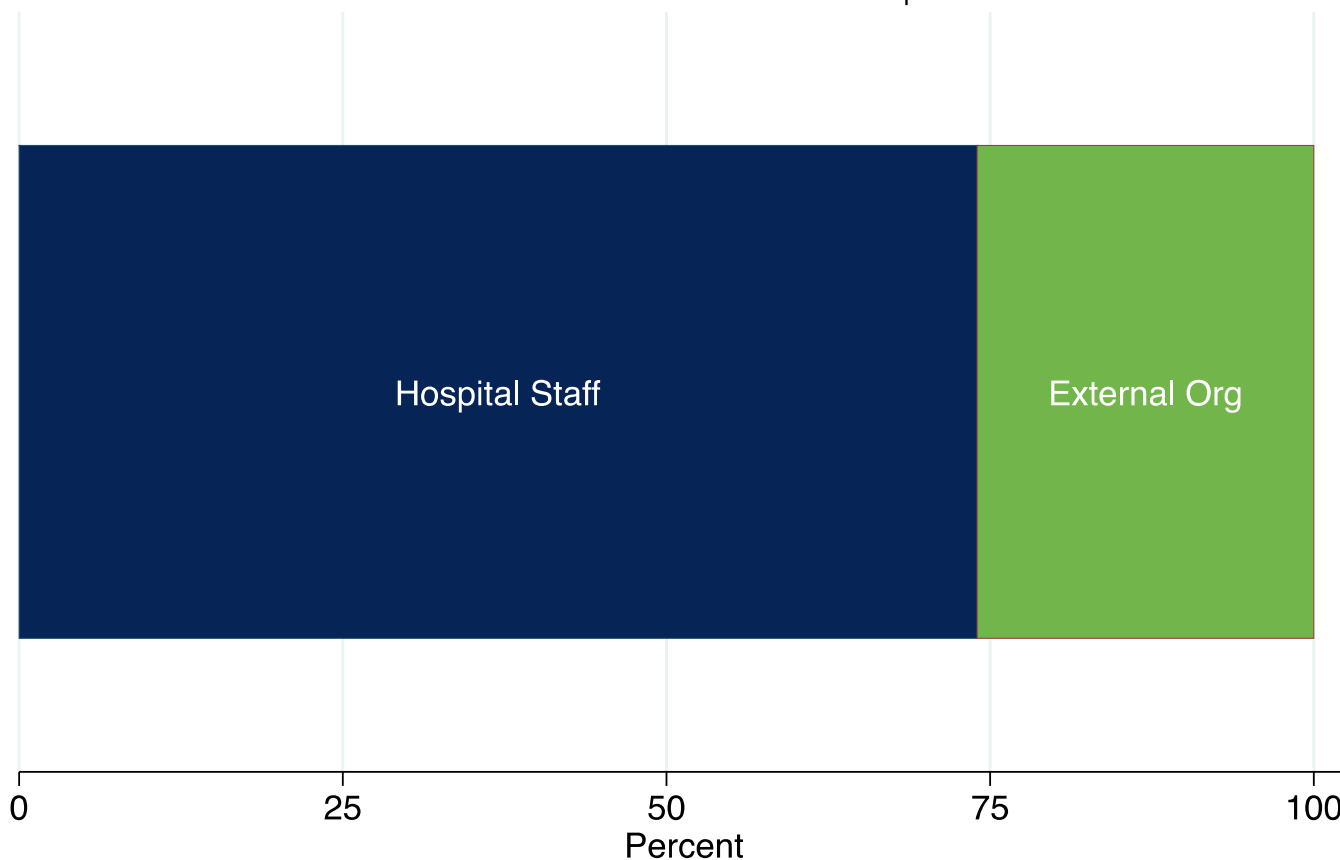
Based on 167 total initiatives from first 99 respondents



# Preliminary National Survey Findings

## CB Programs Managed by Hospital Staff vs External Organizations

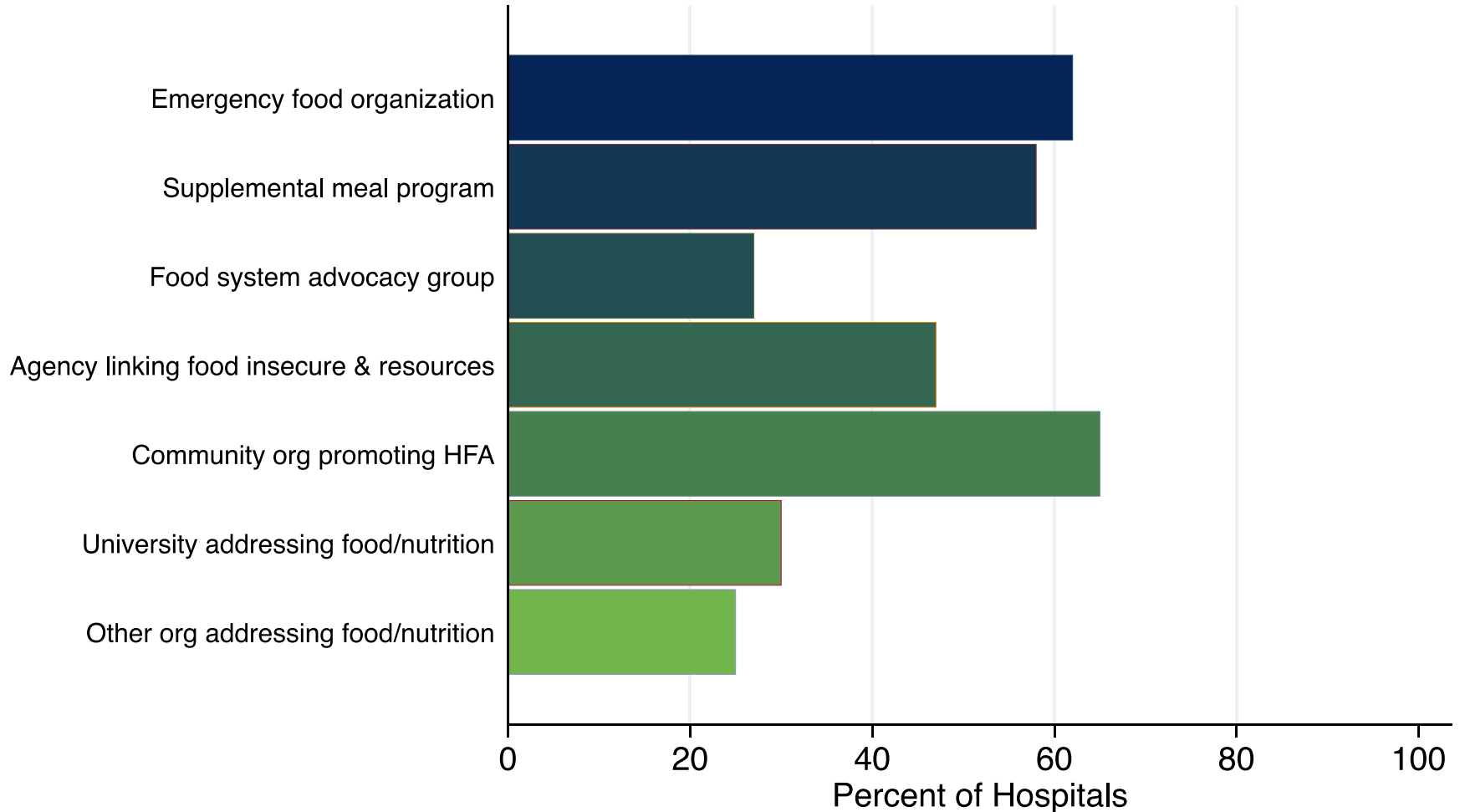
Based on 167 total initiatives from first 99 respondents



# Preliminary National Survey Findings

## Partners in Community Benefit Programs

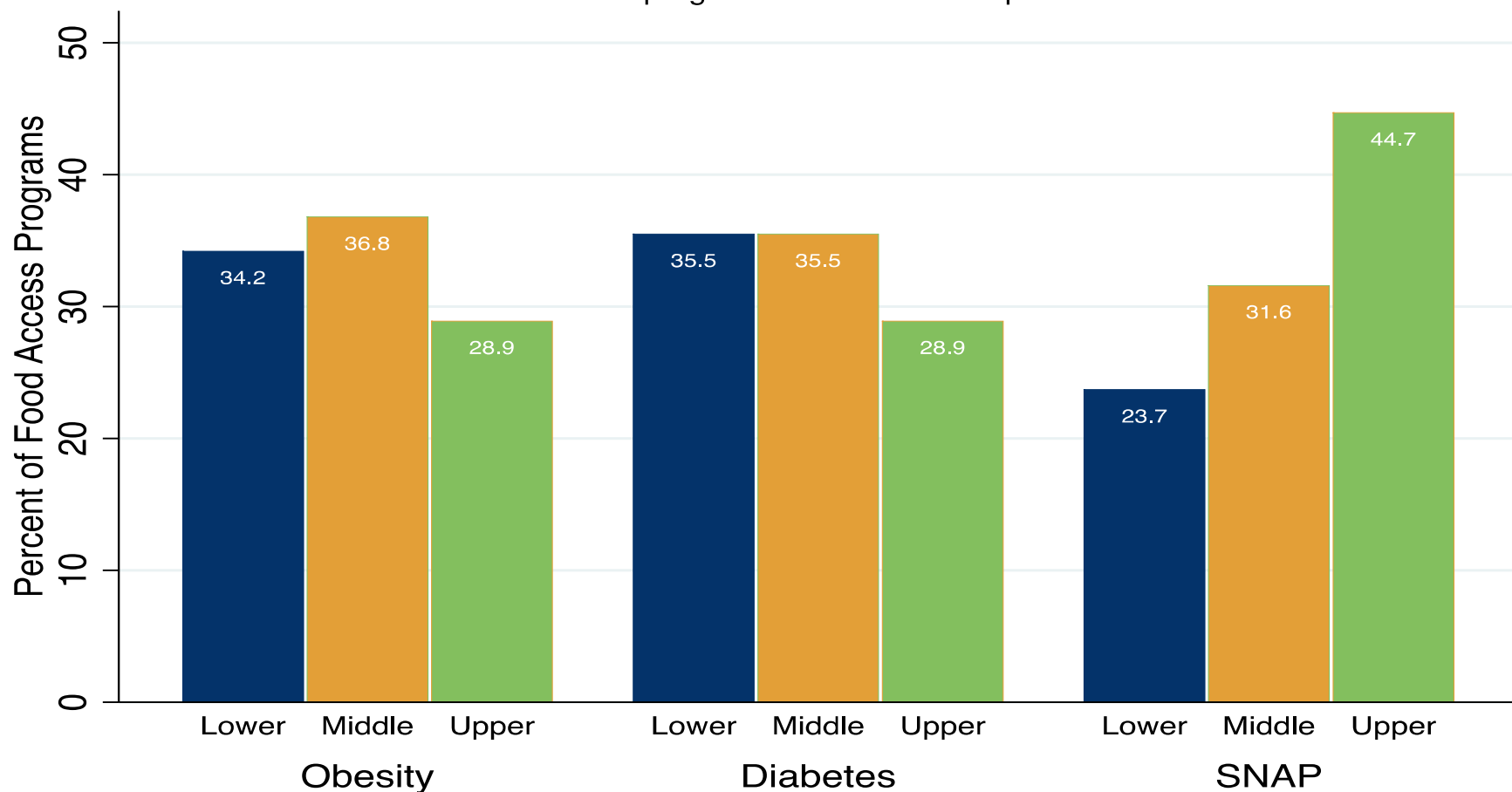
Based on 91 respondents



# Preliminary National Survey Findings

## Food Access Programs by Prevalence of Dietary Health Issues

Based on 167 CB programs from first 99 respondents

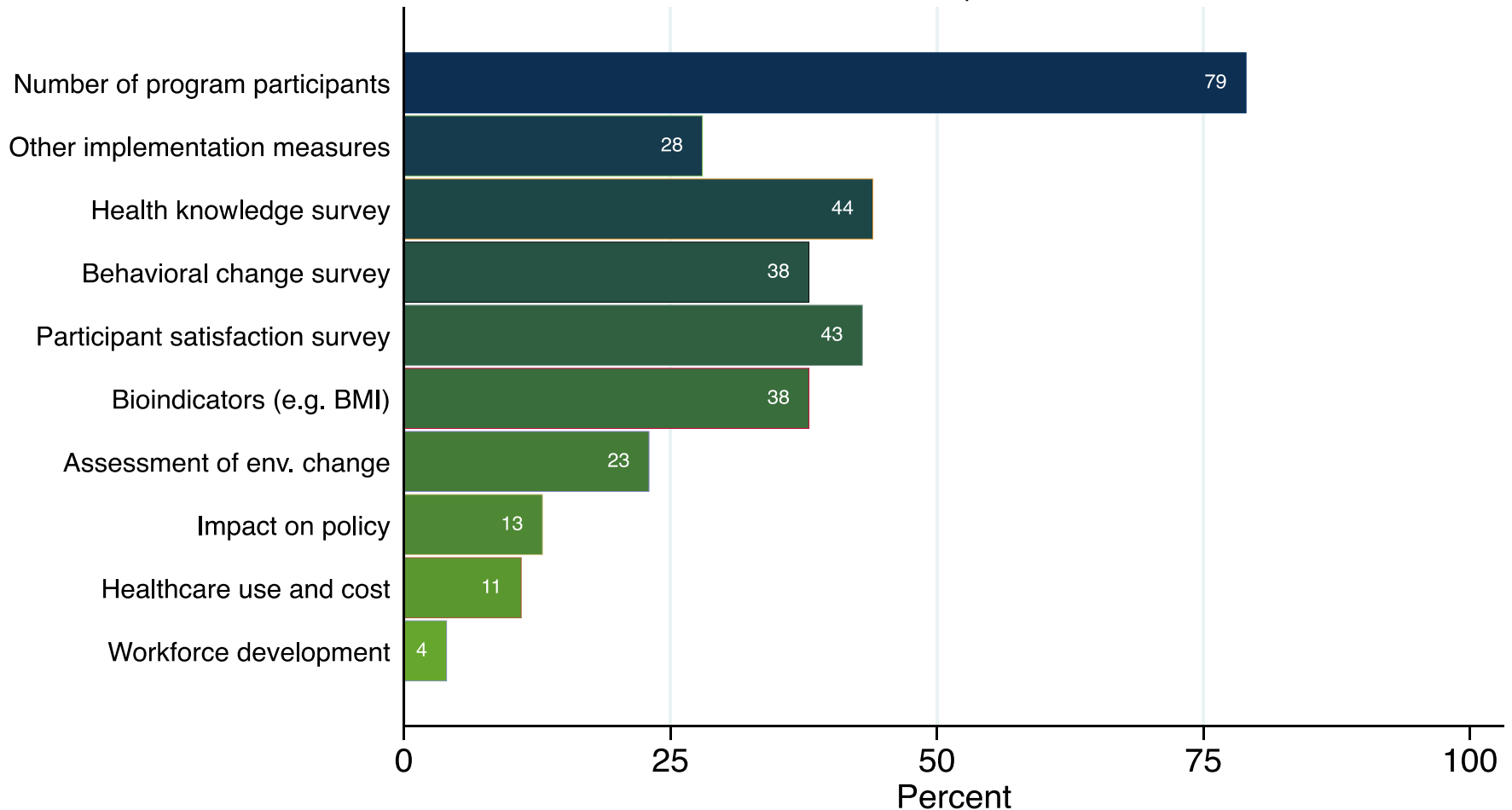




# Preliminary National Survey Findings

## Percent of Food Access & DRD CB Initiative Using Evaluation Method

Based on 167 total initiatives from first 99 respondents



# Program Types

- Farmer's markets, including mobile markets
- Fruit & veg Rx-type programs
- Double SNAP incentive-type programs
- Community gardens/CSAs
- Feeding programs
- Food bank & pantries
- Food hubs
- School-based programs
- Healthy food retail/stores
- Community development investment in local food businesses

## Systems Interventions

*Job creation, poverty reduction, food systems infrastructure, policy change, etc.*

## Community Interventions

*Farmers market, mobile markets, healthy corner stores, etc.*

## Individual Interventions

*Nutrition education, behavior change, etc.*

# Disseminate tools & resources

## Examine Current & Best Practice

*For community benefit investment in healthy food access & healthier food systems.*

## Disseminate Tools & Resources

*To expand investment in healthy and sustainable food systems for community health.*

**Connect CB  
Community for  
Learning and  
Sharing**

# Contact Information



**Emma Sirois**

Associate Director  
Healthy Food in Health Care  
[esirois@hcwh.org](mailto:esirois@hcwh.org)



**Susan Bridle-Fitzpatrick**

Senior Researcher  
Healthy Food in Health Care  
[sbridlefitzpatrick@hcwh.org](mailto:sbridlefitzpatrick@hcwh.org)

# QUESTIONS?

Please type your question(s) in the chat box located on the right.



# Developing a Logic Model for Clinical-Community Engagement

**Brook Belay, MD, MPH**  
**Medical Officer**

**Obesity Prevention and Control**  
**Division of Nutrition, Physical Activity, and Obesity**  
**Centers for Disease Control and Prevention**

**Daniel Kidder, PhD**  
**Health Scientist**

**Program Performance and Evaluation Office**  
**Office of the Director**  
**Centers for Disease Control and Prevention**



# Workshop Development

- Evaluating Clinical-Community Engagement Models: What Works and What Doesn't
  - November 9–10, 2015
- Participants:
  - American Heart Association
  - Boston Children's Hospital
  - Greater Rochester Health Foundation
  - Many more...



# Workshop Aims

- Identify:
  - Examples of partnerships and engagement between communities and clinical settings (including hospitals and health care systems)
  - Features of the evaluation of those efforts, including facilitators and barriers
  - Gaps in the evaluation of these efforts
  - Opportunities and recommendations to promote valuation strategies and metrics for these engagement models





# Workshop Products

- **Whitepaper**
  - Summarizing proceedings and key insights
- **Sample Logic Model and Metrics**
  - Developed as a framework to guide future evaluation



# Why Develop a Logic Model?

- The importance of showing impact
- Creating a “roadmap” for your program
- How that roadmap helps you:
  - Identify what impact means
  - Refine your efforts to improve impact
- Refine roadmap + identify accountable outcome
- Indicators of success



“Measuring impact is so important because it allows us to **prioritize** what we’re going to do, to **sustain** it if it’s effective, and to **improve** it if it’s not effective.

The basic goal is very straightforward:

**How can we have maximum health impact?”**

- Dr. Tom Frieden, CDC Director



Science Impact: What Difference are You Making?

21 January 2014

<http://www.cdc.gov/about/grand-rounds/archives/2014/January2014.htm>

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# So What?

“...we have to have a **healthy obsession with impact**. To always be asking ourselves what is the real impact of our work on improving health?”

“...answering that very important, in fact, most important, question of ‘so what’?”

Dr. Tom Frieden, CDC Director

Science Impact: What Difference are You Making?

21 January 2014

<http://www.cdc.gov/about/grand-rounds/archives/2014/January2014.htm>





S. GROSS  
CN  
COLLECTION

*"My question is: Are we making an impact?"*



# But...

- Public health programs are complex
- No magic pill for many chronic and infectious diseases.
  - Even if there is, contextual factors that play role (e.g., vaccination)
- Need to understand contextual environment
  - Clinical, policy, environment, etc.
- Makes route from program activities to making an impact challenging
- Identify/measure early outcomes that may indicate problems



# 6 Things Every Program Needs to Know...

1. Big “need” to which it is contributing
2. Basic roadmap: “what” → “so what” → need
3. “Accountable” outcome
4. Short term outcomes that → accountable outcome
5. “Strong” activities that → short term outcomes, AND what “strong” means
6. Contextual factors that help/hobble



# CDC Program Evaluation Framework



<http://www.cdc.gov/eval/framework/>

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# Describing the Program: Roadmap or Logic Model

- Graphic depiction of the relationship between your program's activities and its intended effects or outcomes
- Shows the 'if-then' relationships among the program elements
  - If I do this *activity*, then I expect this *outcome*.
- Helps ensure clarity and consensus about main strategies/activities and intended outcomes



# It's About Program Description... Not About Your Logic Model

*The “core” of your program description:*

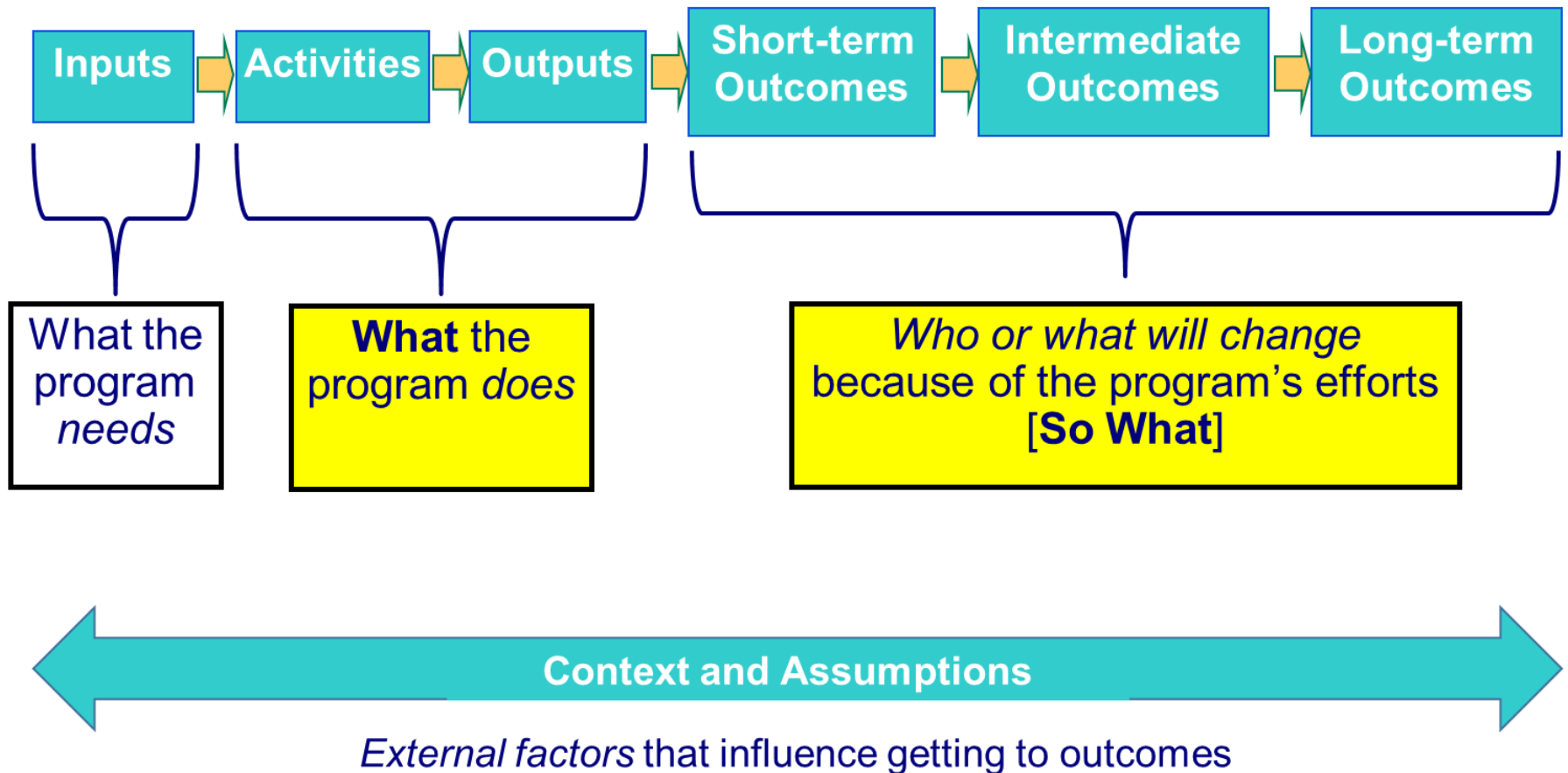
- Big “**need**” your program is to address
- Key **target group(s)** who need to take action
- Kinds of actions they need to take
  - Your intended **outcomes** or objectives
- **Activities** needed to meet those outcomes

*And then...*

- The underlying logic
  - “Program theory” or “theory of change”



# Complete Logic Model



# Reality Checking: Logic Model

## Review the columns

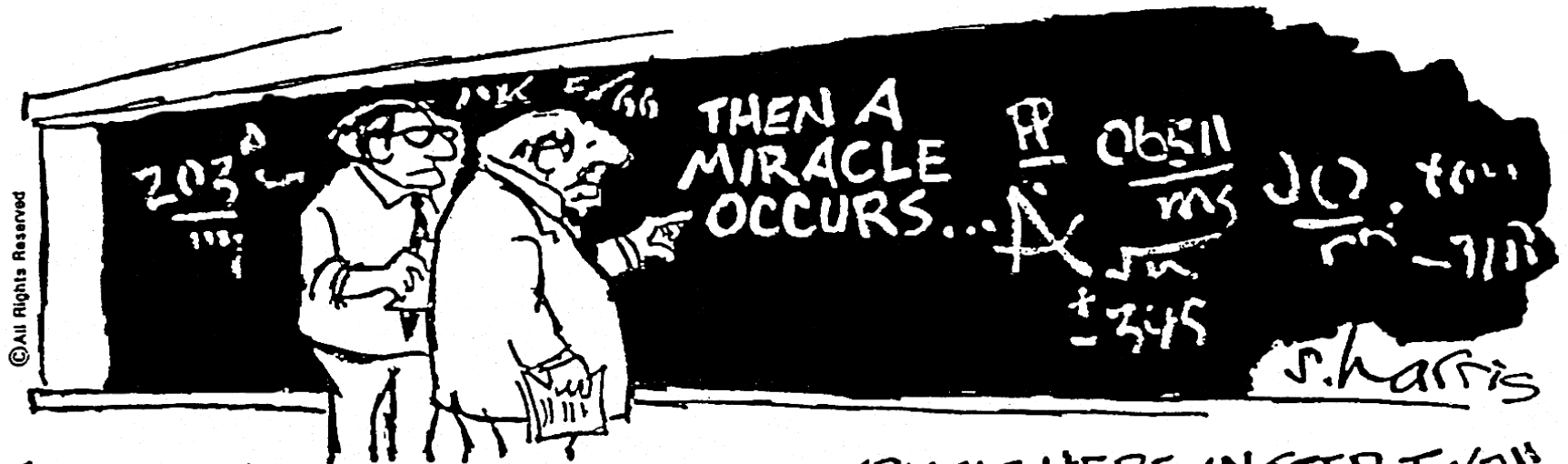
- Are the outcomes plausibly connected to the “need”?
- Is there something to drive each outcome?
  - Another outcome?
  - (At least) one activity?

*If not...*

- Refine as needed...



# Filling in the Blanks....



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

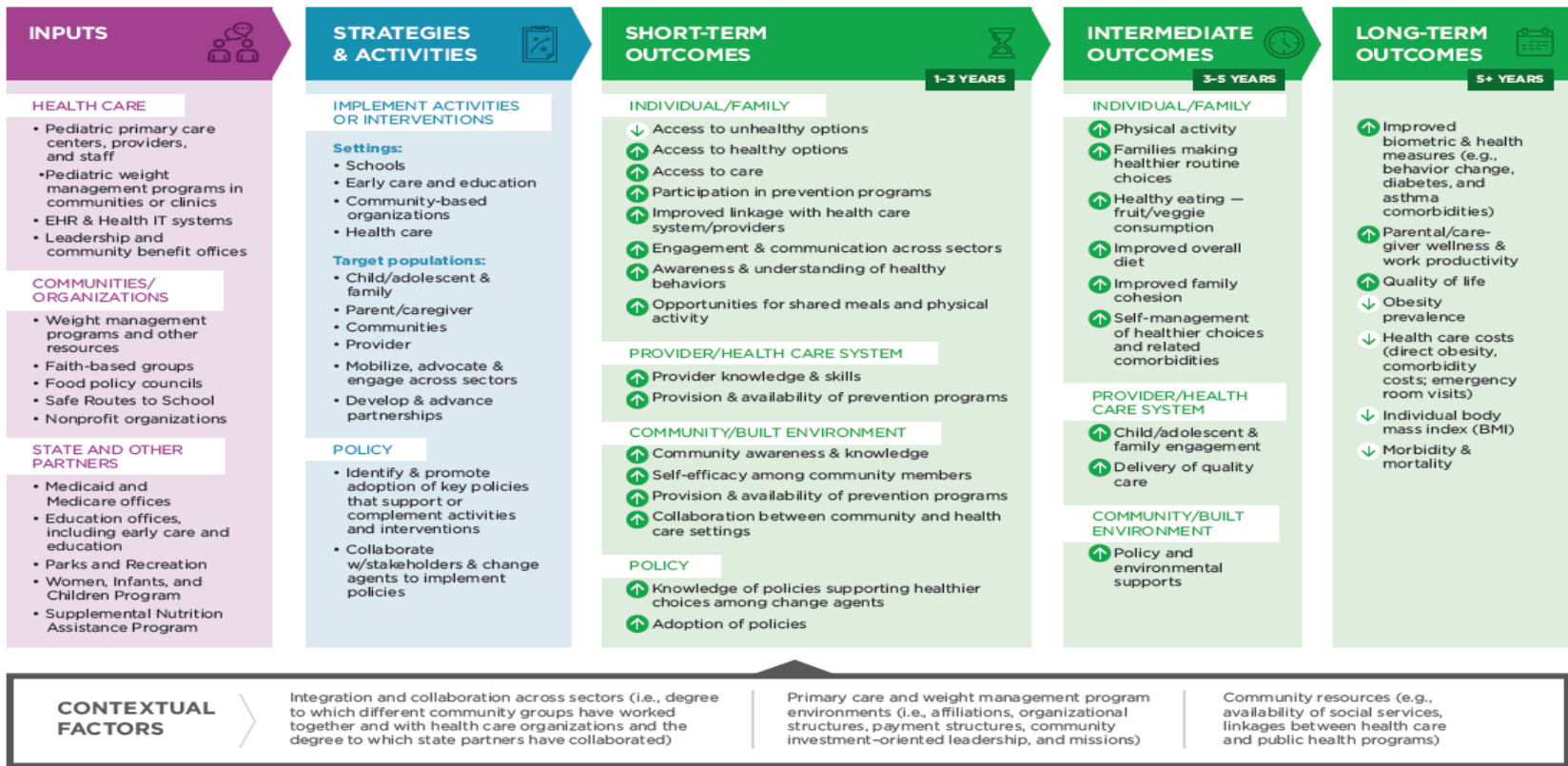
# Wrap up...

- Showing impact—or progress toward impact—is not easy
- But critical to improving programs and making a difference...






# Sample Logic Model

## Evaluation of Health Care-Community Engagement Efforts to Address Obesity: A Sample Logic Model



This logic model presents activities and outcomes of community engagement interventions designed to address childhood obesity. This can be modified based on the specific goals of an intervention

# Sample Metrics

|  <b>INDIVIDUAL &amp; FAMILY</b>                                     |  <b>COMMUNITY &amp; BUILT ENVIRONMENT</b> |  <b>POLICY</b>      |
|--|--|--|
| Body mass index (BMI) (prevalence change in age and gender specific percentile for children)   | Number of early care and education best practices met for healthier food   | Number of school wellness policies supporting criteria-driven healthy cafeteria or vending offerings   |
| % Weight loss (for adults)   | Number of fruit & vegetable vouchers, coupons, or other benefits redeemed per pre-specified denominator                      | Development of policies supporting complete streets design   |
| Behavior change (fruit & vegetable consumption, physical activity, sugary beverage consumption, sedentary time, healthy sleep)                       | Increased engagement and enrollment of families needing assistance with food voucher programs                                | Development of policies supporting safe public transport, increased connectivity and commuting options |
| Comorbidities (e.g., incidence, prevalence of diabetes or asthma; measures of control (glycosylated hemoglobin); utilization (emergency room visits) | Number of Safe Routes to School programs per pre-specified denominator   |  |
| Quality of life  | Staff, project capacity, and service utilization surveys   |  |
| Attendance, satisfaction, and utilization surveys  | Community coalition surveys  |  |

This table lists a sample set of metrics relevant to childhood obesity that capture both processes measures and potential outcomes relevant to the child, family, community, built environment and systems. These can be tailored to intervention and community specific needs.



# Next Steps

- Continue to fill in the gaps
- Promote and support evaluation
- Innovative solutions
- Learning communities



# Contact Information



**Brook Belay**

Medical Officer

Obesity Prevention and Control

Division of Nutrition, Physical Activity, and Obesity

Centers for Disease Control and Prevention

Email: [bbelay@cdc.gov](mailto:bbelay@cdc.gov)



**Daniel Kidder**

Health Scientist

Program Performance and Evaluation Office

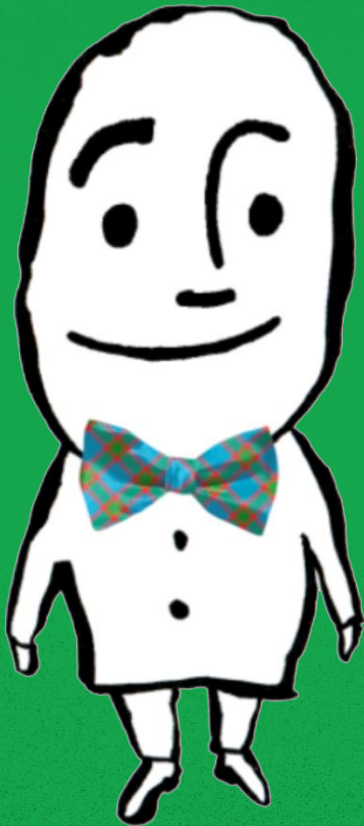
Office of the Director

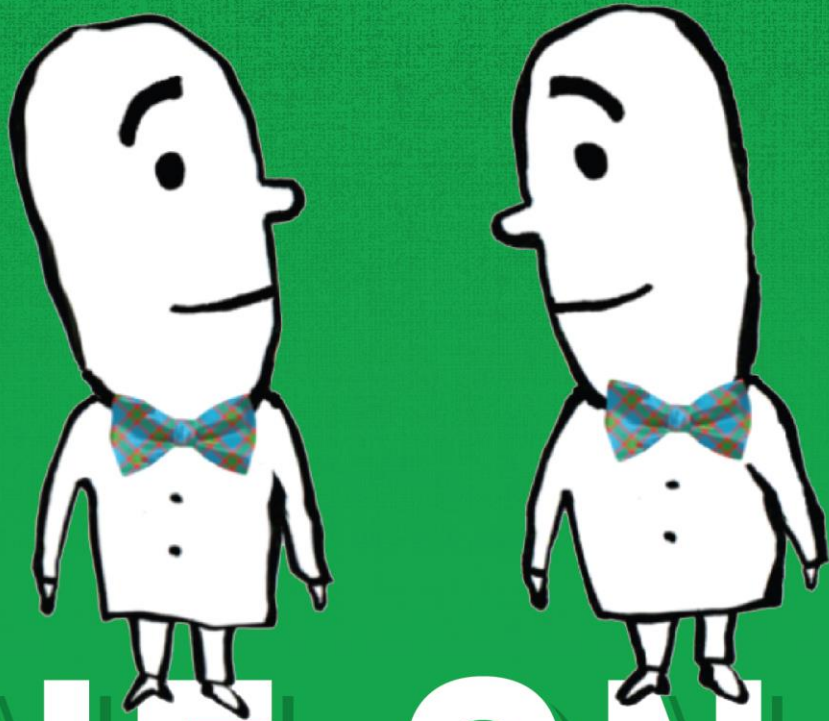
Centers for Disease Control and Prevention

Email: [dtk8@cdc.gov](mailto:dtk8@cdc.gov)

# QUESTIONS?

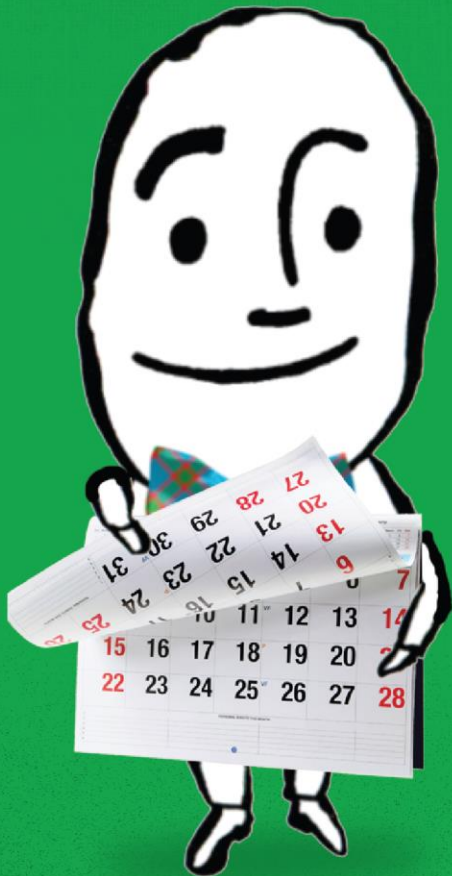
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ONE ON ONE

# UPCOMING EVENTS



# NCCOR #ChildObesityChat Twitter Chat



Join @NCCOR and @NIHprevents for a

**#childobesitychat**

**TWITTER CHAT**

TO CONTINUE THE  
DISCUSSION ON

**HEALTH CARE-COMMUNITY  
COLLABORATIONS TO ADDRESS  
CHILDHOOD OBESITY**

**TUESDAY  
NOV 15**

**2 PM ET**

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# FURTHER QUESTIONS?

Other questions about NCCOR or  
upcoming activities?

Email the NCCOR Coordinating Center at  
[nccor@fhi360.org](mailto:nccor@fhi360.org)

## WHAT'S HAPPENING IN NCCOR NEWS

[NCCOR at APHA](#)

[Connect & Explore SNAP-Ed  
Evaluation Framework Q&A](#)

[Connect & Explore: Evaluating Health  
Care-Community Collaborations:  
Hospital-Based Programs](#)

[Three ways NCCOR is accelerating  
progress to reduce Childhood Obesity](#)

[NCCOR Childhood Obesity Declines –  
New RWJF Signs of Progress Data](#)

## Connect & Explore



### Upcoming Webinars

Mark your calendar for these upcoming Connect & Explore webinars!

**NOV 10**

[Evaluating Health Care-Community Collaborations:  
Implications and Recommendations for the Field](#)

### Archived Webinars

Missed a webinar? Check out videos from past webinars.

**2016**

2015

2014

2011

2010

2009

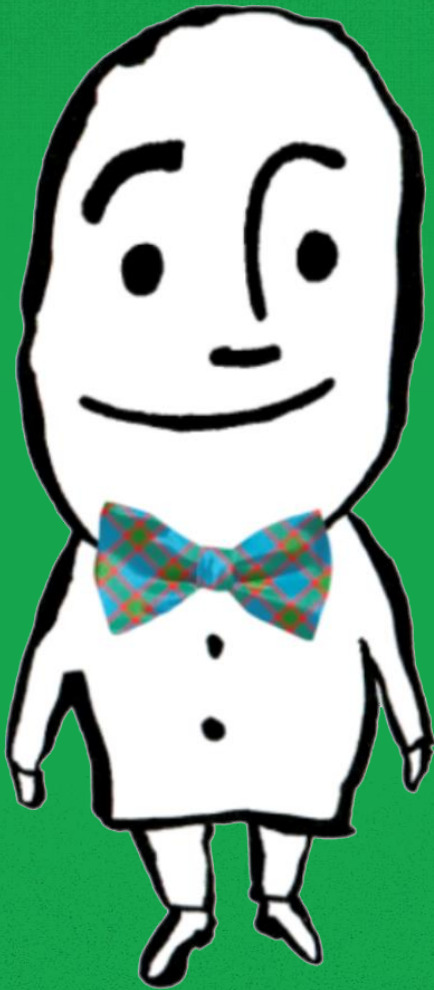
**OCT 27**

[Looking Back and Looking Forward: Nine Years of  
School District Wellness Policy Implementation](#)

**SEP 14**

[Evaluating Health Care-Community Collaborations –  
A Three-Part Series](#)





**THANK YOU!**