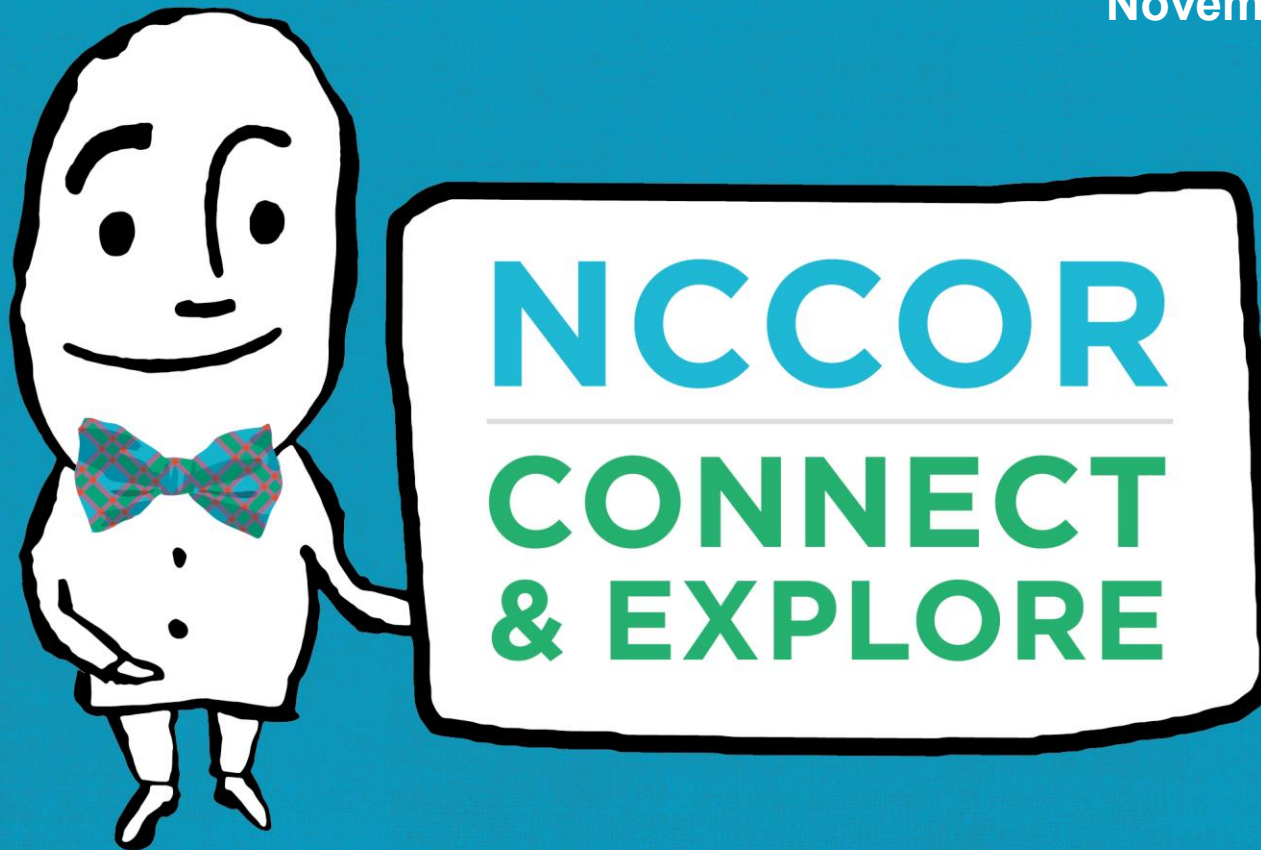


November 10, 2016



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.

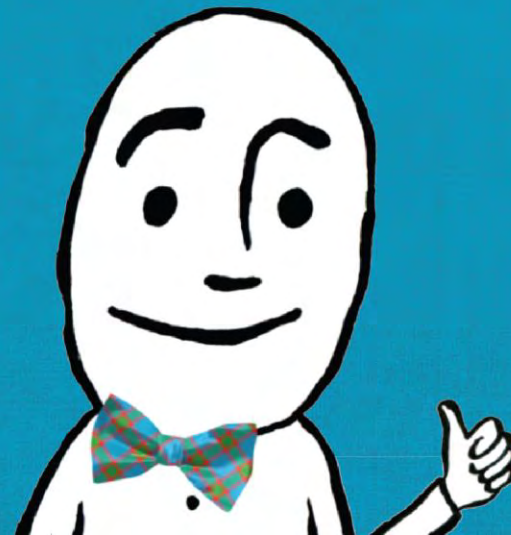
1. Spotlight

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

2. One on One

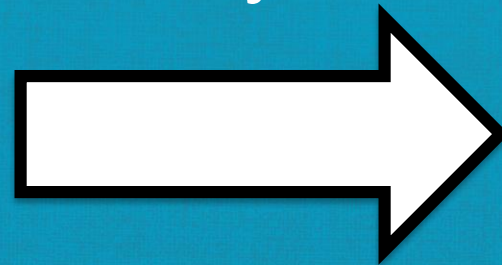
3. Upcoming Events

TODAY'S PROGRAM



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located on the right and a representative
will respond shortly



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#ConnectExplore



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Today's Speakers



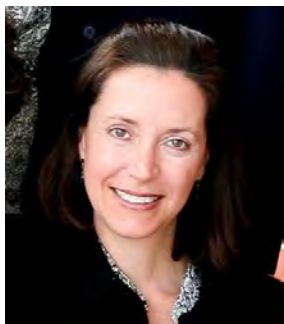
Elaine Arkin

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

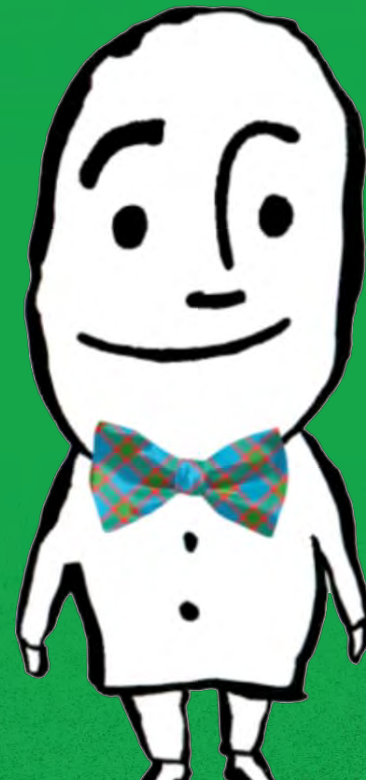
Medical Officer
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Centers for Disease Control
and Prevention



Daniel Kidder

Health Scientist
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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

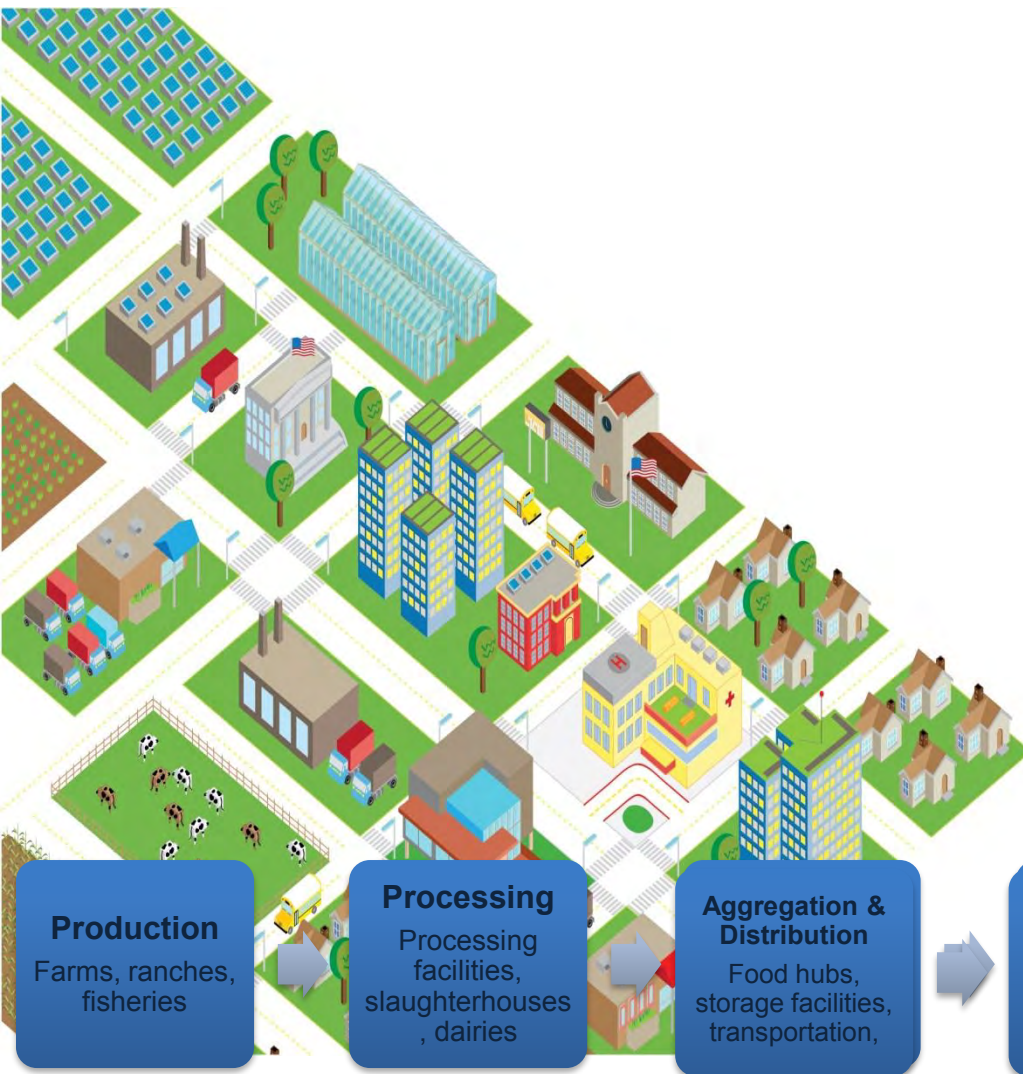
Other leverage points

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



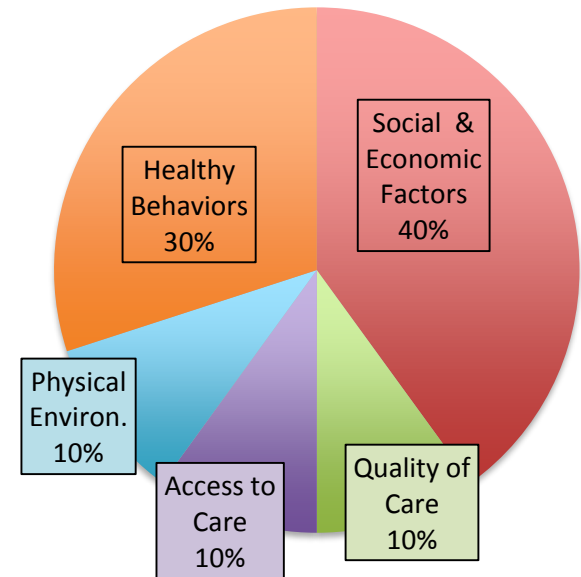
Hospital Community Benefit

- 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

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

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

Facility	Food Insecurity	Access to/ Affordability of Retail Outlets	Fruit and Vegetable Consumption	Participation in nutrition assistance program (SNAP, 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.

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

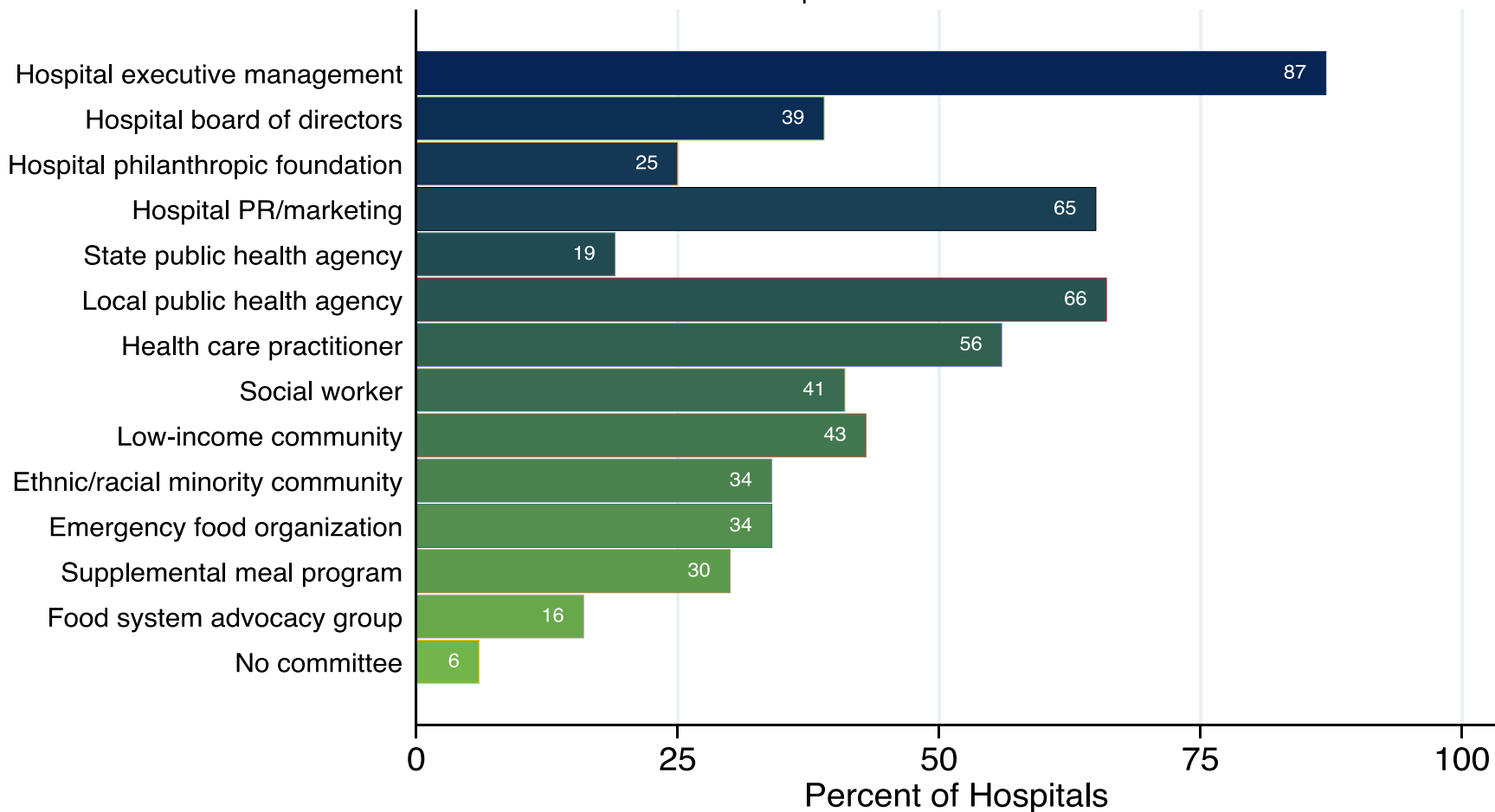
- Program design
- Implementation
- Community partnerships
- Sustainable financing
- Program evaluation



Preliminary National Survey Findings

Representation on CHNA Committees

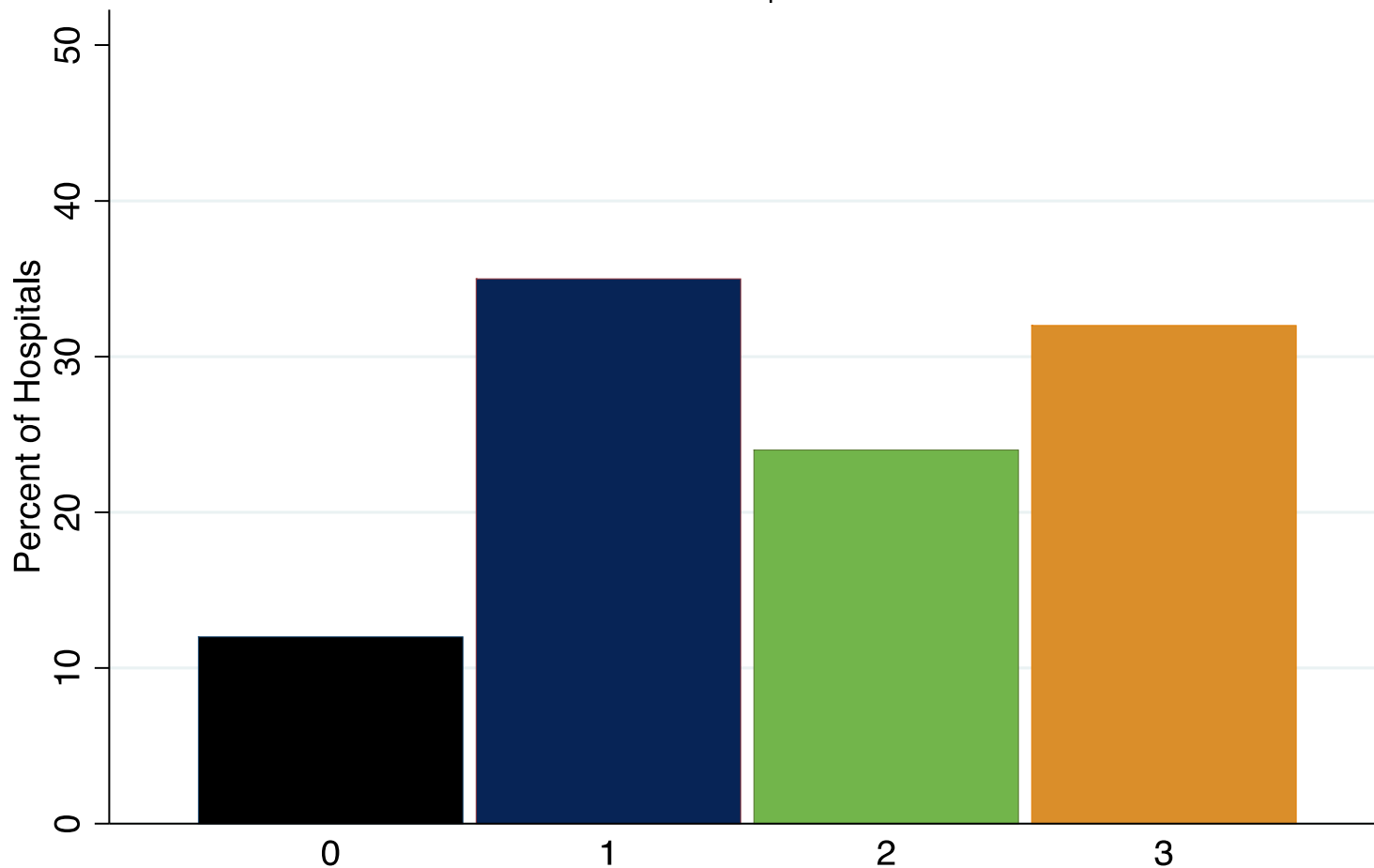
Based on first 99 respondents



Preliminary National Survey Findings

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

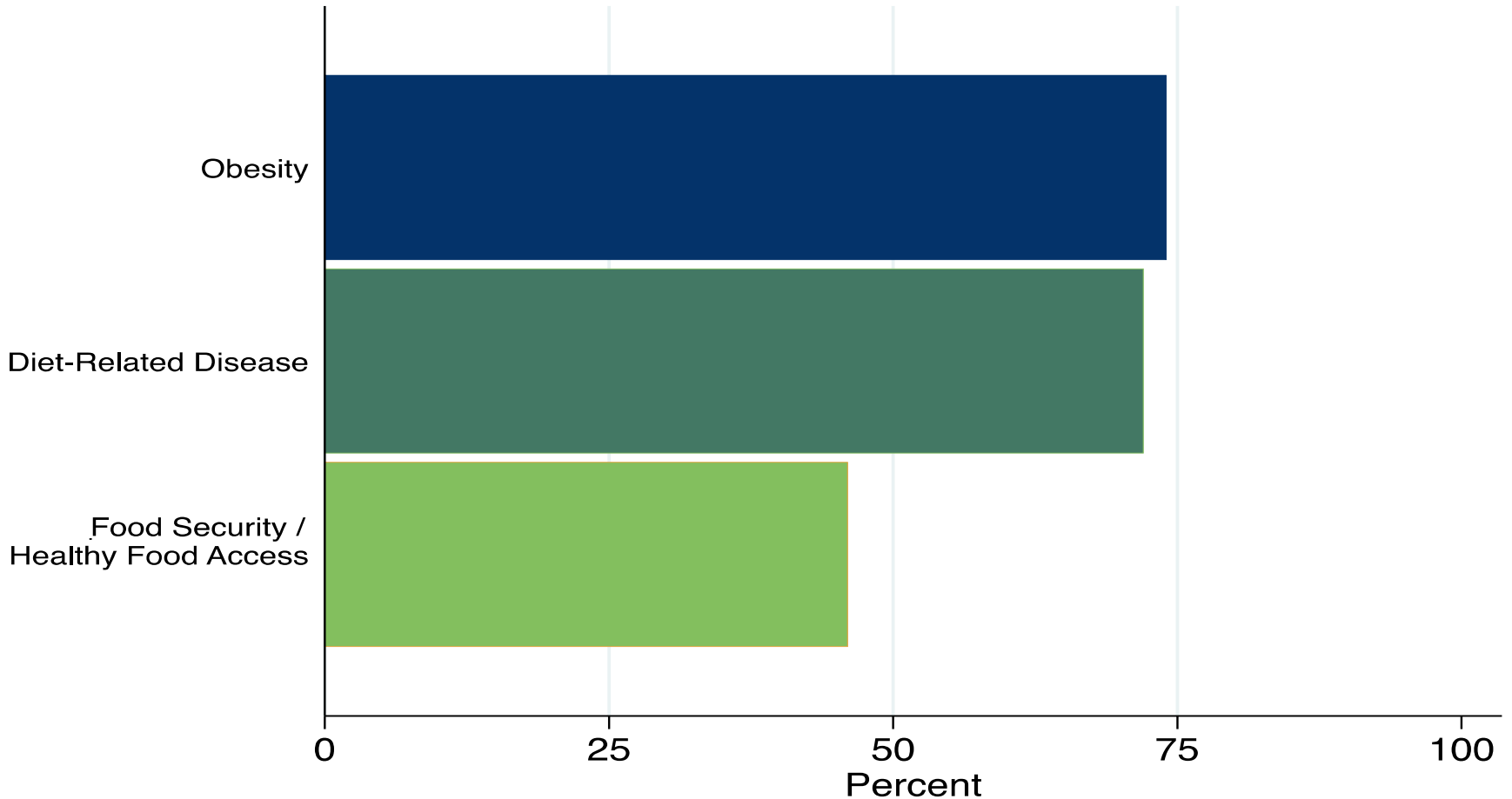
Based on first 99 respondents



Preliminary National Survey Findings

Percent of Community Benefit Programs Addressing Health Need

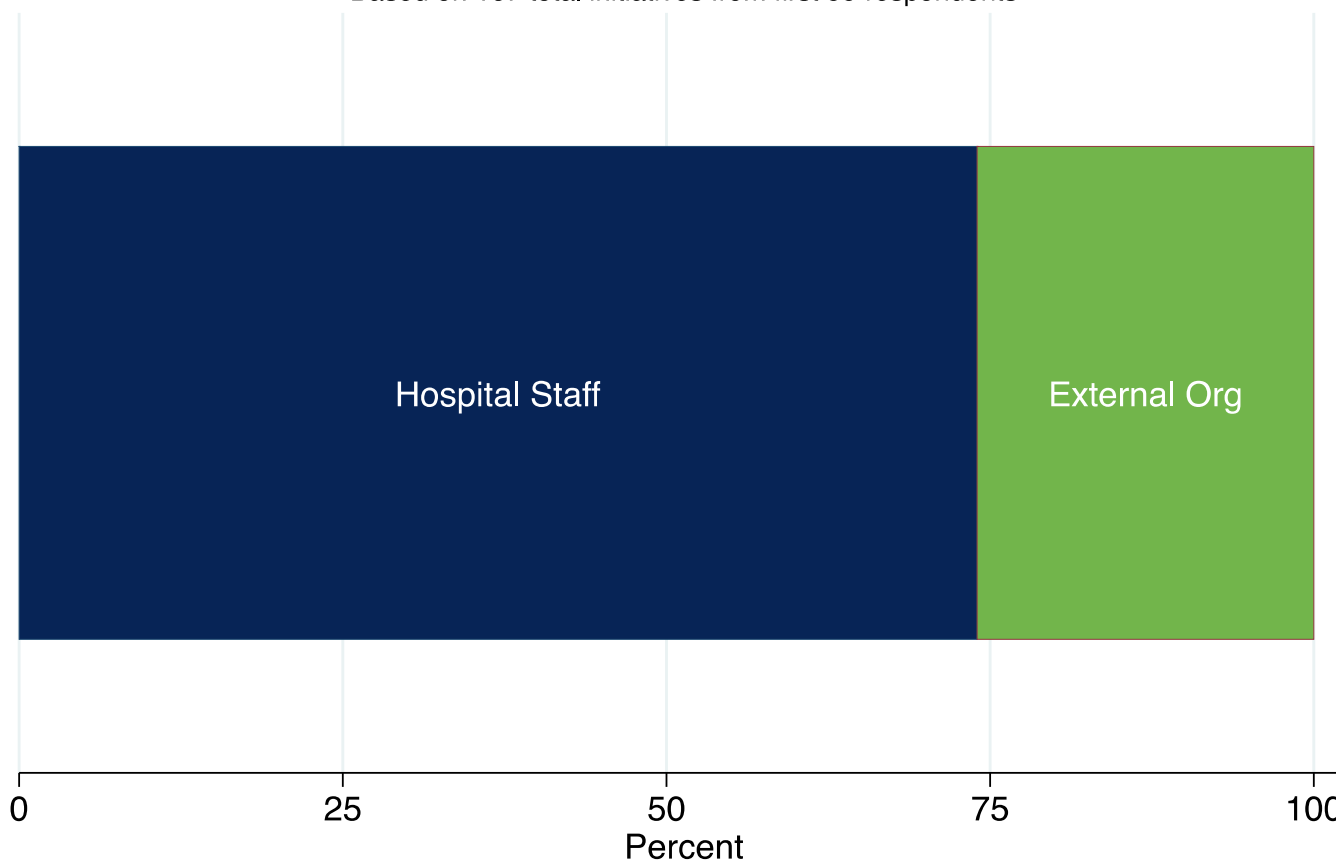
Based on 167 total initiatives from first 99 respondents



Preliminary National Survey Findings

CB Programs Managed by Hospital Staff vs External Organizations

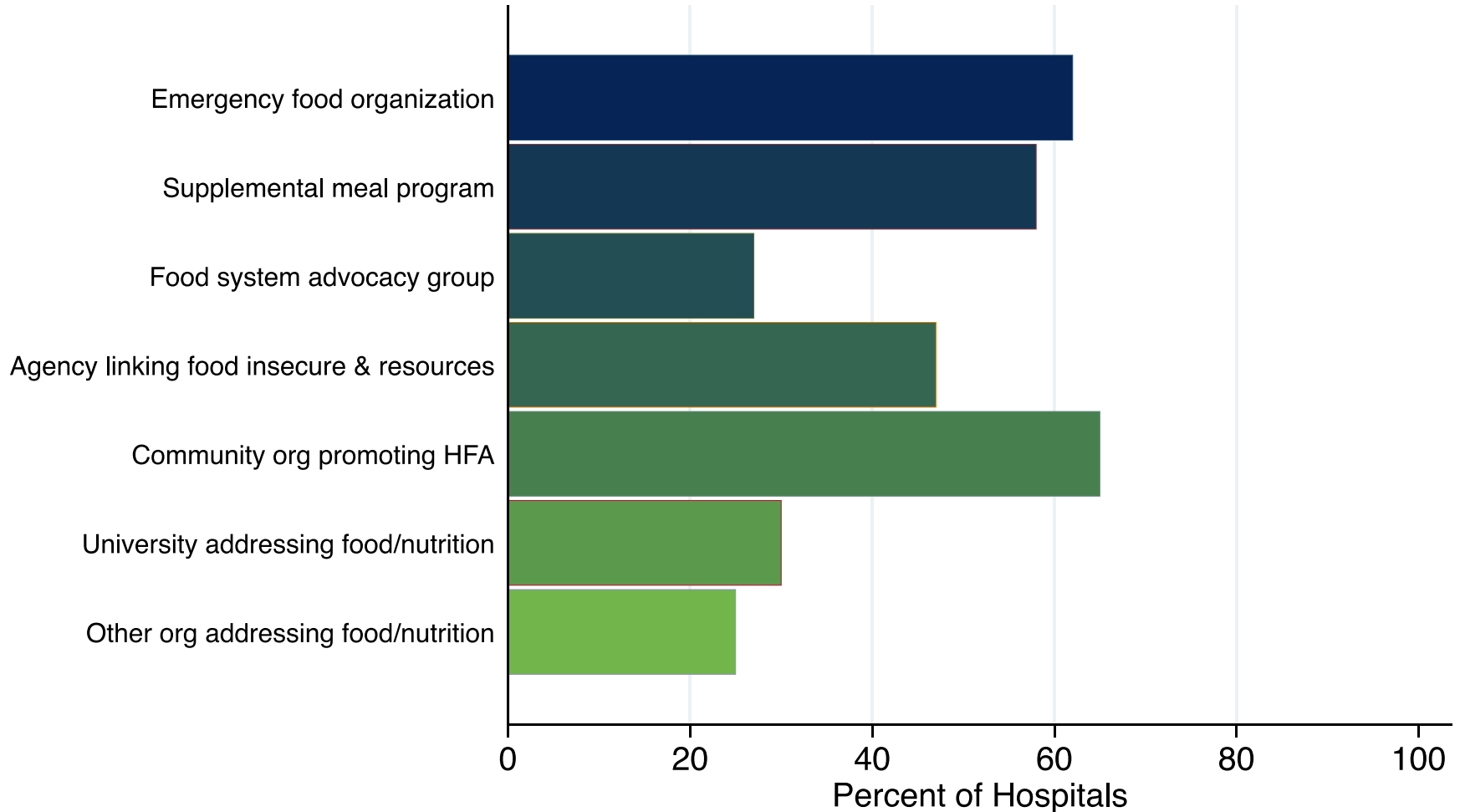
Based on 167 total initiatives from first 99 respondents



Preliminary National Survey Findings

Partners in Community Benefit Programs

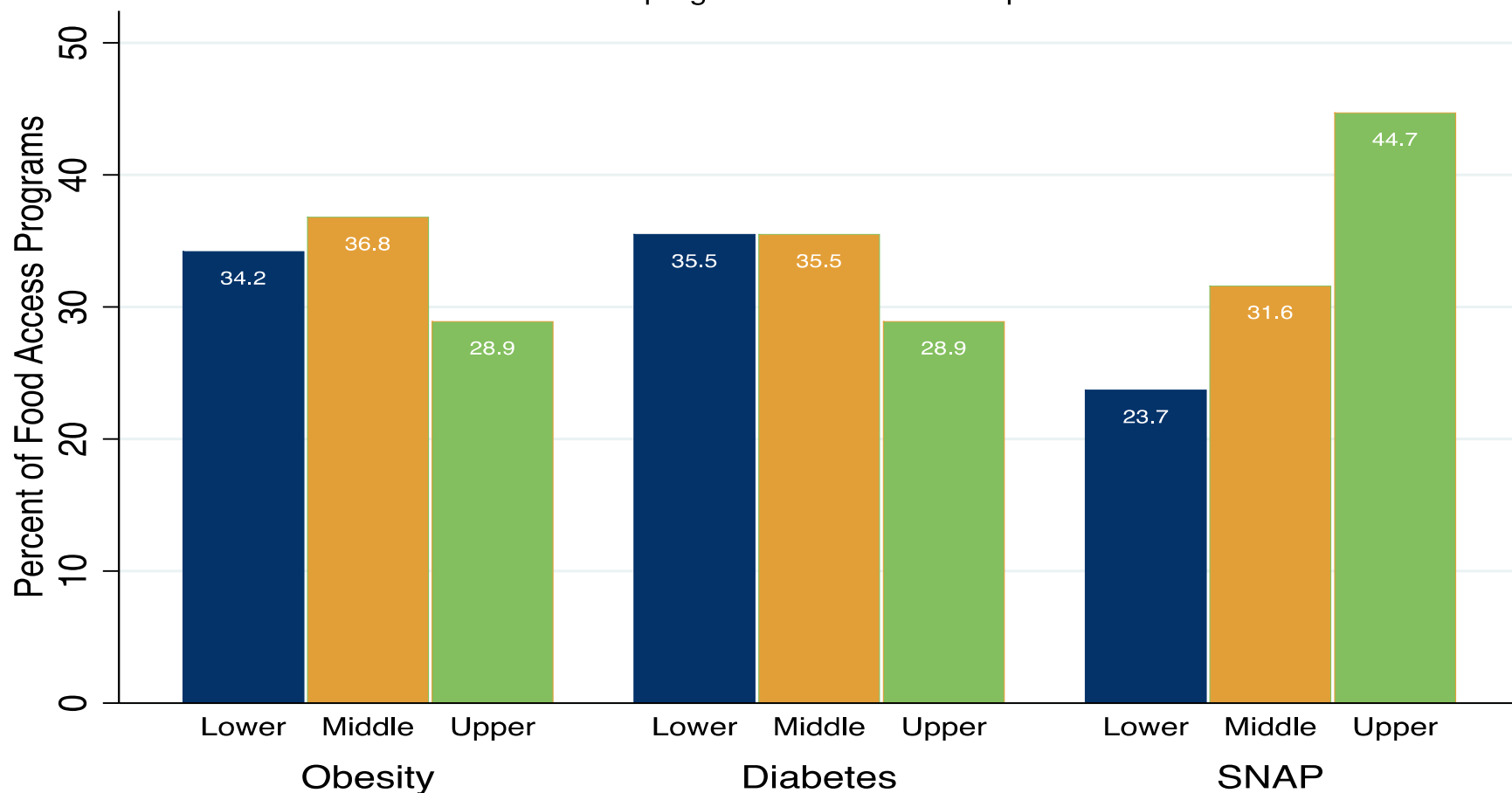
Based on 91 respondents



Preliminary National Survey Findings

Food Access Programs by Prevalence of Dietary Health Issues

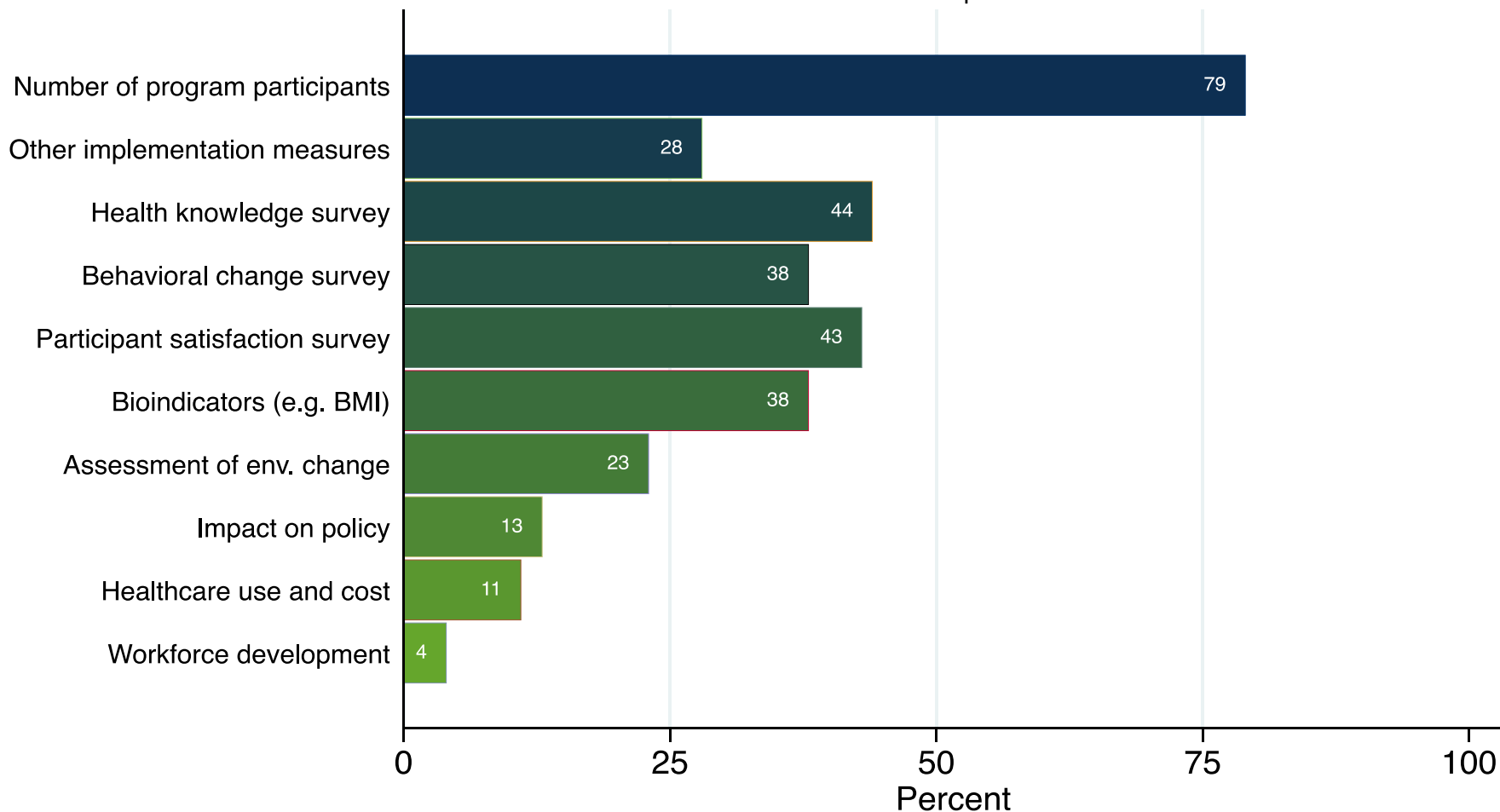
Based on 167 CB programs from first 99 respondents



Preliminary National Survey Findings

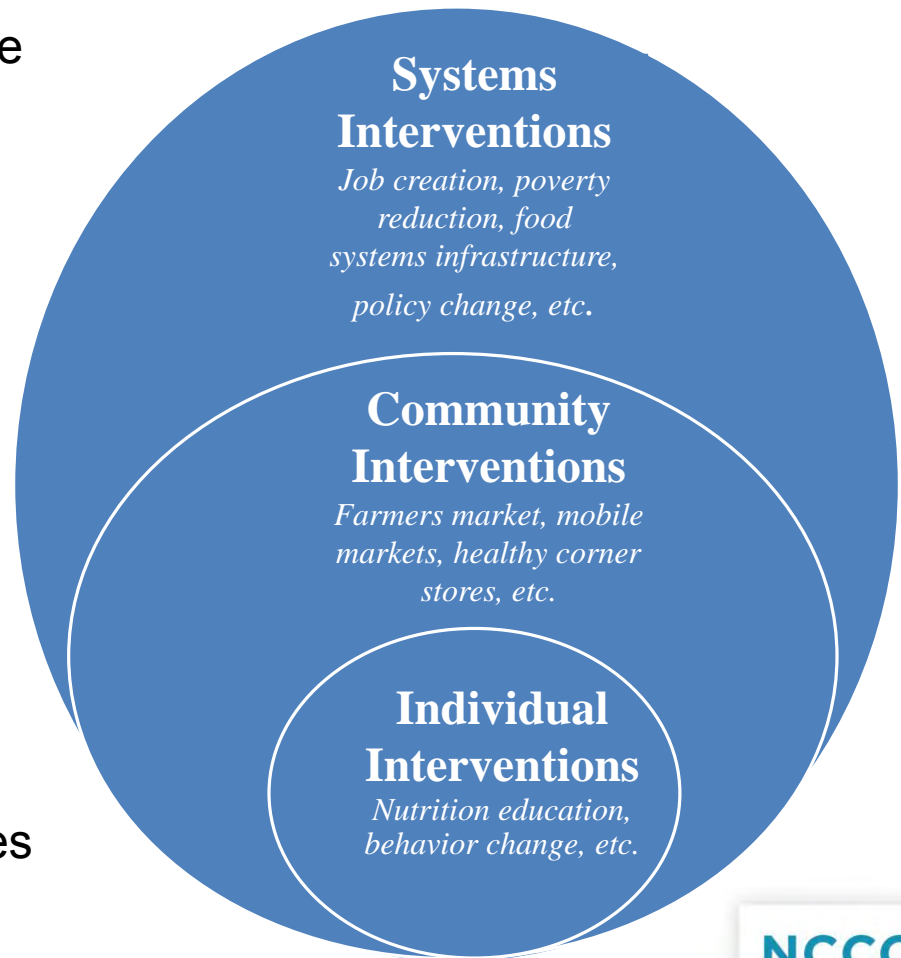
Percent of Food Access & DRD CB Initiative Using Evaluation Method

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



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**

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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

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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:

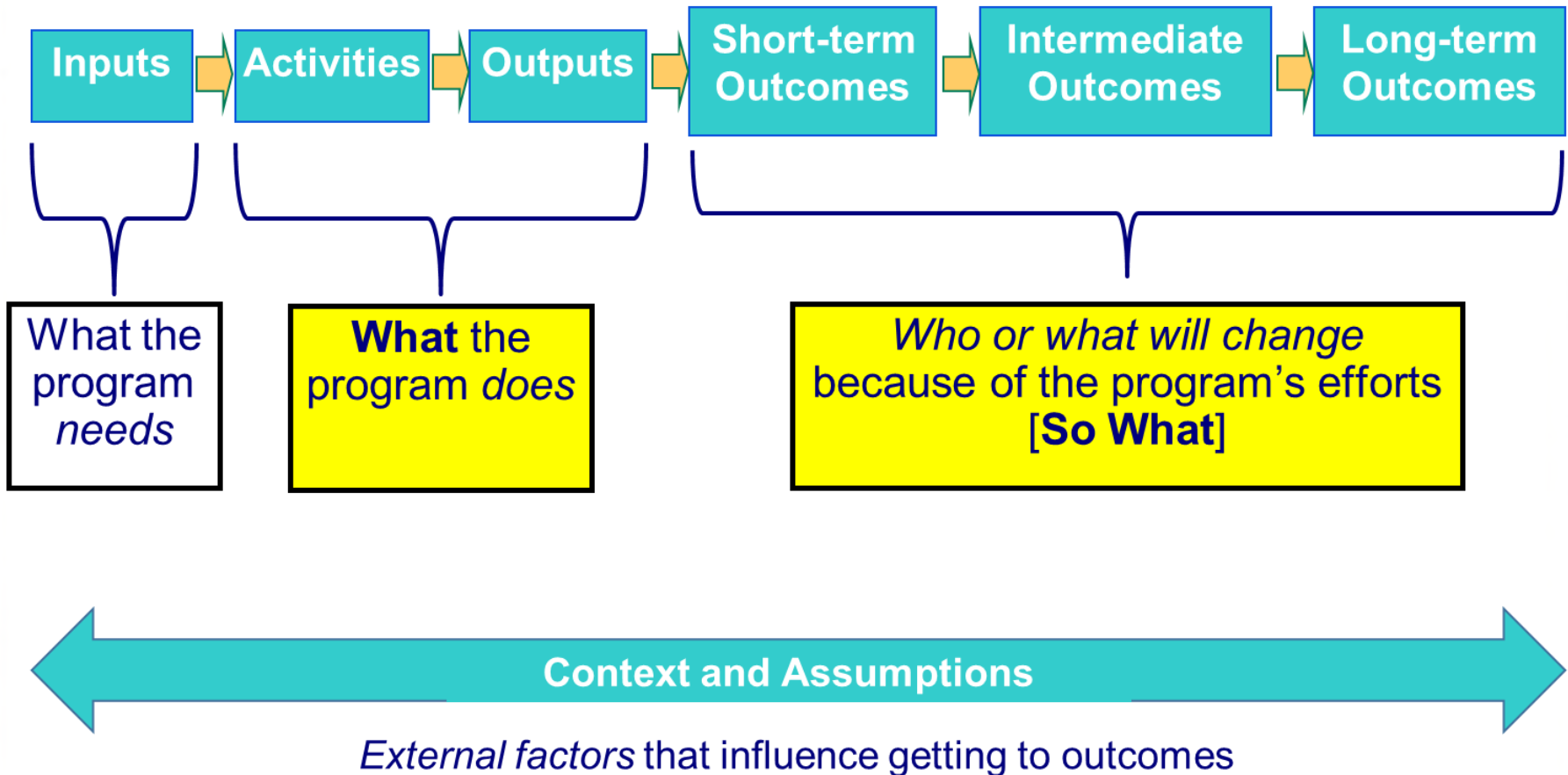
- Big “**need**” your program is to address
- Key **target group(s)** who need to take action
- Kinds of actions they need to take
 - Your intended **outcomes** or objectives
- **Activities** needed to meet those outcomes

And then...

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



Complete Logic Model



Reality Checking: Logic Model

Review the columns

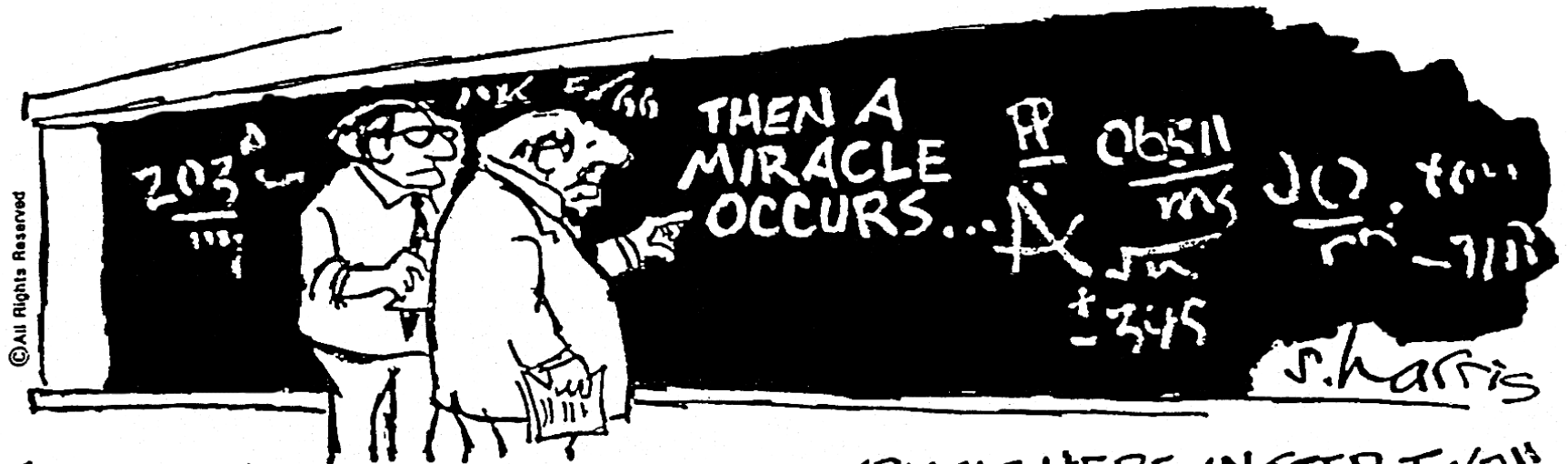
- Are the outcomes plausibly connected to the “need”?
- Is there something to drive each outcome?
 - Another outcome?
 - (At least) one activity?

If not...

- Refine as needed...



Filling in the Blanks....



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

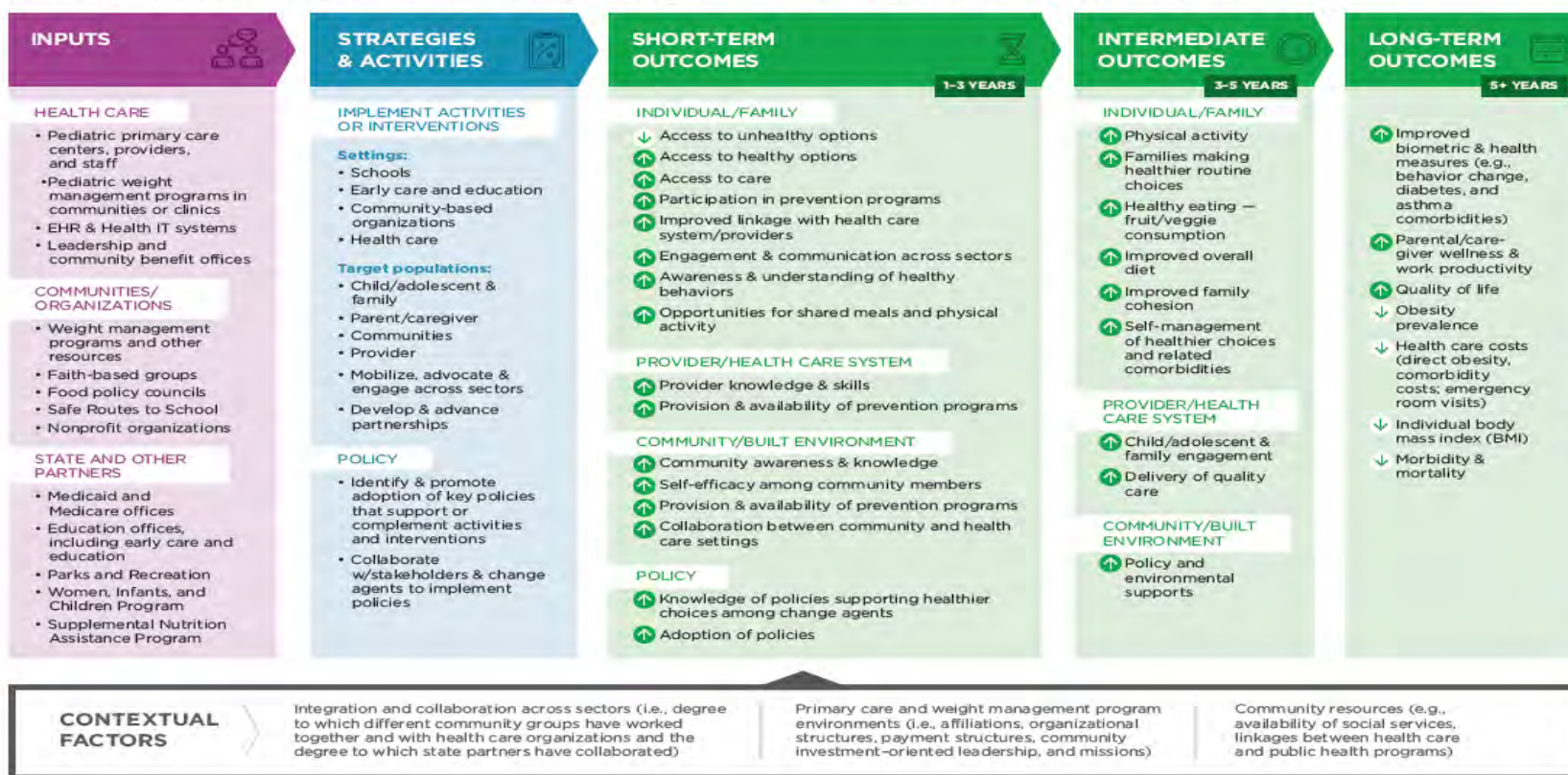
Wrap up...

- 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

 INDIVIDUAL & FAMILY	 COMMUNITY & BUILT ENVIRONMENT	 POLICY
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



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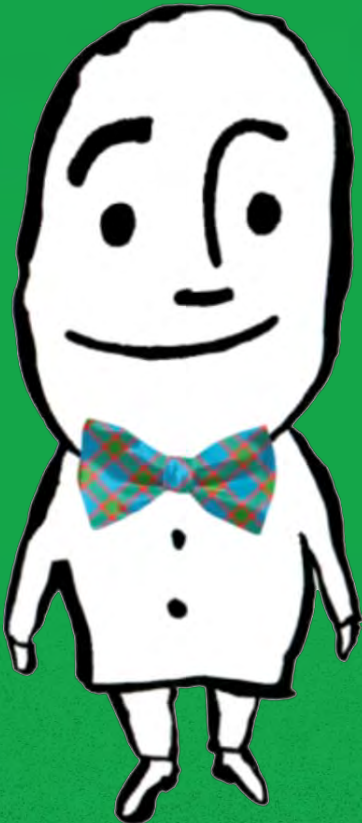
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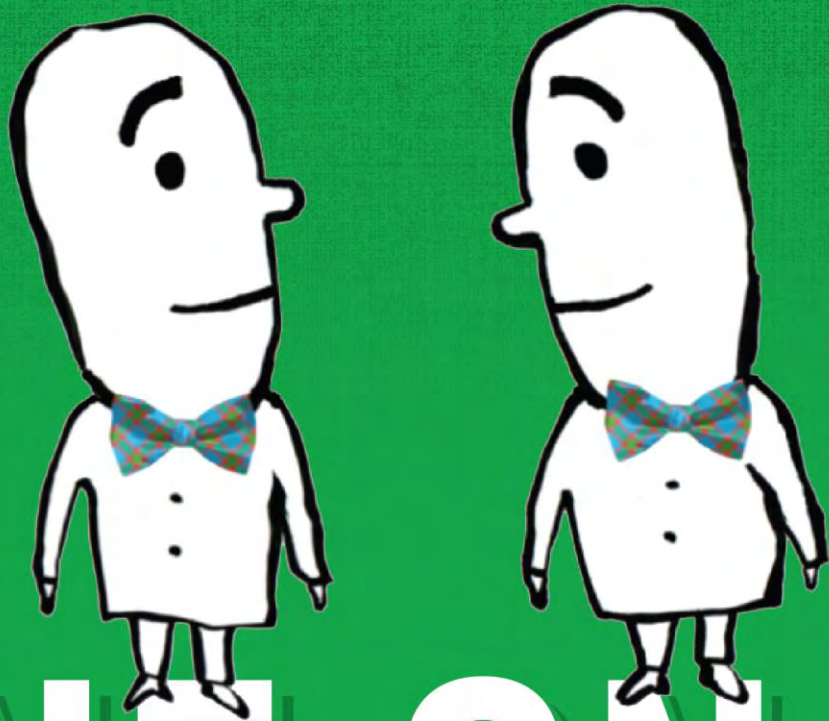
Centers for Disease Control and Prevention

Email: dtk8@cdc.gov

QUESTIONS?

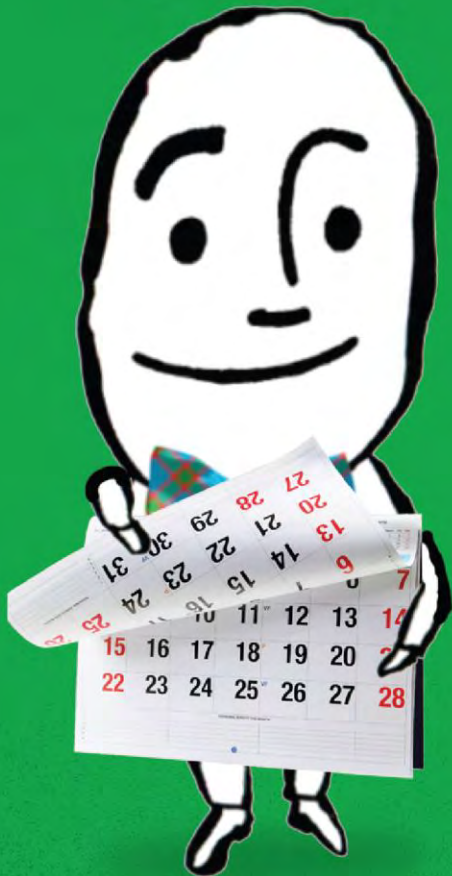
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ONE ON ONE

UPCOMING EVENTS



NCCOR #ChildObesityChat Twitter Chat



TWITTER CHAT

TO CONTINUE THE
DISCUSSION ON
HEALTH CARE-COMMUNITY
COLLABORATIONS TO ADDRESS
CHILDHOOD OBESITY

TUESDAY
NOV 15

2 PM ET

Join @NCCOR and @NIHprevents for a

#childobesitychat

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FURTHER QUESTIONS?

Other questions about NCCOR or
upcoming activities?

Email the NCCOR Coordinating Center at
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



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NOV 10

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

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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!