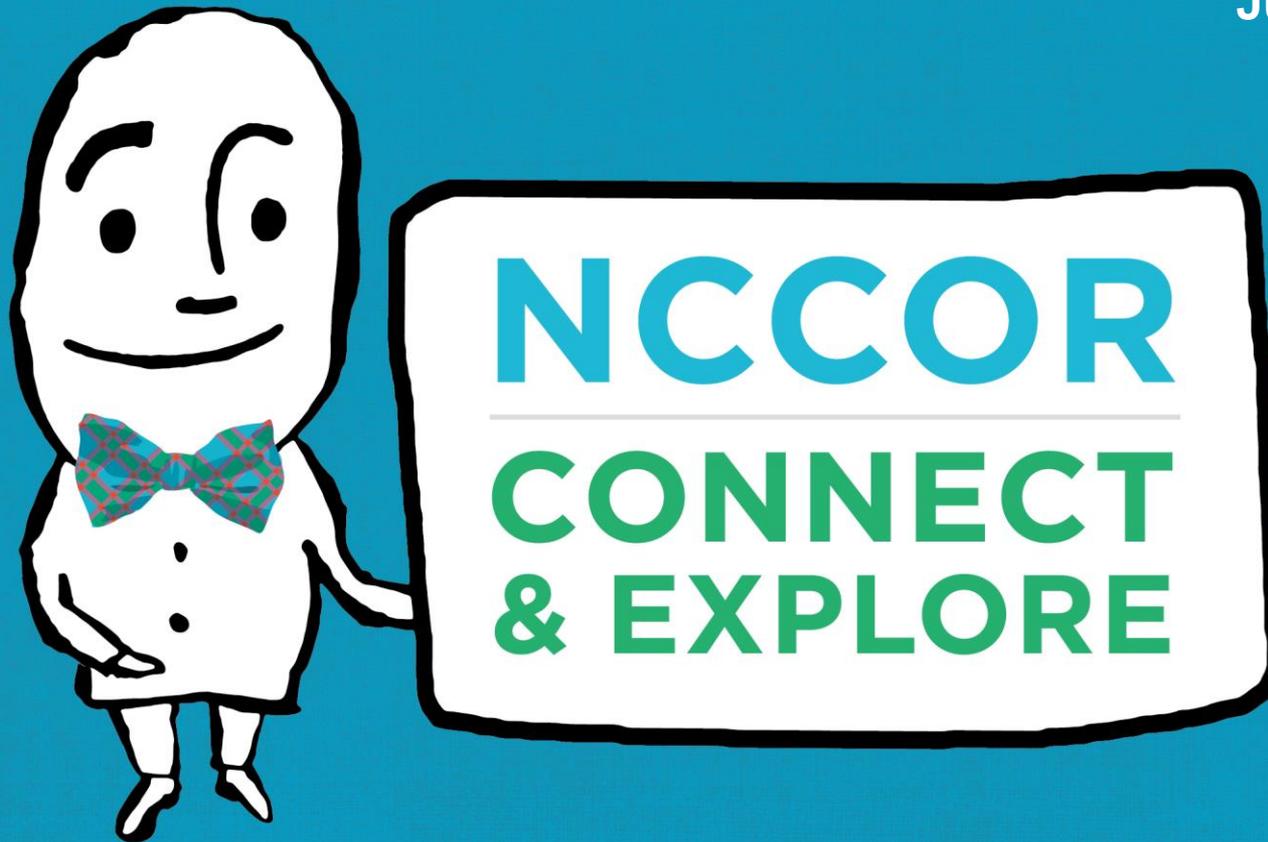


June 22, 2016

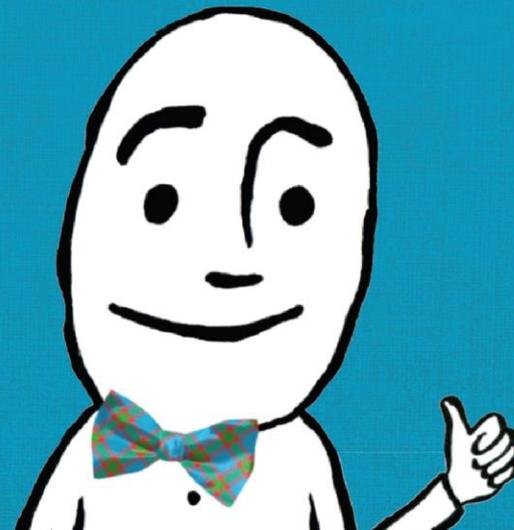


Connecting you with experts. Exploring the latest childhood obesity news and research.

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

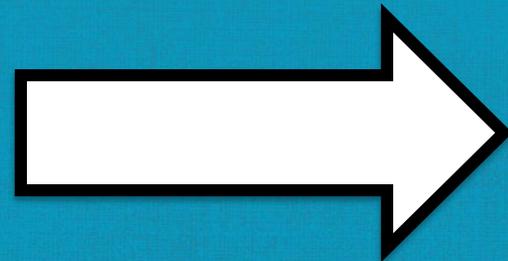
- Spotlight:
 - Evaluating Community Health Care Engagement Models in Obesity Prevention
 - The Power of Healthy Communities: Clinic-Community Collaboration
- One on One
- What's Next?

TODAY'S PROGRAM



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Today's Speakers



Elaine Arkin
National Collaborative on
Childhood Obesity Research



Elsa Keeler
Pediatric Physician
HealthPartners



Darcy Freedman
Associate Professor of
Epidemiology, Biostatistics,
and Social Work at Case
Western Reserve University



Marna Canterbury
Director of Community Health
Lakeview Health Foundation
HealthPartners



Evaluating Community Health Care Engagement Models in Obesity Prevention

Darcy Freedman, MPH, PhD

Associate Professor, Epidemiology, Biostatistics, and Social Work
Associate Director, Prevention Research Center for Healthy
Neighborhoods

Case Western Reserve University, Cleveland, Ohio

Right Choice Fresh Start (RCFS) Farmers Market



Disclosures

- This research is a product of the **University of South Carolina (USC) Prevention Research Center**, supported by Cooperative Agreement Number 3U48DP001936 for the USC Cancer Prevention and Control Research Network, and by the **Prevention Research Center for Healthy Neighborhoods at Case Western Reserve University**, supported by Cooperative Agreement Number U48DP001930, both awarded by CDC.
- I do not have conflicts of interest, real or perceived, related to this presentation. Results and information presented are the views of the author and do not necessarily represent the official position of the CDC.

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Family Health Centers, Inc.

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- Sylvia Ellis

South Carolina Primary Health Care Association

- Vicki Young, PhD

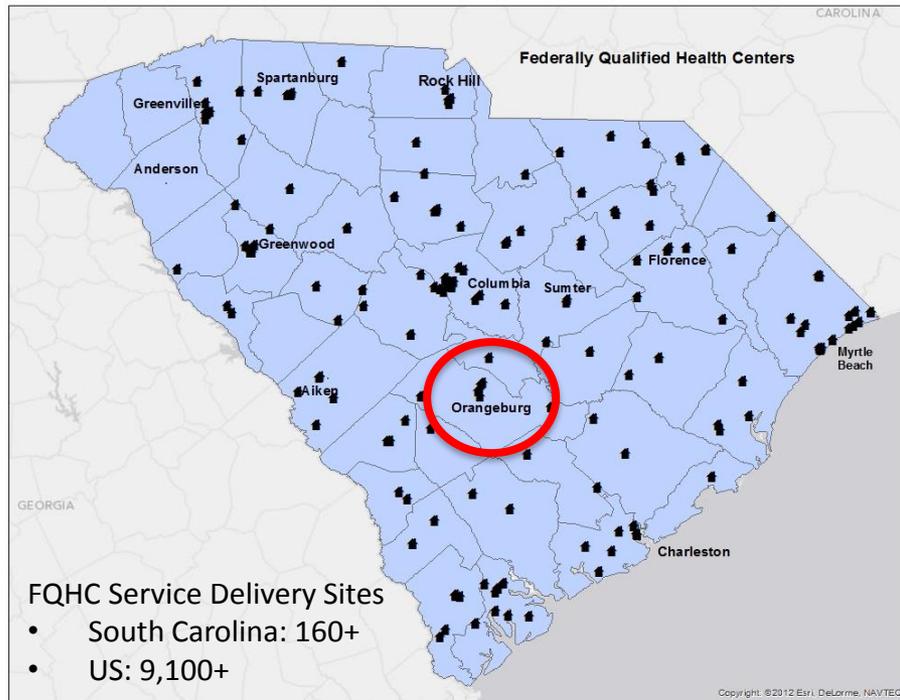
University of South Carolina, Cancer Prevention & Control Research Network

- Daniela Friedman, PhD (PI)
- James Hebert, ScD (PI)
- Heather Brandt, PhD
- Kassy Alia, MS
- Amy Mattison-Faye, MPH
- Jason Greene, MPH
- Aaron Guest
- Kathryn Kranjc
- Thomas Hurley, MS
- Seul Ki Choi, MPH

What is the RCFS Farmers' Market model?



Background



Federally Qualified Health Center (FQHC) based farmers' market.

Formed in 2010 as a **community-university partnership** between University of South Carolina (USC) and Family Health Centers, Inc.

Supported through the **USC Cancer Prevention and Control Research Network (CPCRN)** funded by CDC through the Prevention Research Center Special Interest Project (SIP) Program (2010-2014).

Opened for its **6th season** on June 3, 2016!

***FQHCs** - serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.*

Study Context

Patient Population in 2009: >25,000
 Diabetes prevalence: 15%
 Uninsured: 30%
 Medicaid: 30%



	South Carolina	Orangeburg County
Population, 2011*	4,679,230	91,910
African American, 2011*	28.1%	62.3%
Median household income, 2006-10*	\$43,939	\$32,849
Person below poverty level, 2006-10*	16.4%	25.8%
Persons/square mile, 2010*	153.9	83.6 (micropolitan area)
Adult obesity**	31%	40%
Diabetes**	11%	15%

*U.S. Census Bureau, **County Health Rankings

Desired Outcomes

1. To increase access to produce among patients at the community health center.
2. To improve diet among adults and children in the community.
3. To increase demand for local farmers' products.

Successes & Opportunities



Successful Strategies: Engaging the Community



Evaluation

Memorandum of Agreement (10/2010, renewed annually)

Community Visioning Meeting (11/2010), N=50

Advisory Council (2/2011-ongoing); Establish Vendor Policies; Hire Farmers' Market Manager

Farmers' Market opened June 2010; 6th season opened June 2016; Customer and Farmer Satisfaction Surveys (ongoing); Events at market

Seek additional funding: SC Cancer Alliance, CTG, Farm Bureau, USDA Community Food Project, USDA Farmers' Market Marketing Grant



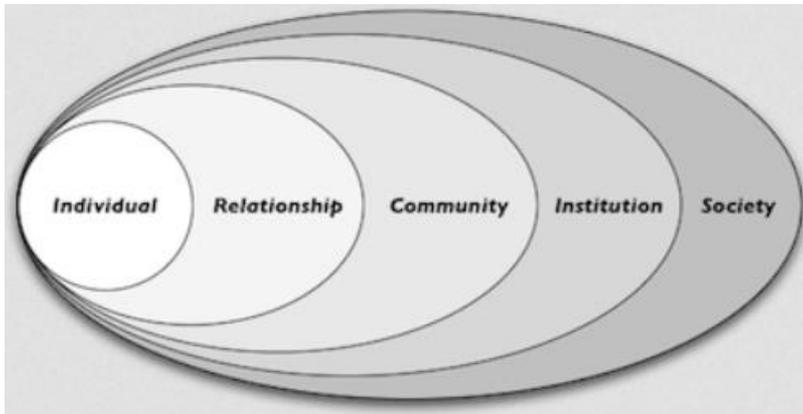
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Successful Strategies: Guided by Multicomponent Nutritious Food Access Framework

(Freedman et al., 2013)

Domain of Food Access	Intervention Components
Economic	<ul style="list-style-type: none"> • SNAP accepted • Fair market prices • Financial incentive programs
Service Delivery	<ul style="list-style-type: none"> • Vendor policy • Focus on customer service (e.g., manager, vendors, volunteers)
Spatial-temporal	<ul style="list-style-type: none"> • Located at federally qualified health center • Easy to access by car, bus, or foot • Handicap accessible • Open at time convenient to community
Social	<ul style="list-style-type: none"> • Ongoing feedback from community (e.g., community visioning meeting, customer feedback) • Organized by Community Advisory Council • Hired community member to be manager • Events at market
Personal	<ul style="list-style-type: none"> • Health education at and through the market (e.g., RX program) • Recipe exchanges (formal and informal) • Education about healthy eating

Successful Strategies: Focused on Systems Change



Example: Produce Prescription Program

Family Health Centers, Inc.

Name: _____ Date: _____

Eating plenty of fruits and veggies may help reduce the risk of many diseases, including heart disease, high blood pressure, diabetes, and some cancers.

Fruits and veggies are HIGH in fiber, vitamins, and minerals and are naturally LOW in calories.

Rx:

At each meal, fill half your plate with colorful fruits and vegetables!

*Try to consume at least 5 servings of fruits and vegetables each day.
Limit the use of butters, oils, meats, and sugars to flavor produce.*

Provider: _____

Fill your prescription at the Right Choice Fresh Start (RCFS) Farmers' Market between June 3 and October 28, 2011 and receive \$1.00 off your purchase of fresh fruits and veggies. Coupon only redeemable at the RCFS farmers' market. Prescription must be submitted to farmer for redemption. Provided while funds last.

Less Successful Strategies

Researchers innovating change rather than empowering community health center to lead

- Prescription program
- Advisory Council
- Evaluation
- Grant writing

“I would love to see it [RCFS] go forward. We must keep it simple. If we get too far out there, we can get beyond what we can handle and it will go the wrong way. So we have got to keep it simple and adjust according to what needs to be addressed. That is very important.”

Alvin Pair, Market Vendor and Advisory Council Member

Evaluation



Reach

Enrollment in Shop N Save Healthy Food Incentive Program (n=336)

- 54% patient at FQHC
- 91% female
- 90% African American
- 52% had SNAP
- 39% with children in household
- 30% had diabetes
- 41% had high blood pressure



Shop N Save Healthy Food Incentive

Shop N Save - self-enrollment intervention that provides one \$5 monetary incentive per week to farmers' market customers spending at least \$5 at the market using SNAP, WIC, and/or Senior or WIC FMNP vouchers.

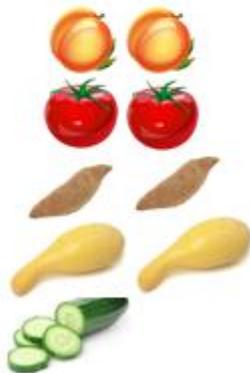
52% extension of food assistance dollars through SNS matching program

\$1.00 in food assistance became \$1.52 with SNS match

Example: \$5.00 food assistance resulted in

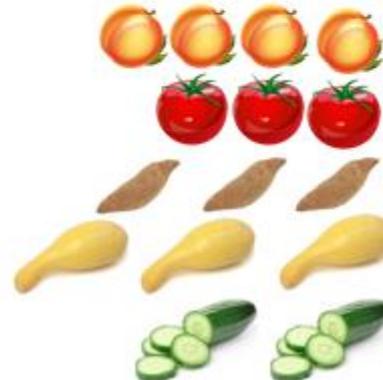
Without match (\$5.00)

9 fruits and veggies



With match (\$7.60)

15 fruits and veggies



Continued Success of RCFS

- In 2015:
 - 1,153 SNAP/EBT purchases were made at the RCFS farmers' market.
 - Average of 55 SNAP/EBT transactions per week
 - 1,409 people received healthy food incentives
- Goal to expand the RCFS to additional health center sites through USDA funding

What Dose Would Be Effective?

Table 4

Odds ratios and 95% confidence intervals of increases in fruit and vegetable consumption over time among diabetics frequenting a FQHC-based farmers' market in rural South Carolina, June–October, 2011 (N=41).

Variables	Odds ratio	95% confidence interval
Self-reported BMI	1.04	0.92–1.17
Payment type		
Study voucher only	38.8**	3.35–445.0
Study voucher + other form of payment	1.00	Referent
Number of farmers' market visits	2.07*	1.09–3.95
Total amount of money spent at the farmers' market	1.02	0.94–1.09
Receipt of food assistance in the past year		
Yes	0.39	0.07–2.08
No	1.00	Referent

* $p < 0.05$.

** $p < 0.01$.

How Did You hear about the RCFS MARKET?

WORD OF MOUTH



21

ADVERTISEMENT



5

SIGN OR BANNER
at Family Health Center



6

my healthcare
provider



10

other



14

LOOKING AHEAD



Replicability & Sustainability

Planting Healthy Roots:

A Look at the Right Choice, Fresh Start Farmers' Market



SOUTH CAROLINA
CPCRN

FAMILY | health
CENTERS INC.

Right Choice, Fresh Start

Farmers Market

Funding for the documentary film provided by the Science and Health Communication Research Group at the University of South Carolina.

Planting Healthy Roots: A Look at the Right Choice, Fresh Start Farmers' Market



Please join us for light refreshments and a screening of this new documentary film telling the story of the Right Choice, Fresh Start Farmers' Market

Two screening dates are offered for your convenience

Thursday, October 13, 2011
6:30 to 8:00 in the evening
Trinity United Methodist Church
185 Boulevard North East
Orangeburg, South Carolina

or
Tuesday, October 18, 2011
6:30 to 8:00 in the evening
John W. Matthews, Jr. Auditorium at
South Carolina State University
810 Goff Avenue
Orangeburg, South Carolina

Due to limited seating, please RSVP by October 7 for the October 13 viewing or by October 14 for the October 18 screening to Shanna Hastie at hasties@bellsouth.net or 803-777-2674.



<http://www.youtube.com/watch?v=viPtYFwzD6I>

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Replicability

Building Farmacies:



A Guide for Implementing a Farmers' Market at a Community Health Center

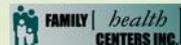
Darcy A. Freedman^{1,2} & Cassandra A. Alia³

University of South Carolina, College of Social Work¹

University of South Carolina, Cancer Prevention and Control Program²

University of South Carolina, Department of Psychology³

February 2013



UNIVERSITY OF SOUTH CAROLINA
College of Social Work

CANCER PREVENTION & CONTROL PROGRAM

South Carolina
CANCER ALLIANCE
Many Voices - One Cause

SOUTH CAROLINA
PRIMARY HEALTH CARE ASSOCIATION

Guest et al, 2015

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Sustainability

South Carolina Budget Proviso (June 2013)

38.26. (DSS: SNAP Coupons) *The Department of Social Services shall **establish a program to provide coupons that will allow Supplemental Nutrition Assistance Program (SNAP) recipients to obtain additional fresh fruits and vegetables** when purchasing fresh produce at grocery stores or farmers markets with SNAP benefits through their EBT cards. **Each coupon shall allow the beneficiary to double the amount of produce purchased, up to five dollars.** The agency shall utilize all funds received in the prior and current fiscal years from the U.S. Department of Agriculture as a bonus for reducing the error rate in processing SNAP applications to fund the program.*



Sen. Alexander Sen. Pinckney

Sustainability

Food Insecurity Nutrition Incentive Program (FINI), Agriculture Act of 2014

FINI Grant Program supports projects to increase the purchase of fruits and vegetables among low-income consumers participating in the Supplemental Nutrition Assistance Program (SNAP) by providing incentives at the point of purchase. There are three categories of projects: (1) FINI Pilot Projects (awards not to exceed a total of \$100,000 over one year); (2) Multi-year, community-based FINI Projects (awards not to exceed a total of \$500,000 over no more than four years); and (3) Multi-year, FINI Large-Scale Projects (awards of \$500,000 or more over no more than four years).

Replicability & Sustainability



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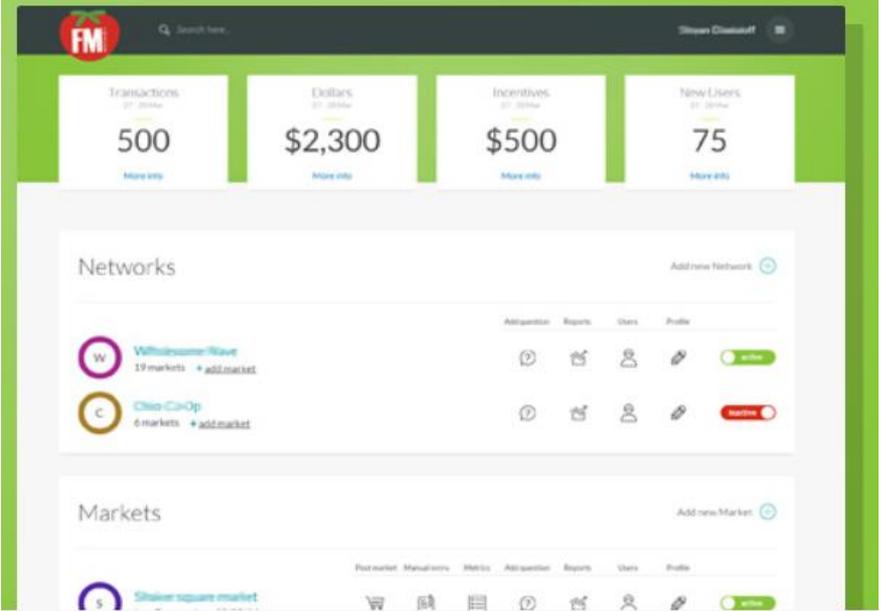
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500 Transactions
More info

\$2,300 Dollars
More info

\$500 Incentives
More info

75 New Users
More info

Networks

Add new Network

	Attraction	Reports	Users	Profile	
Willowbrook River 19 markets + add market					Active
Chico Co-Op 6 markets + add market					Inactive

Markets

Add new Market

	Post market	Manual entry	Market	Attraction	Reports	Users	Profile	
Shaker square market								Active

<https://access.fmtracks.org/>

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Contact Information



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Director of the Ohio Building Capacity for Obesity Prevention Research Network

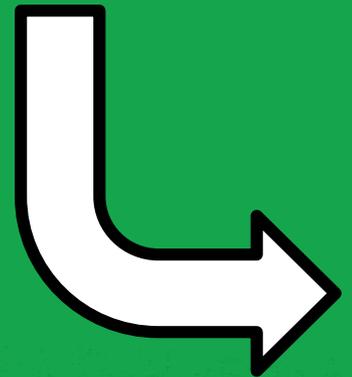
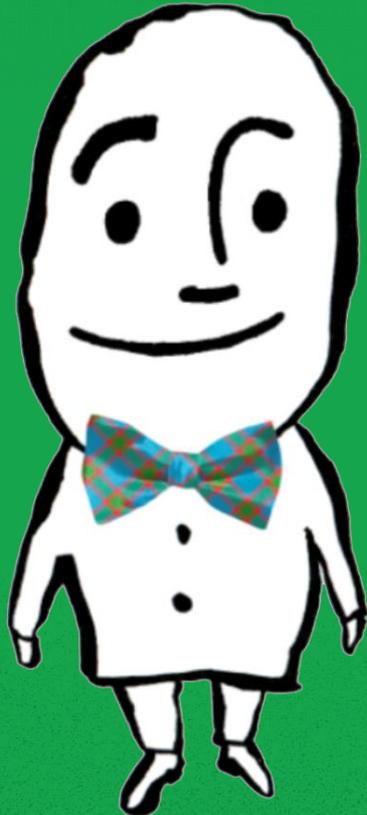
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Questions?

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



The Power of Healthy Communities: Clinic- Community Collaboration

Dr. Elsa Keeler, MD, MPH, Pediatric Physician, HealthPartners
Ms. Marna Canterbury, MS, RD, Director of Community Health
Lakeview Health Foundation, Health Partners

- **Purpose:** Community-based initiatives, to make better eating and physical activity easy, fun, and popular so youth can reach their full potential.
- Shared leadership with specific communities
- Focus on community-level change over 10+ years



Community Initiatives Framework

Community-based

- In and with the community
- Shared leadership

Multi-level

- Environment
- Engagement
- Programs
- Clinical

Measure over time



Community Engagement and Change

Community Engagement and “Phases” Continuum

Outreach	Consult	Involve	Collaborate	Shared Leadership
Community informed	Community provides feedback	Community participates	Community as a partner	Community leads, makes decisions
Phase I	Phase II	Phase III*	Phase IV	Long-Term
Basic Program Promotion	Core Initiative Development	Innovation, Strategy Development	Sector Expansion, Community ownership	Sustainable, Community Change

Sources: Principles of Community Engagement, CDC
PowerUp/BearPower Community Phase Framework, HealthPartners

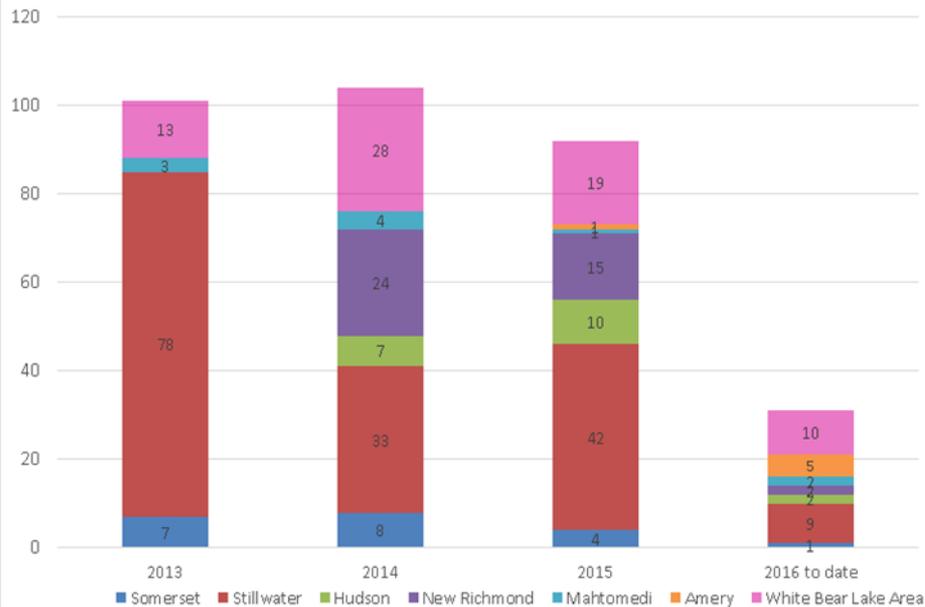
Co-Creating Community Change

- School Challenge Program and School Change Toolkits
- Sports Nutrition Training
- School policy change
- Parks Passport
- Open gyms and pools
- Farmer's Markets/Community Gardens
- Transforming Food Shelves: Better Shelf for Better Health
- Local Government proclamations

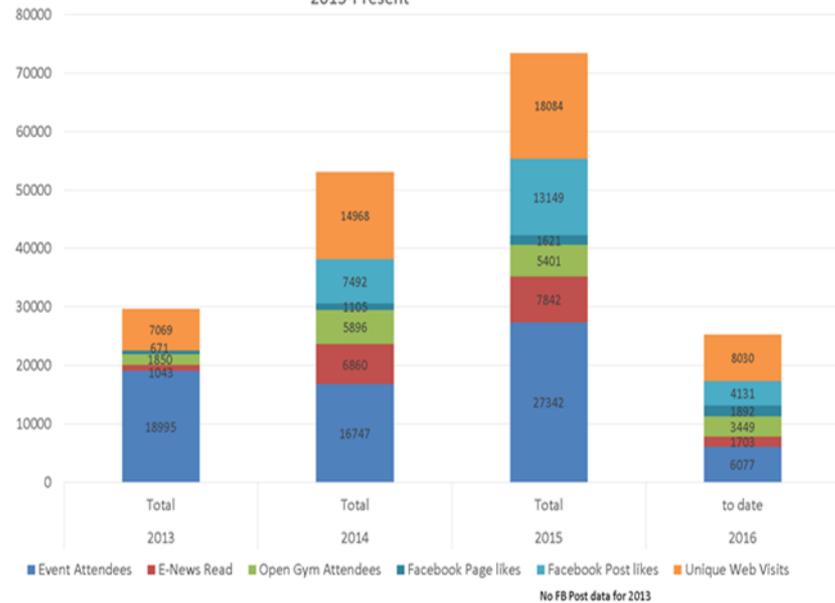


PowerUp and BearPower Reach and Engagement over time

Count of Events by Community Over Time 2013-Present



PowerUp and BearPower Community Participation and Engagement 2013-Present



Fruit and Veggie Rx

- Purpose: Engage clinicians in encouraging patient families to purchase fruits and vegetables.
- Rx for \$10 of fruits/veggies redeemable at local grocery



RX Year /Reach	# Clinics	Issued	Redeemed
2014 BP Pilot	2: Hugo/WBL	177	29%
2015	15 clinics Hugo clinic	6480 250	33% 48%
2016	58 clinics Hugo/WBL clinics	>15,000	TBD: grocer covers cost of Rx for 50 clinics

BearPower Rx For Wellness

Partnership: HealthPartners WBL clinic/YMCA

- Rx: 3 month discounted family YMCA membership
- Monitoring: referrals, visits, continuation of membership

Eligibility

- Live in area, 3 to 12 years old
- Need for and interest in healthy lifestyle and physical activity

Reach

- 34 prescribed, 20 (71%) enrolled
- Phone follow-up from YMCA after Rx is received
- 50% of those enrolled continue YMCA membership without a prescription



BearPower and Solid Ground

- **Solid Ground**
- Affordable housing and support for families experiencing homelessness
- Part of WBL community, early childhood, schools, and healthcare
- **A story of co-learning, engagement, collaboration...**
- 2014
 - Resident Council + BearPower+ Clinic
- 2015
 - “Soul Food” Community meal
 - BearPower clinic garden, produce to SG
- 2016
 - Solid Ground/Clinic gardens
 - Garden Produce Community meal
 - Canning
 - Youth engagement



Contact Information



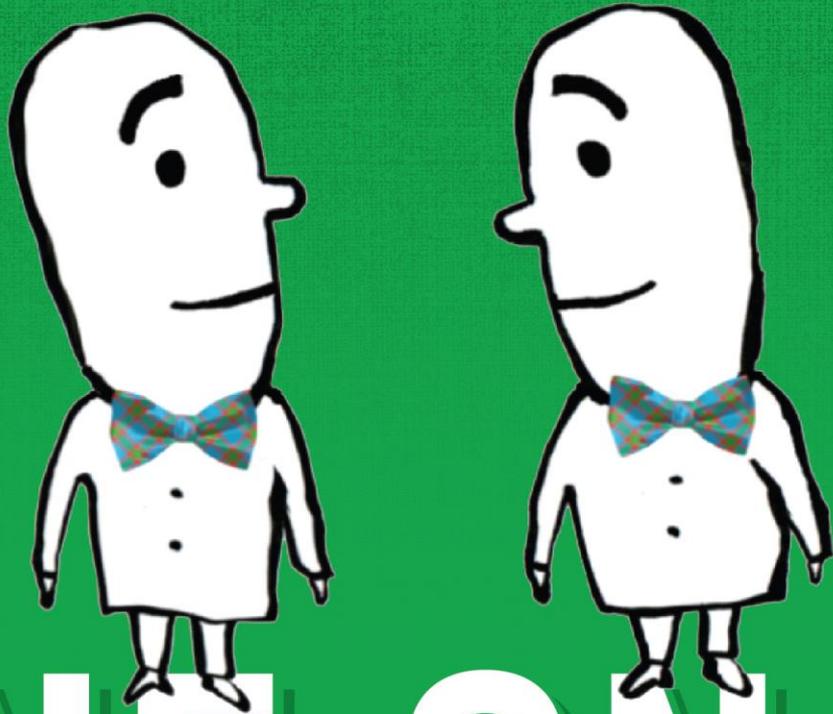
Elsa Keeler

Pediatric Physician HealthPartners
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Marna Canterbury

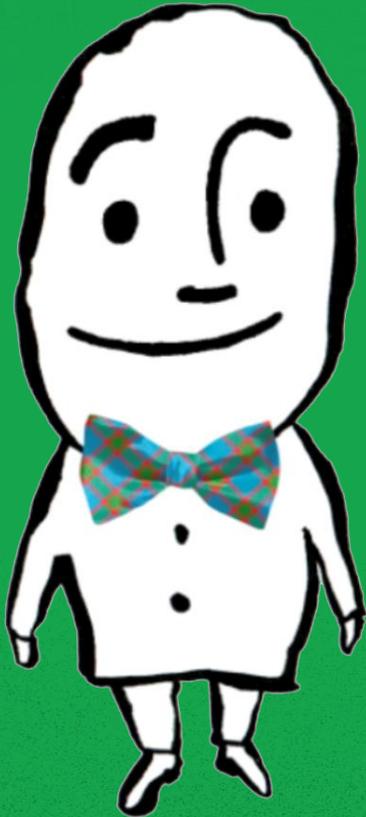
Director of Community Health
Lakeview Health Foundation
HealthPartners
Marna.M.Canterbury@Lakeview.org



ONE ON ONE

Questions?

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



One on One

How can clinics establish relationships with farmers without the help of university researchers?

One on One

What are the characteristics of a community that make it more successful in adopting this kind of program?

One on One

Questions from the Audience

TOOLS YOU CAN USE



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NEW SNAP-Ed Evaluation Framework

- The Evaluation Framework complements the SNAP-Ed Strategies and Interventions: An Obesity Prevention toolkit for States
- Includes a focused menu of outcome indicators that align with the SNAP-Ed guiding principles
- Focus on 4 levels of change:
 - Individual
 - Environmental Settings
 - Sectors of Influence
 - Population Level
- Presented in a logic model format

SNAP-ED EVALUATION FRAMEWORK

Nutrition, Physical Activity, and Obesity Prevention Indicators

	READINESS & CAPACITY SHORT TERM (ST)	CHANGES MEDIUM TERM (MT)	EFFECTIVENESS & MAINTENANCE LONG TERM (LT)	
INDIVIDUAL 	GOALS AND INTENTIONS ST1: Healthy Eating ST2: Food Resource Management ST3: Physical Activity and Reduced Sedentary Behavior ST4: Food Safety	BEHAVIORAL CHANGES MT1: Healthy Eating MT2: Food Resource Management MT3: Physical Activity and Reduced Sedentary Behavior MT4: Food Safety	MAINTENANCE OF BEHAVIORAL CHANGES LT1: Healthy Eating LT2: Food Resource Management LT3: Physical Activity and Reduced Sedentary Behavior LT4: Food Safety	POPULATION RESULTS (R) TRENDS AND REDUCTION IN DISPARITIES R1: Overall Diet Quality R2: Fruits & Vegetables R3: Whole Grains R4: Dairy R5: Beverages R6: Food Security R7: Physical Activity and Reduced Sedentary Behavior R8: Breastfeeding R9: Healthy Weight R10: Family Meals R11: Quality of Life
ENVIRONMENTAL SETTINGS EAT, LIVE, WORK, LEARN, SHOP, AND PLAY 	ORGANIZATIONAL MOTIVATORS ST5: Need and Readiness ST6: Champions ST7: Partnerships	ORGANIZATIONAL ADOPTION AND PROMOTION MT5: Nutrition Supports MT6: Physical Activity and Reduced Sedentary Behavior Supports	ORGANIZATIONAL IMPLEMENTATION AND EFFECTIVENESS LT5: Nutrition Supports Implementation LT6: Physical Activity Supports Implementation LT7: Program Recognition LT8: Media Coverage LT9: Leveraged Resources LT10: Planned Sustainability LT11: Unexpected Benefits	
SECTORS OF INFLUENCE 	MULTI-SECTOR CAPACITY ST8: Multi-Sector Partnerships and Planning	MULTI-SECTOR CHANGES MT7: Government Policies MT8: Agriculture MT9: Education Policies MT10: Community Design and Safety MT11: Health Care Clinical-Community Linkages MT12: Social Marketing MT13: Media Practices	MULTI-SECTOR IMPACTS LT12: Food Systems LT13: Government Investments LT14: Agriculture Sales and Incentives LT15: Educational Attainment LT16: Shared Use Streets and Crime Reduction LT17: Health Care Cost Savings LT18: Commercial Marketing of Healthy Foods and Beverages LT19: Community-Wide Recognition Programs	

CHANGES IN SOCIETAL NORMS AND VALUES

Interpretive Guide

- Identifies and explains the indicators, outcome measures, and preferred methodologies for tracking success and developing state- and local-level SNAP-Ed objectives and reporting program evaluation to FNS, other funders, and program stakeholders



THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED) EVALUATION FRAMEWORK:

Nutrition, Physical Activity, and Obesity Prevention Indicators

Interpretive Guide to the SNAP-Ed Evaluation Framework

JUNE 2016

This guide is a collaborative effort between:



Further Questions?

Other questions about NCCOR or upcoming activities?

- Email the NCCOR Coordinating Center at nccor@fhi360.org



NCCOR RESOURCES

- NCCOR Communications
- Infographics
- NCCOR Videos
- NCCOR Webinars**

RESOURCES FROM MEMBERS

- Interventions
- Surveillance
- Research and Evaluation
- Leadership
- Non-Health Partners
- Other Resources

NCCOR Overview Booklet

Learn about the National Collaborative on Childhood Obesity Research and its activities.



HAVE SOMETHING TO SAY? JOIN THE **CONVERSATION**



READ AND SIGN UP FOR OUR E-NEWSLETTER

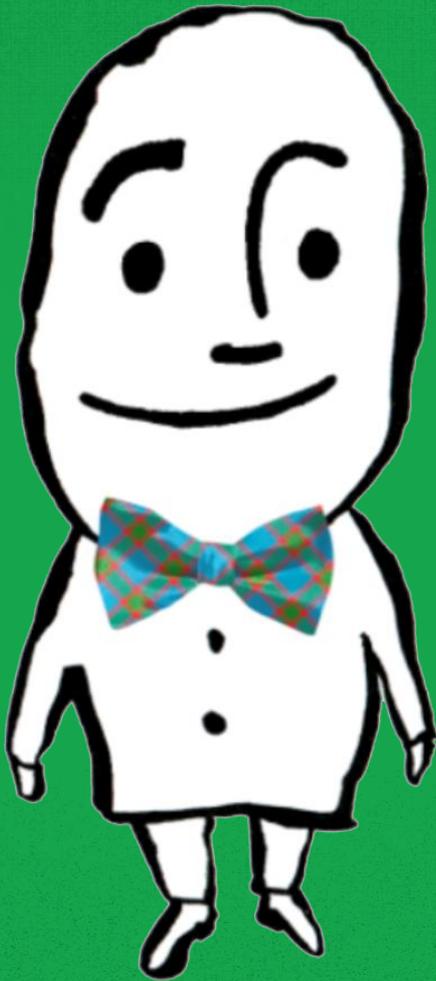


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Thank you!