

# WEST VIRGINIA COMMUNITY TRANSFORMATION GRANT 2011-14 EVALUATION

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December, 2014



# CTG OBJECTIVES

1. Capacity/Coalition Building
2. Marketing/Media
3. Tobacco-free Living
4. Access to Healthy Foods
5. Access to Physical Activity Opportunities
6. Access to Chronic Disease Resources



# EVALUATION DATA COLLECTION

- Implementation Performance Monitoring
  - Purpose: to track progress towards implementation objectives
  - Monthly:
    - Regional CTG leaders: December, 2012-September, 2014
    - CHERPs (WVSOM): January, 2013 – September, 2014
    - Farm to School Coordinator (OCN): September, 2012 – January, 2014
    - Statewide Infrastructure: September, 2013-September, 2014
  - Quarterly
    - Fostering Healthy Kids Coordinator (OMCFH) HealthCheck data: March, 2013 – June, 2014
    - Office of Healthy Schools (HPELA): November, 2012 – March, 2014



# EVALUATION DATA COLLECTION

- Secondary Data Collection:
  - WV BRFSS (outcomes by county)
  - Clean Indoor Air Regulation maps (DTP)
- Primary Data Collection
  - Farm to School Surveys (7) and Focus Groups





# 1. CAPACITY/COALITION BUILDING



# 1. CAPACITY/COALITION BUILDING

- 1.1: Maintain the number of 100% FTE staff supporting Community Transformation Implementation Plan (CTIP) at 18
- 1.2: Maintain the number of Leadership Team member agencies/organizations that support the development and implementation of the State's CTG strategies to 18
- 1.3: Increase the number of coalition members that support the development and implementation of the State's CTG strategies from 50 to 120.
- 1.4: Increase the number of training and technical assistance opportunities provided to State CTG staff and partners from 0 to 75.

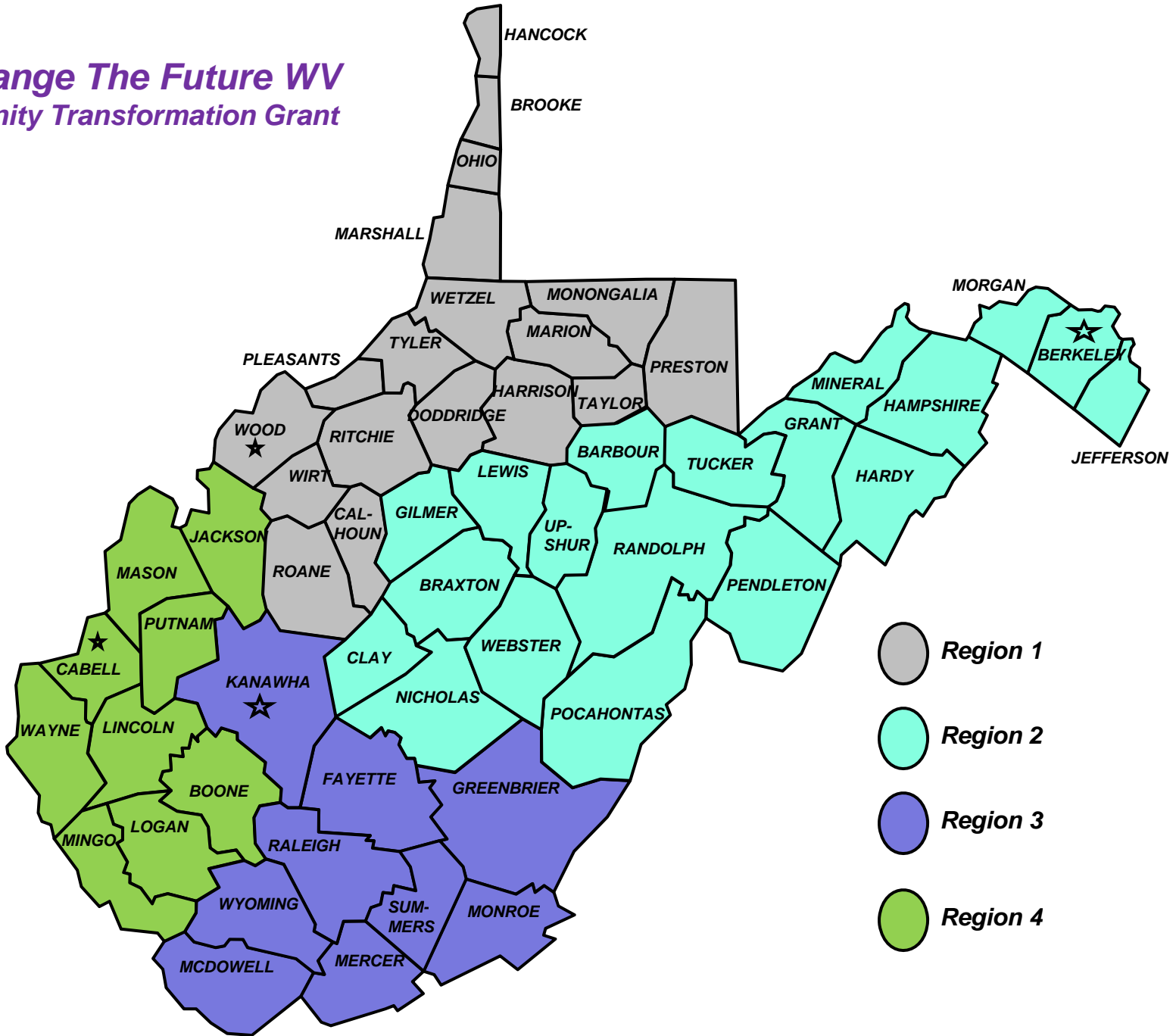




# 1.1: STAFFING



# Change The Future WV Community Transformation Grant



## COALITION BUILDING

CTG regional staff have attended nearly **3,000** meetings, reaching ~**26,000** attendees with the CTG message

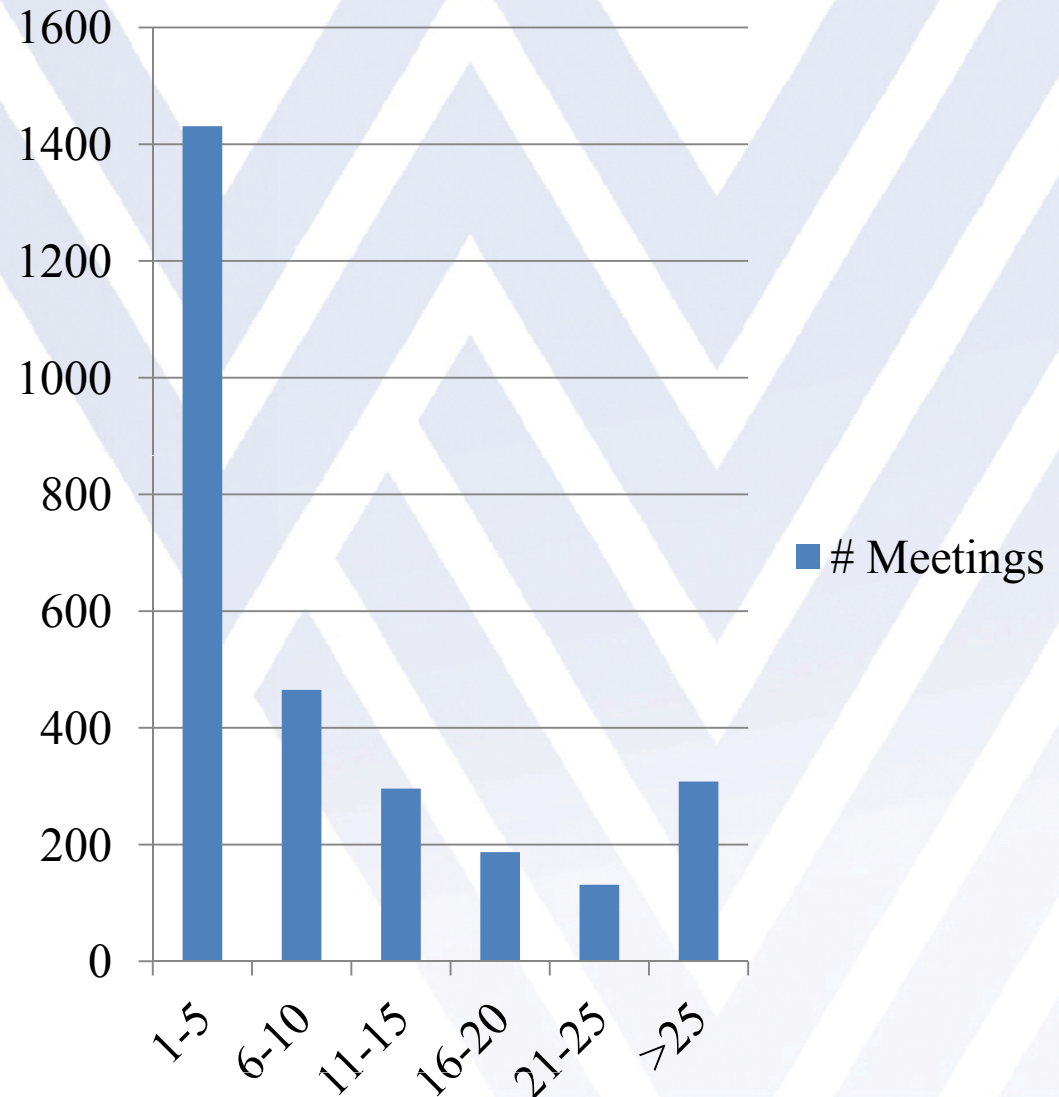
Number of meetings addressing each SD (not mutually exclusive)

SD 1 – 859

SD 2 – 1,544

SD 3 – 1,482

### # Meetings by # of Attendees





# 2: MARKETING/MESSAGING

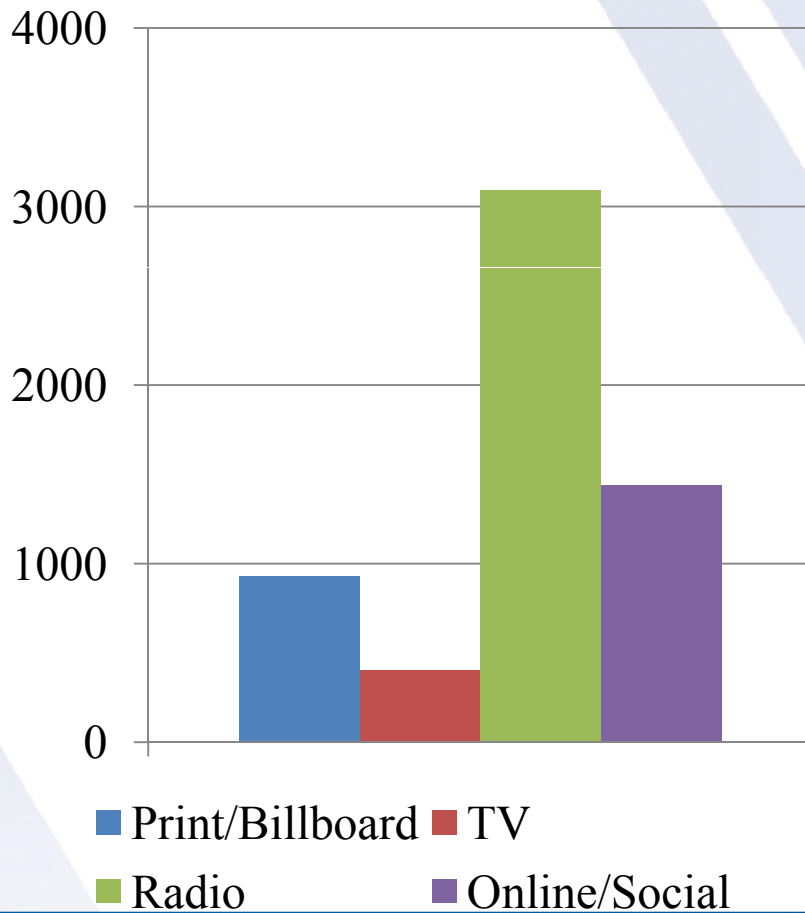


# 2: MARKETING/MESSAGING

- 2.1: Reach 30% of state internet users by implementing a multi-faceted social marketing effort through a combination of website, Facebook, and Twitter to educate the public, partners and policy-makers in all three Strategic Directions.
- 2.2: Increase the number of state and county level disseminated mass communication messages related to CTG activities, initiatives and successes to 24 per year.

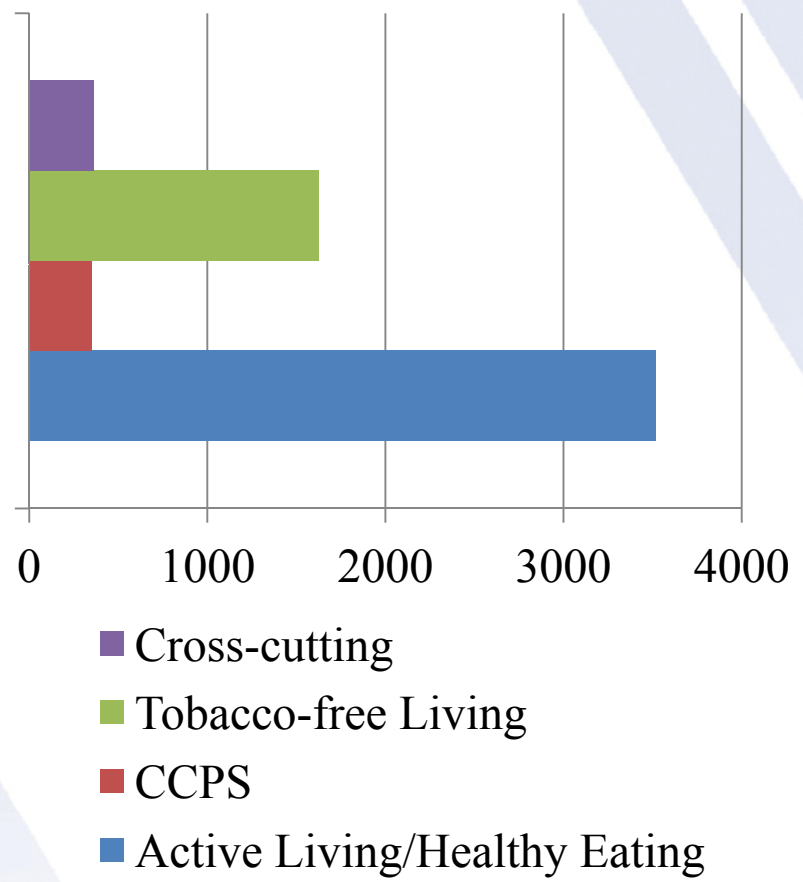


# 2.2: MEDIA PLACEMENTS

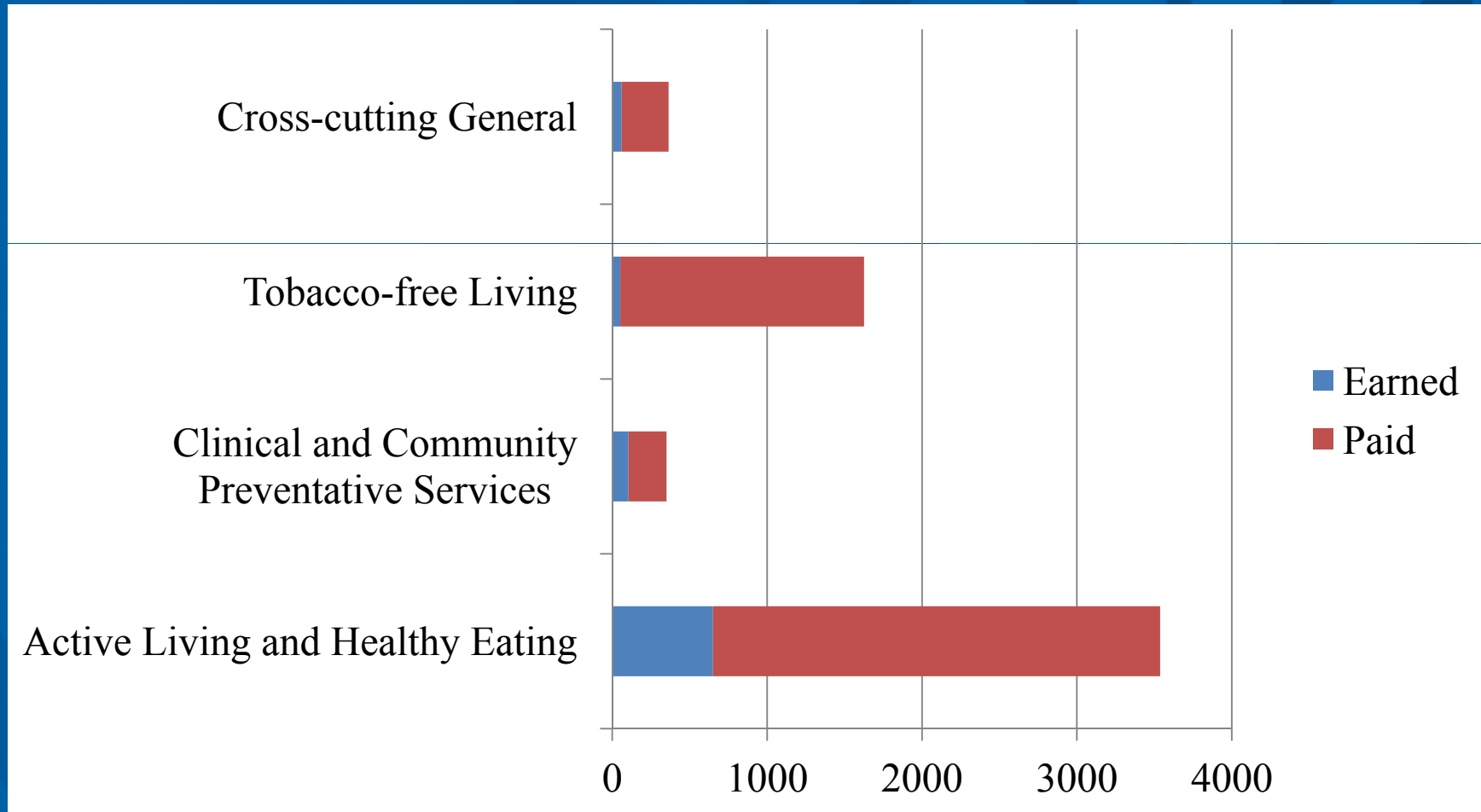




# 2.2: MEDIA PLACEMENTS



# 2.2: MEDIA PLACEMENTS





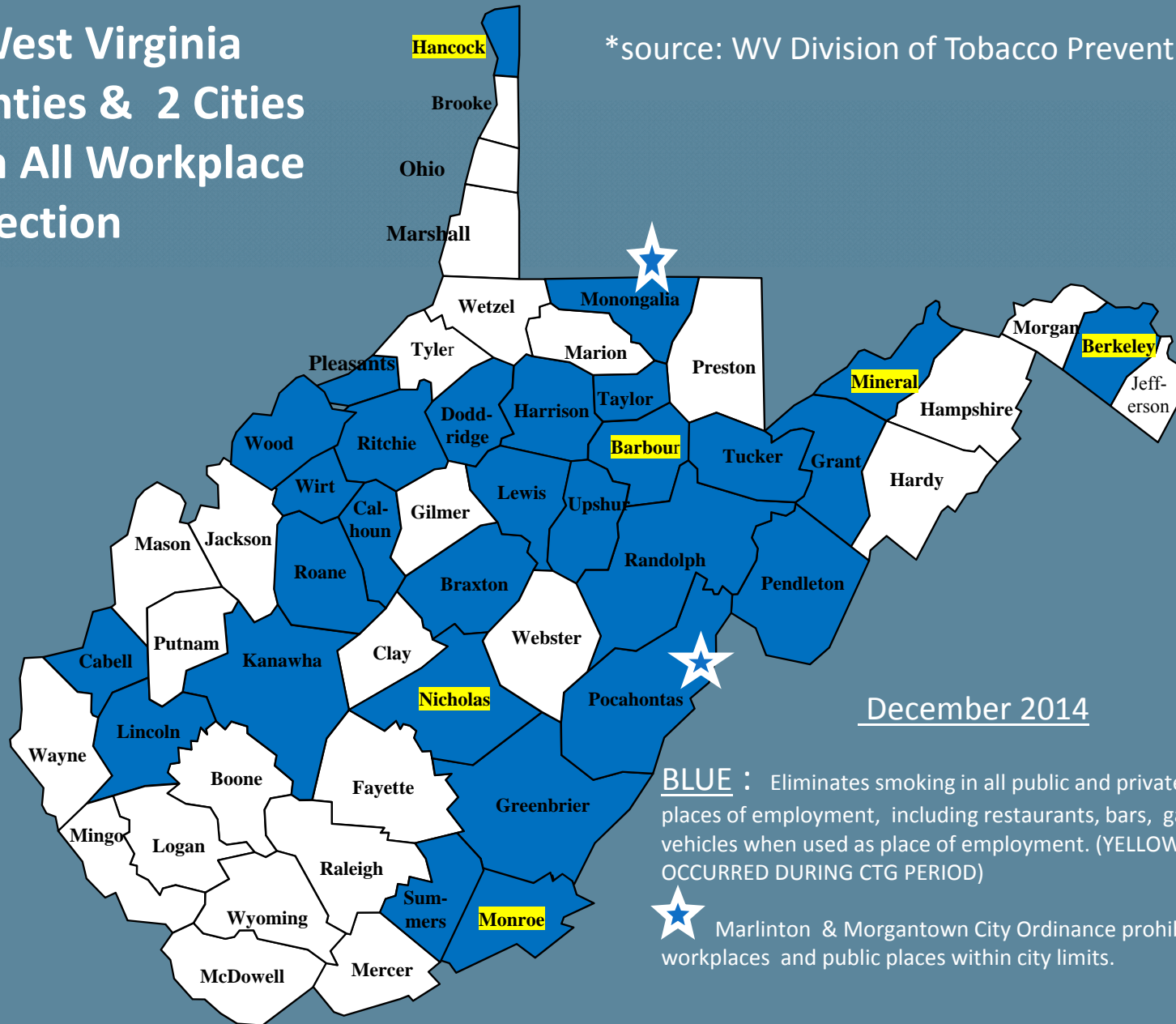
# 3: TOBACCO-FREE LIVING

- 3.1: Increase the number of counties in West Virginia that comprehensively prohibit smoking and exposure to tobacco smoke in indoor places from 23 to 55 of the State's 55 counties.
- 3.2: Increase the number of WV DHHR sub-grantee and contracting agencies that provide tobacco-free facilities and events from 0% to 100%.
- 3.3: Increase the percentage of West Virginia foster homes that prohibit smoking and exposure to tobacco smoke among foster children inside the foster home from 200 to 1,249.



# 29 West Virginia Counties & 2 Cities With All Workplace Protection

\*source: WV Division of Tobacco Prevention



December 2014

**BLUE** : Eliminates smoking in all public and private places and places of employment, including restaurants, bars, gaming, and vehicles when used as place of employment. (YELLOW HAVE OCCURRED DURING CTG PERIOD)

★ Marlinton & Morgantown City Ordinance prohibits smoking in workplaces and public places within city limits.

# 3.1: CIAR POLICIES

- 6 NEW Comprehensive CIAR
  - Barbour
  - Berkeley
  - Hancock
  - Mineral
  - Monroe
  - Nicholas
- REACH: 219,381 people
  - Smoking rate: 28.3%
- 11 UPDATED CIAR
  - Calhoun
  - Lewis
  - Marshall
    - \*not comprehensive
  - Pendleton
  - Pleasants
  - Ritchie
  - Roane
  - Upshur
  - Webster
    - \*not comprehensive
  - Wirt
  - Wood



# 3.3: FOSTER CARE TOBACCO USE AND EXPOSURE

## Use/Exposure

Passive Tobacco Exposure by Age among Foster Care children in West Virginia, 2012-13  
(N = 4,068)

	Passive Exposure (N=4,068)
Age (years)	203, 5.0%
<2	<b>53, 6.9%</b>
2-4	<b>38, 6.4%</b>
5-9	<b>51, 7.0%</b>
10-11	9, 3.9%
12-13	12, 3.3%
14-15	23, 3.5%
16-17	16, 2.3%
18-19	1, 2.6%

\*Among <12 year old FC children, exposure lowest in Therapeutic FC placements (1.8%)

## Cigarette Use

Cigarette use by gender and age among 1,748 Foster Care children 12 years of age or older, West Virginia, 2012-13

Age (years)	Gender		Total
	Female	Male	
	N=759	N=989	N=1,748
12-13	21, 13.6%	31, 15.0%	52, 14.4%
14-15	94, 31.4%	126, 34.6%	<b>220, 33.2%</b>
16-17	116, 39.6%	159, 40.4%	<b>275, 40.0%</b>
18-19	2, 15.4%	9, 36.0%	11, 28.9%
Total	233, 30.7%	325, 32.9%	558, 31.9%

\*Among 12+ year olds, cigarette use highest in FC children in Group Residential Care placements (39.2%)



## CIAR EVALUATION QUESTIONS

Work is ongoing to answer the following questions:

1. What is the impact of CIARs on service industry businesses located in counties that adopt them?
2. What is the impact of CIARs on health status of adult and youth populations?
3. What is the impact of county CIARs on county-level smoking rates?





## 4: HEALTHY EATING

- 4.1: Farm to School
- 4.2: Child care centers and family daycare homes
- 4.3: Grocery stores
- 4.4/4.5: Farmer's Markets/EBT
- 4.6: Convenience stores
- 4.7: Group foster homes



# 4.1: FARM TO SCHOOL

- 4.1: Increase the number of local education agencies that provide fresh fruit and vegetable (FFV) options in all school-provided meals from 30 to 40.
  - 48 counties
  - 638 schools
  - 261,829 students potentially reached



# FTS KEY INGREDIENTS

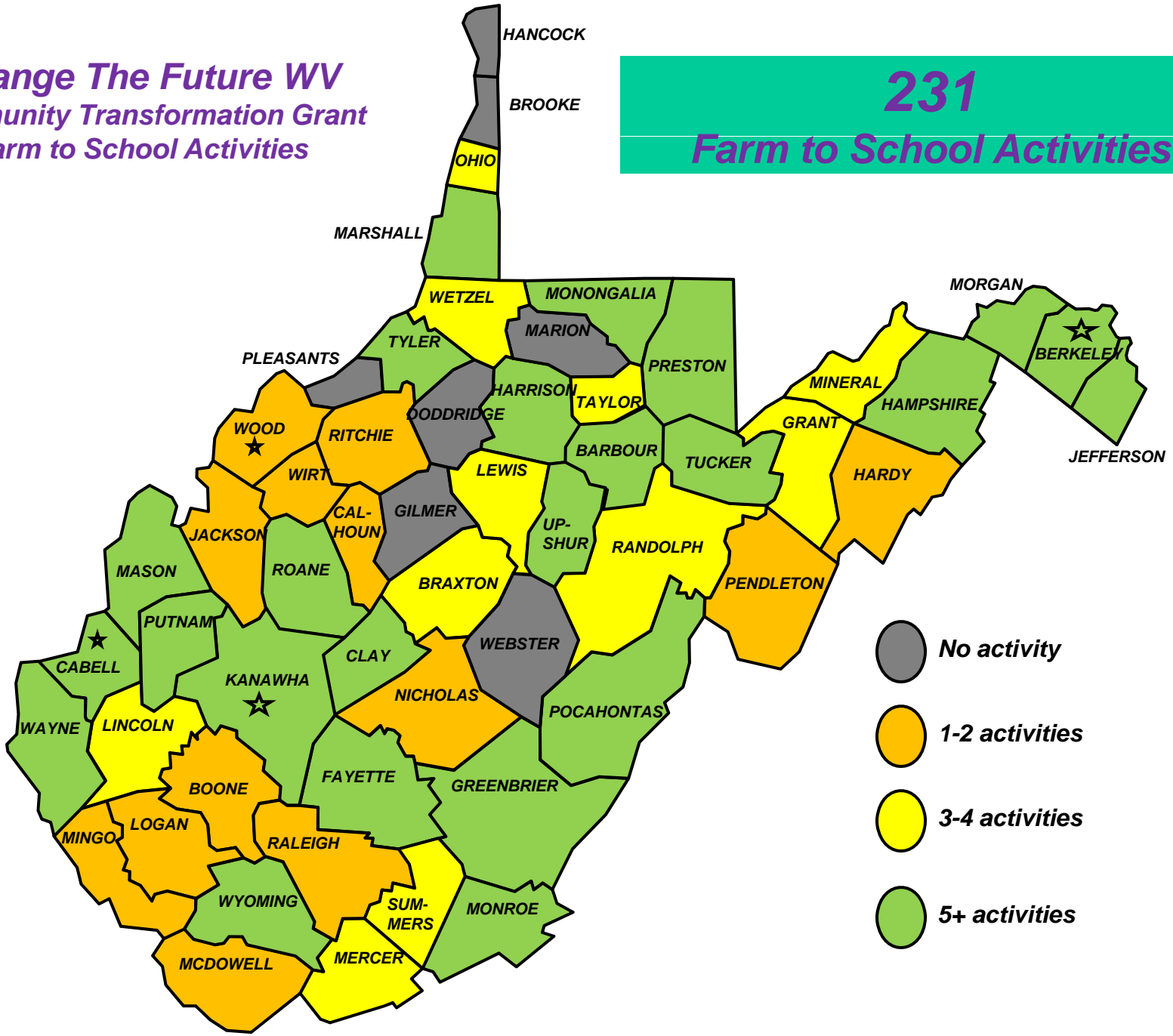
- FTS CTG Grants
  - 25 high schools/technical schools in 22 counties
  - ~13,300 students
- Team Nutrition Grants
  - 16 counties
- Scratch Cooking Training
  - 167 personnel trained
  - 28 counties
- Americorps Member efforts used for FTS Activities
  - 10 counties
- Serving products from school-based gardens or school-based farms in the cafeteria
  - 19 counties
- Schools are hosting community events linked to local foods
  - 14 counties
- Local food purchases being made in the county (by OCN)
  - 27 counties
- Serving locally produced foods in the cafeteria
  - 35 counties
- Food Service Director and Farmer Meetings taking place
  - 26 counties
- School Gardens
  - 23 gardens in 14 counties





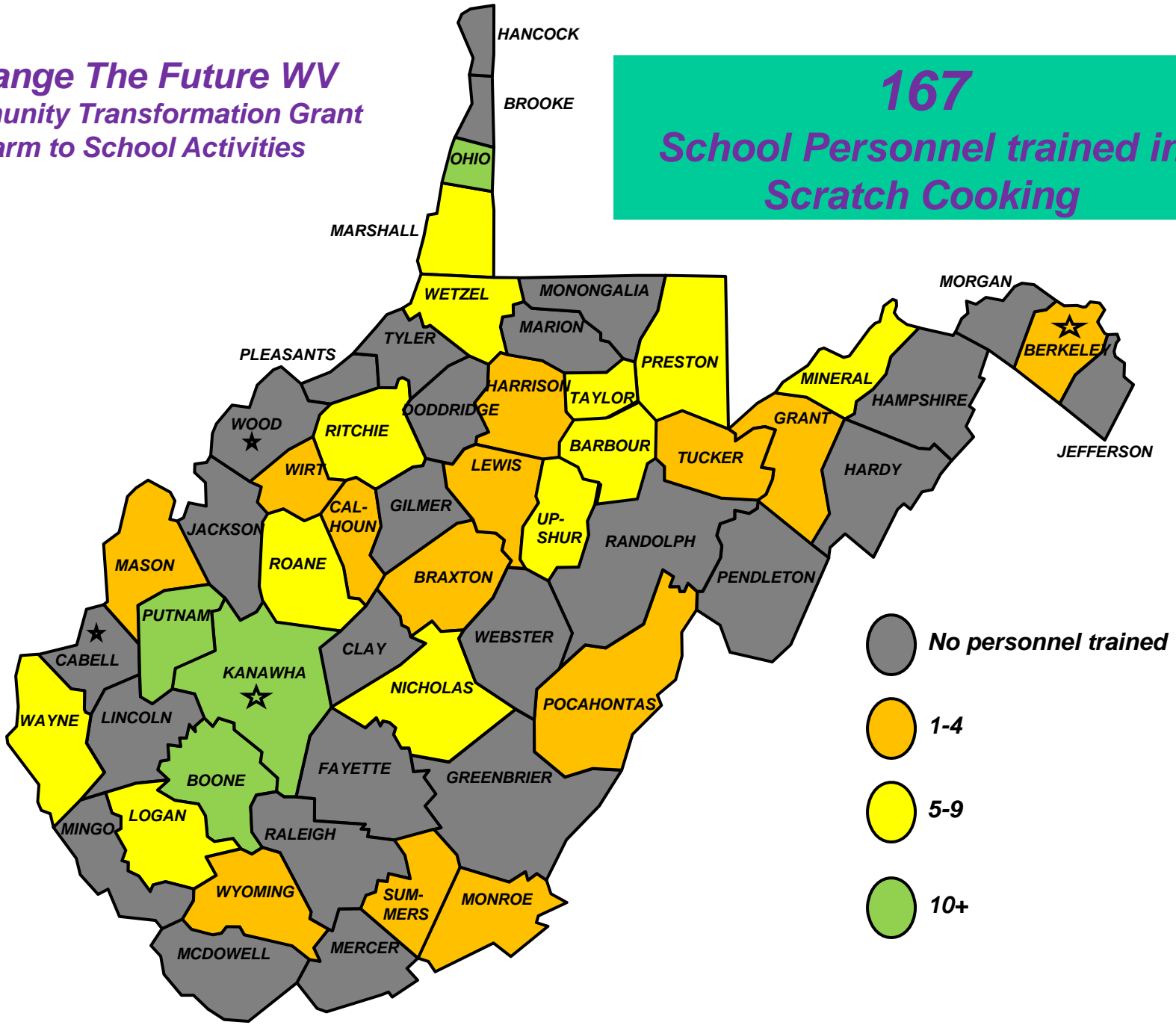
**Change The Future WV**  
**Community Transformation Grant**  
**Farm to School Activities**

**231**  
**Farm to School Activities**



**Change The Future WV**  
**Community Transformation Grant**  
**Farm to School Activities**

**167**  
**School Personnel trained in**  
**Scratch Cooking**





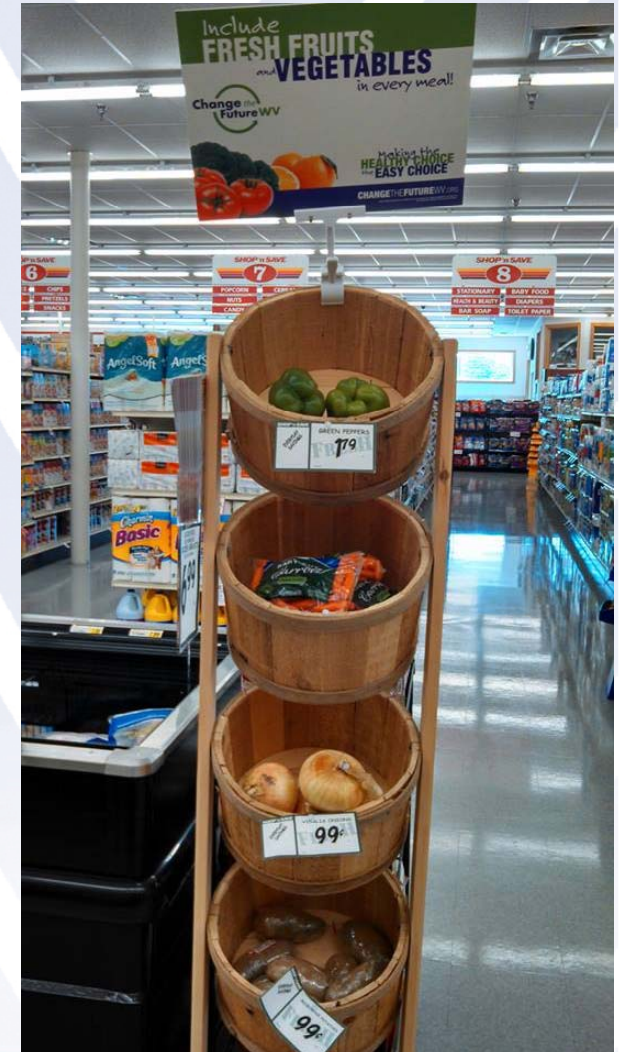
## 4.3-4.6: ACCESS TO HEALTHY FOODS

4.3: Increase the number of full service grocery stores in WV that provide access to healthy food and beverage options through Healthy Checkout aisles from 20 stores to 60 stores.

4.4: Increase the number of counties in WV that provide access to locally grown fresh fruits and vegetables through established Farmer's Markets from 51 to 55.

4.5: Increase the number of Farmer's Markets in West Virginia that accept EBT from 15 to 60.

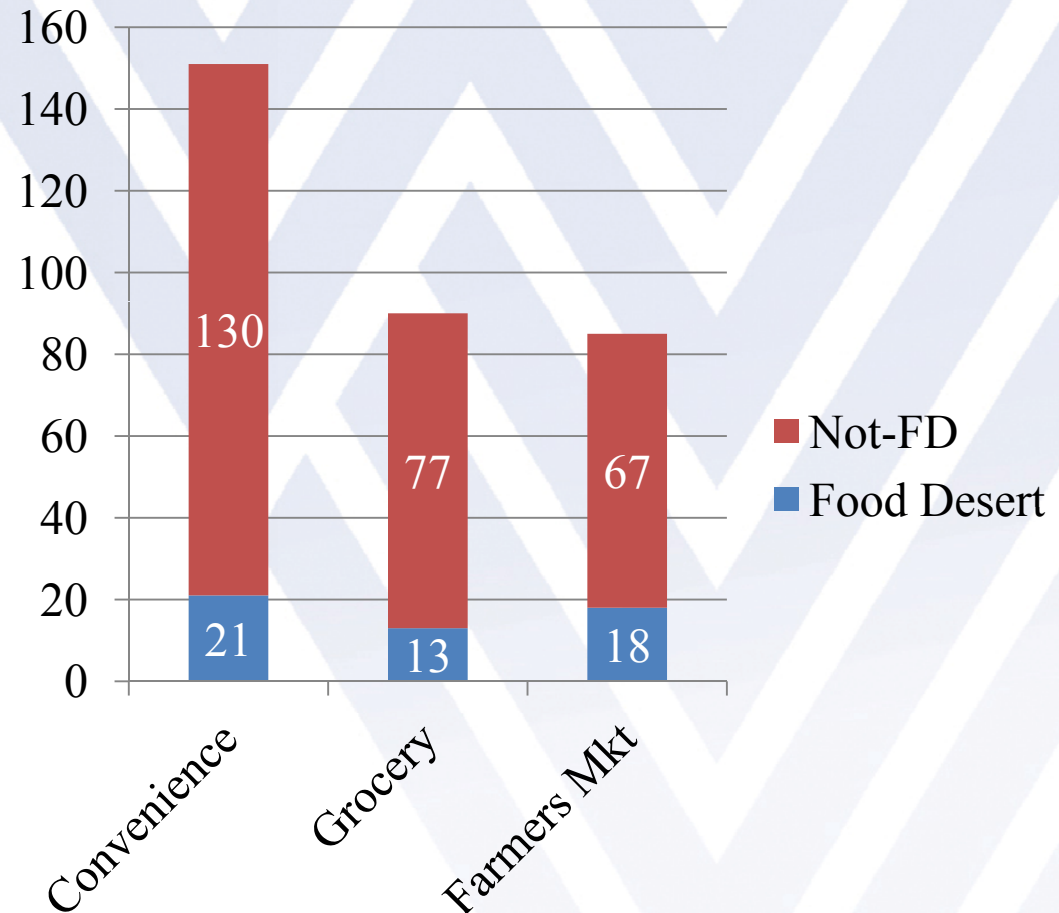
4.6: Increase the number of convenience stores in WV offering at least three different types of fresh fruits and vegetables (FFV) from 25 to 40 independent owners, plus 2 chain-based operators.



## ACCESS TO HEALTHY FOODS

Regional policy tracking:

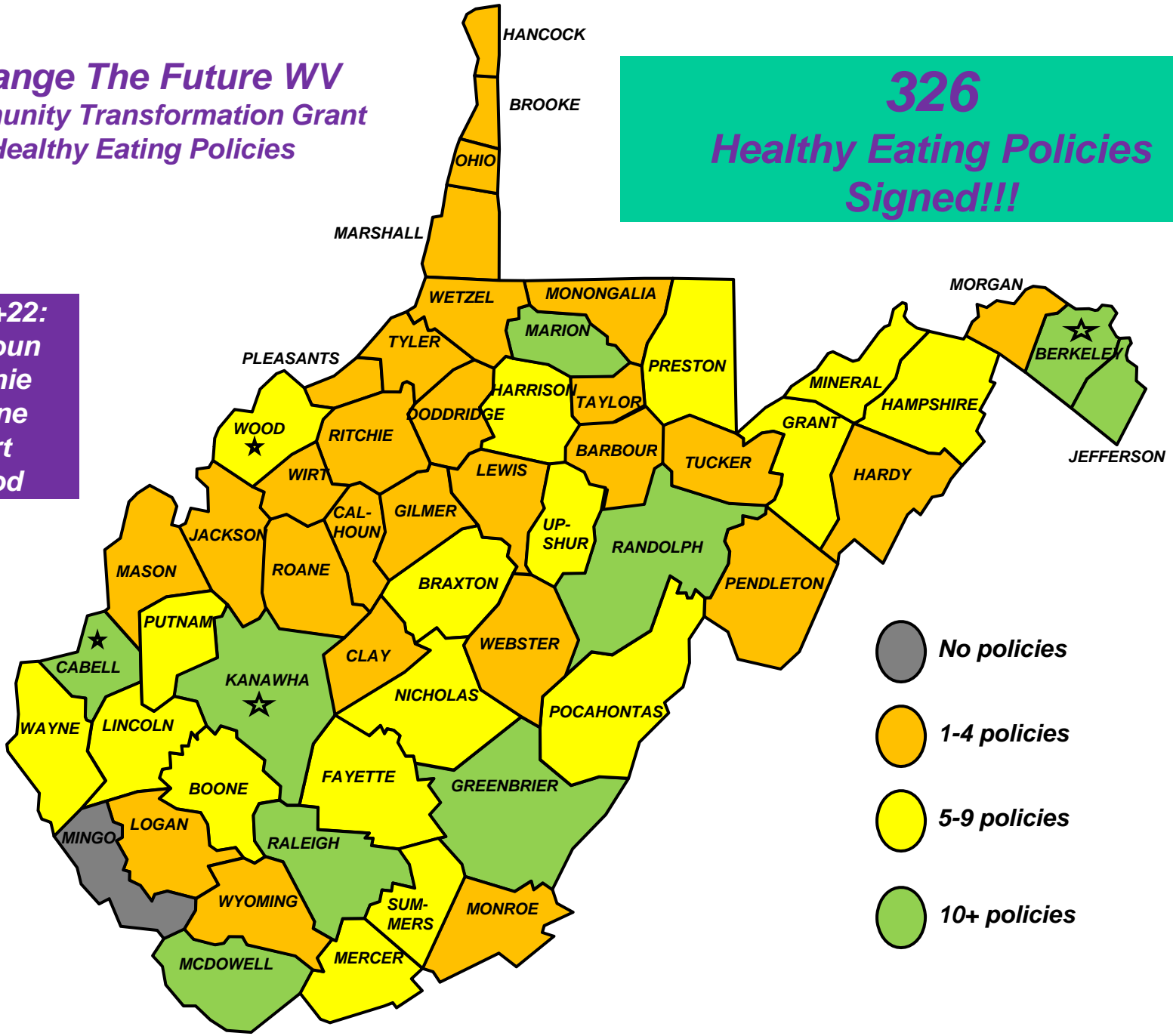
1. 326 farmers' markets, convenience and grocery stores signed agreements to implement Healthy Checkout Aisles and/or cross market FFV
2. 52 stores in 33 food desert census tracts reaching 130,207 people!



**Change The Future WV**  
**Community Transformation Grant**  
**Healthy Eating Policies**

**326**  
**Healthy Eating Policies**  
**Signed!!!**

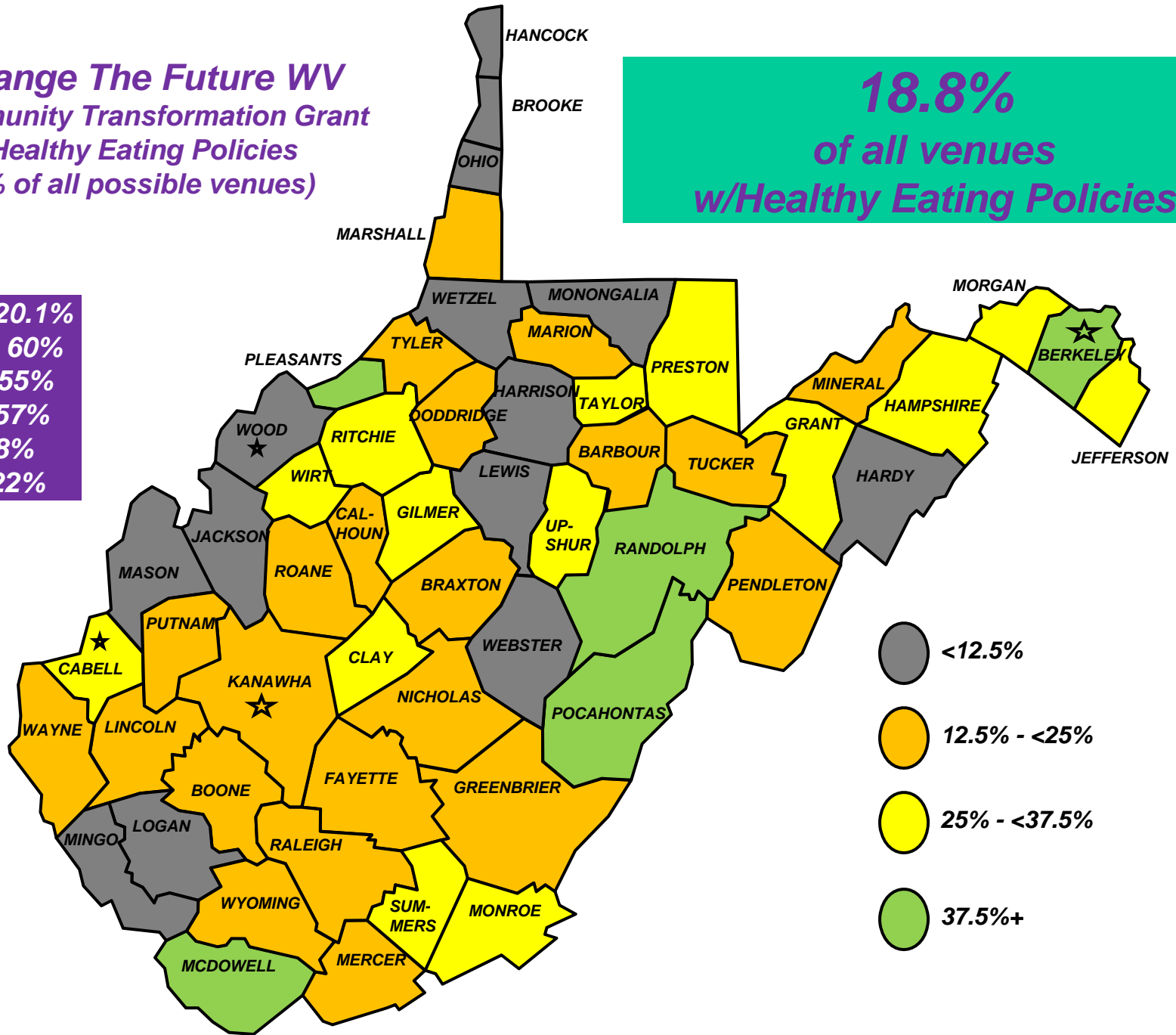
**CPPW +22:**  
**4 Calhoun**  
**2 Ritchie**  
**8 Roane**  
**1 Wirt**  
**7 Wood**



**Change The Future WV**  
**Community Transformation Grant**  
**Healthy Eating Policies**  
 (% of all possible venues)

**18.8%**  
 of all venues  
 w/Healthy Eating Policies

**+CPPW: 20.1%**  
**Calhoun 60%**  
**Ritchie 55%**  
**Roane 57%**  
**Wirt 38%**  
**Wood 22%**

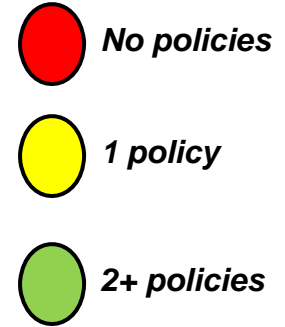
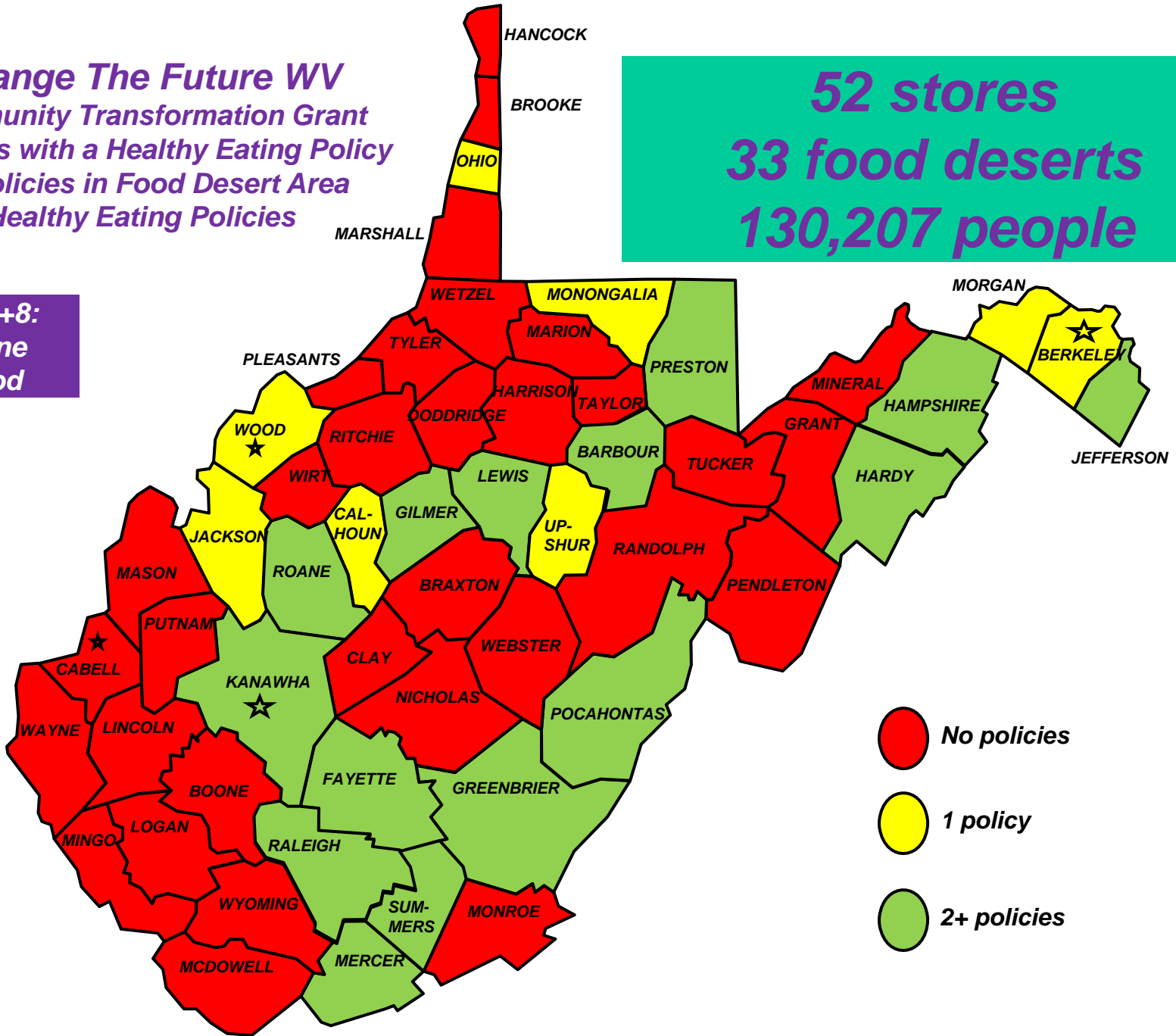




**Change The Future WV**  
**Community Transformation Grant**  
**Counties with a Healthy Eating Policy**  
**or Policies in Food Desert Area**  
**Healthy Eating Policies**

**52 stores**  
**33 food deserts**  
**130,207 people**

**CPPW +8:**  
**6 Roane**  
**2 Wood**



## 4.3: GROCERY STORES

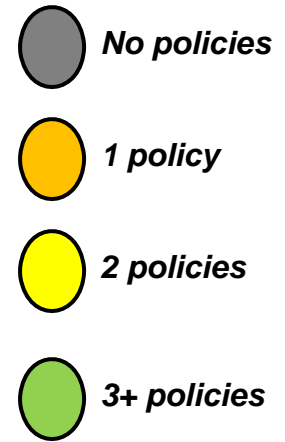
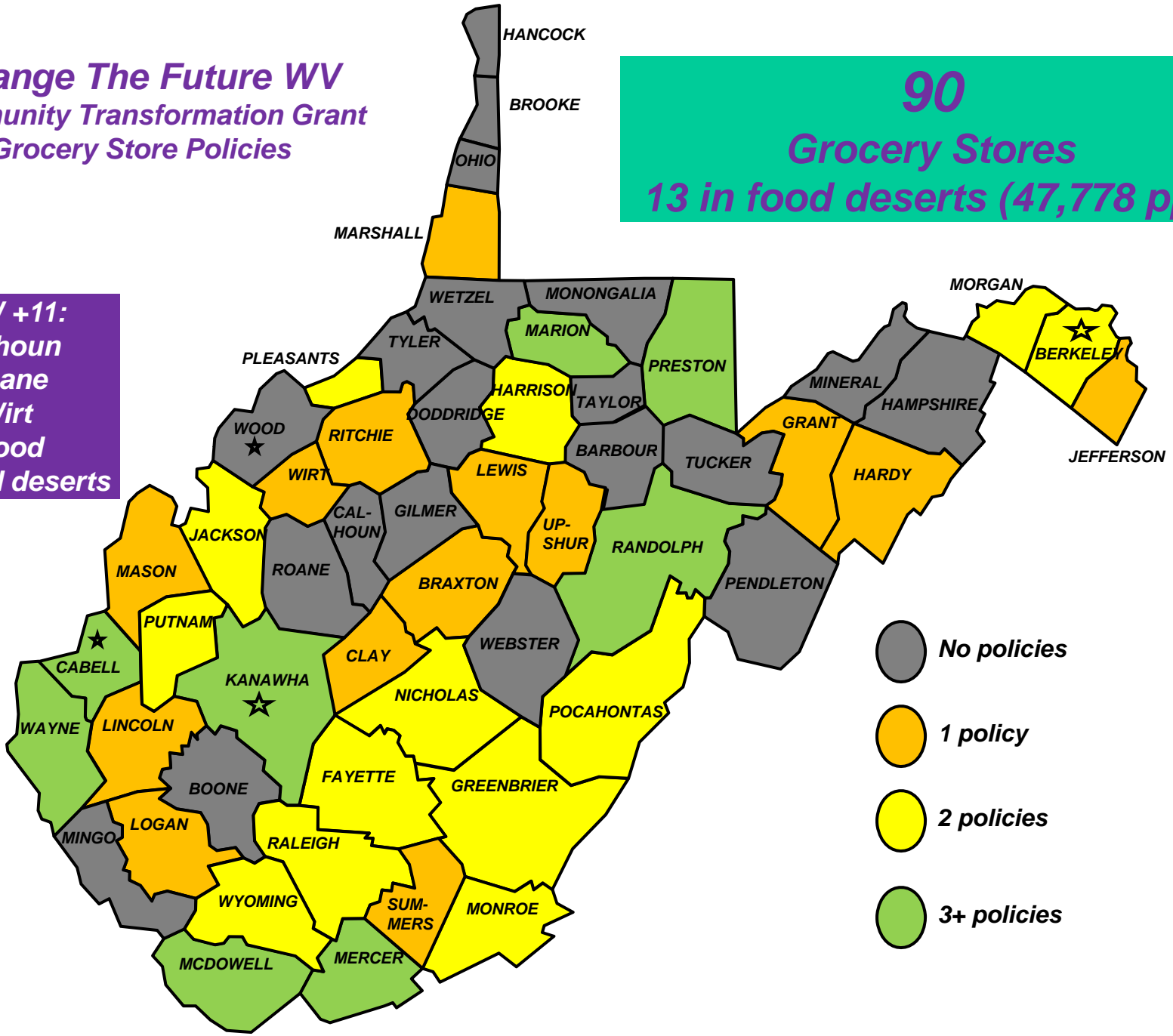


*Increase the number of full service grocery stores in WV that provide access to healthy food and beverage options through Healthy Checkout aisles from 20 stores to 60 stores.*

**Change The Future WV**  
**Community Transformation Grant**  
**Grocery Store Policies**

**90**  
**Grocery Stores**  
**13 in food deserts (47,778 ppl)**

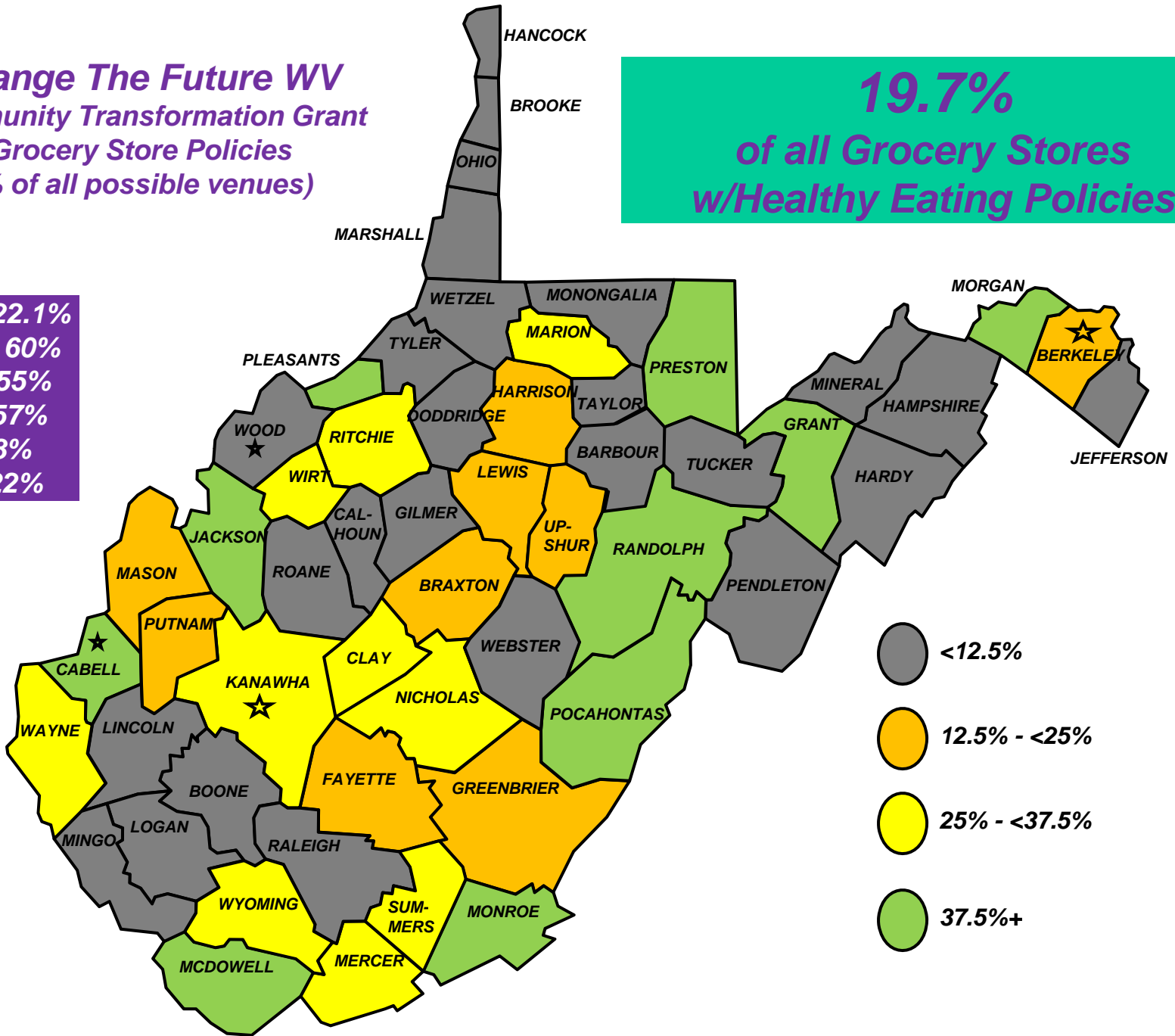
**CPPW +11:**  
**1 Calhoun**  
**3 Roane**  
**1 Wirt**  
**6 Wood**  
**\*5 in food deserts**



**Change The Future WV**  
**Community Transformation Grant**  
**Grocery Store Policies**  
(% of all possible venues)

**19.7%**  
**of all Grocery Stores**  
**w/Healthy Eating Policies**

**+CPPW: 22.1%**  
**Calhoun 60%**  
**Ritchie 55%**  
**Roane 57%**  
**Wirt 38%**  
**Wood 22%**





## 4.4: FARMERS' MARKETS

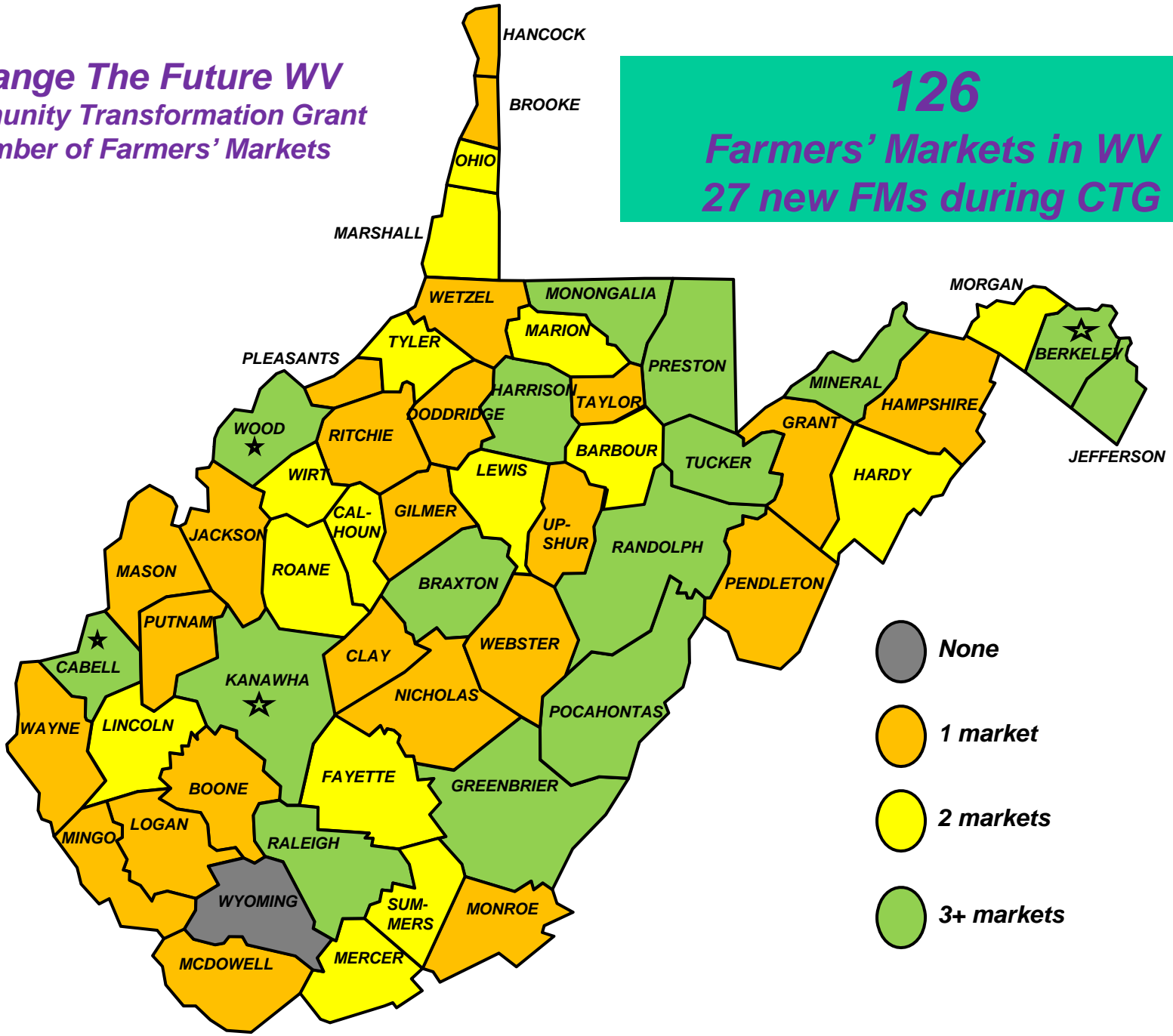


*Increase the number of counties in WV that provide access to locally grown fresh fruits and vegetables through established Farmer's Markets from 51 to 55.*



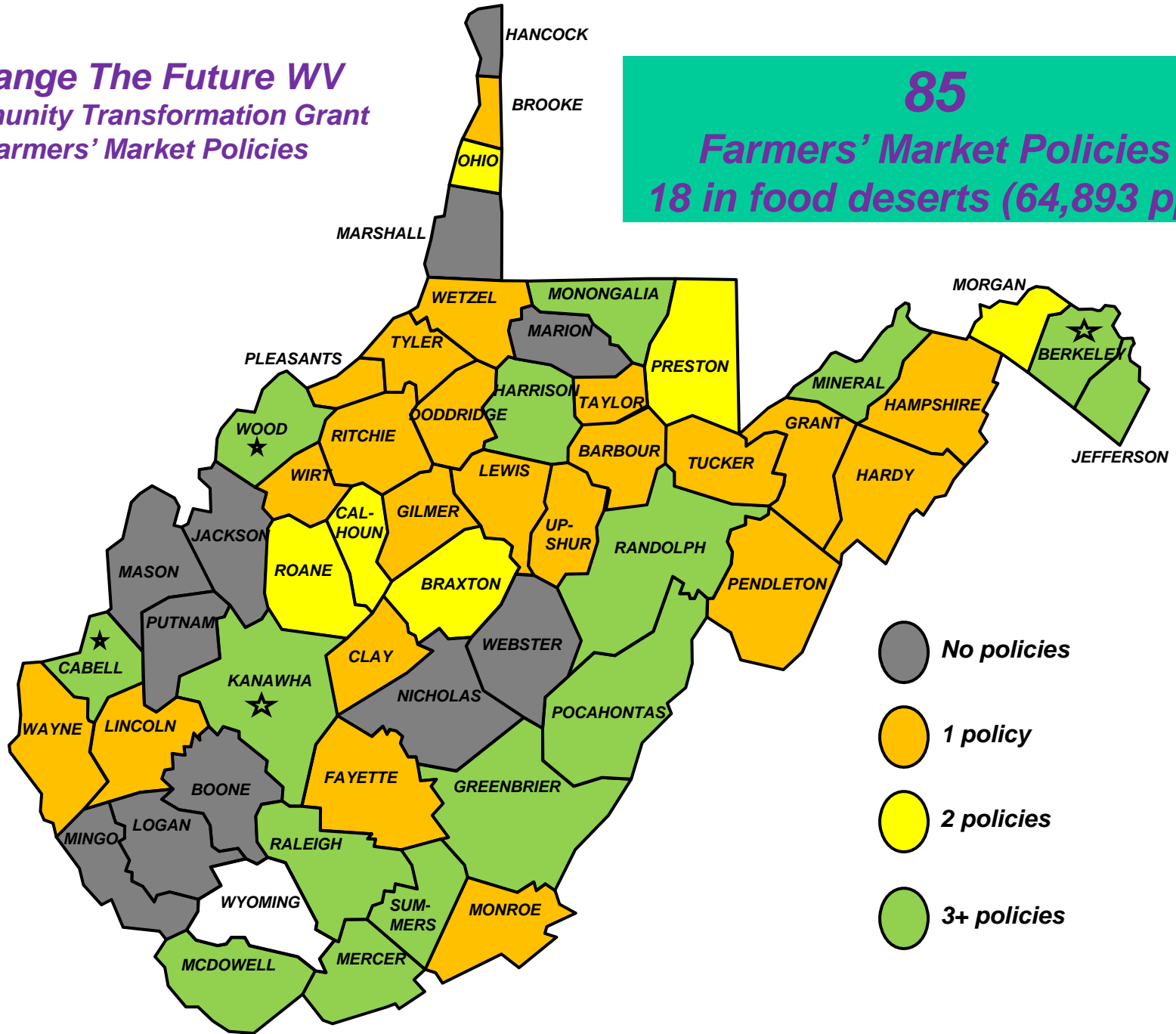
**Change The Future WV**  
**Community Transformation Grant**  
**Number of Farmers' Markets**

**126**  
**Farmers' Markets in WV**  
**27 new FMs during CTG**



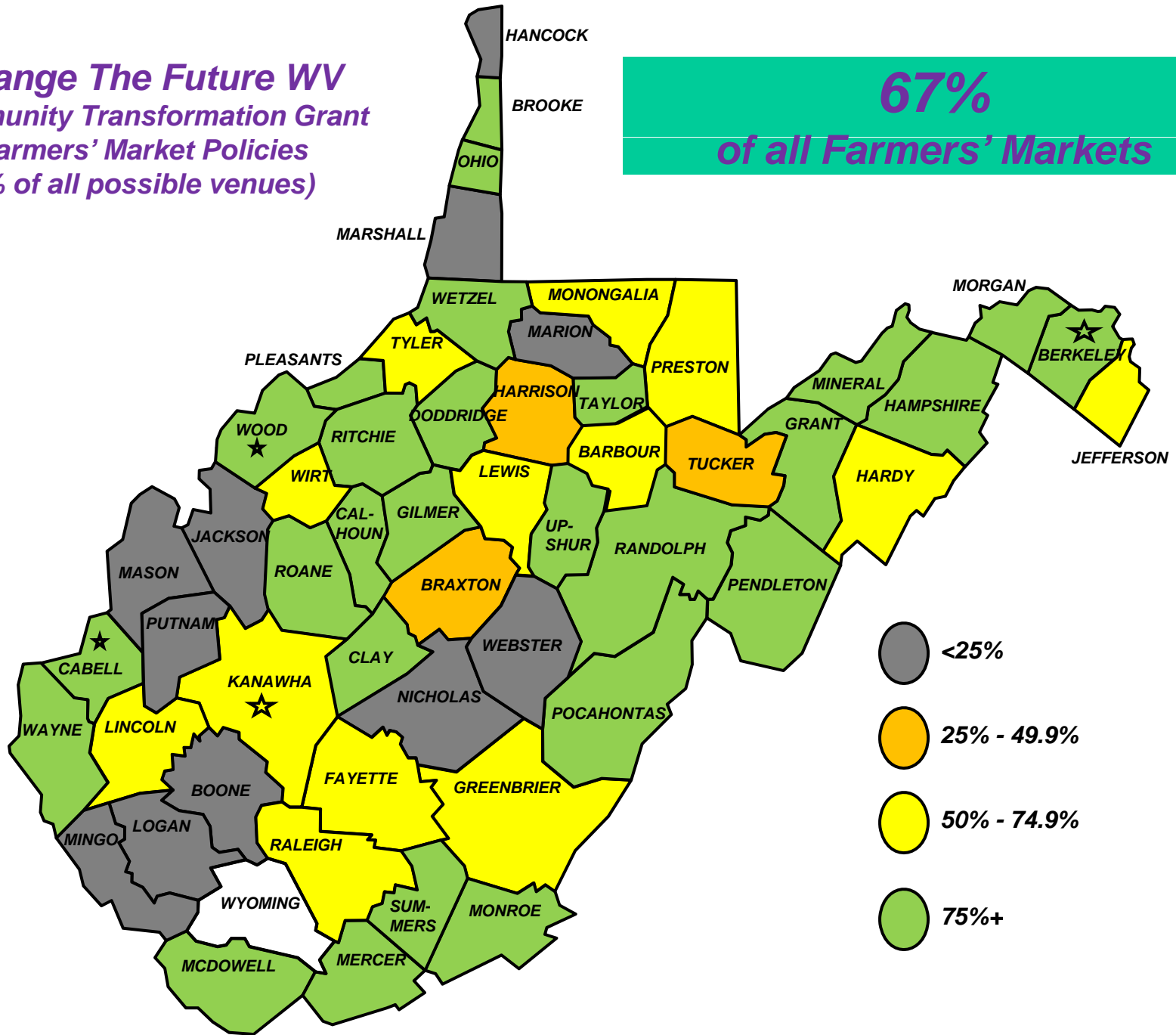
**Change The Future WV**  
**Community Transformation Grant**  
**Farmers' Market Policies**

**85**  
**Farmers' Market Policies**  
**18 in food deserts (64,893 ppl)**



**Change The Future WV**  
**Community Transformation Grant**  
**Farmers' Market Policies**  
 (% of all possible venues)

**67%**  
**of all Farmers' Markets**





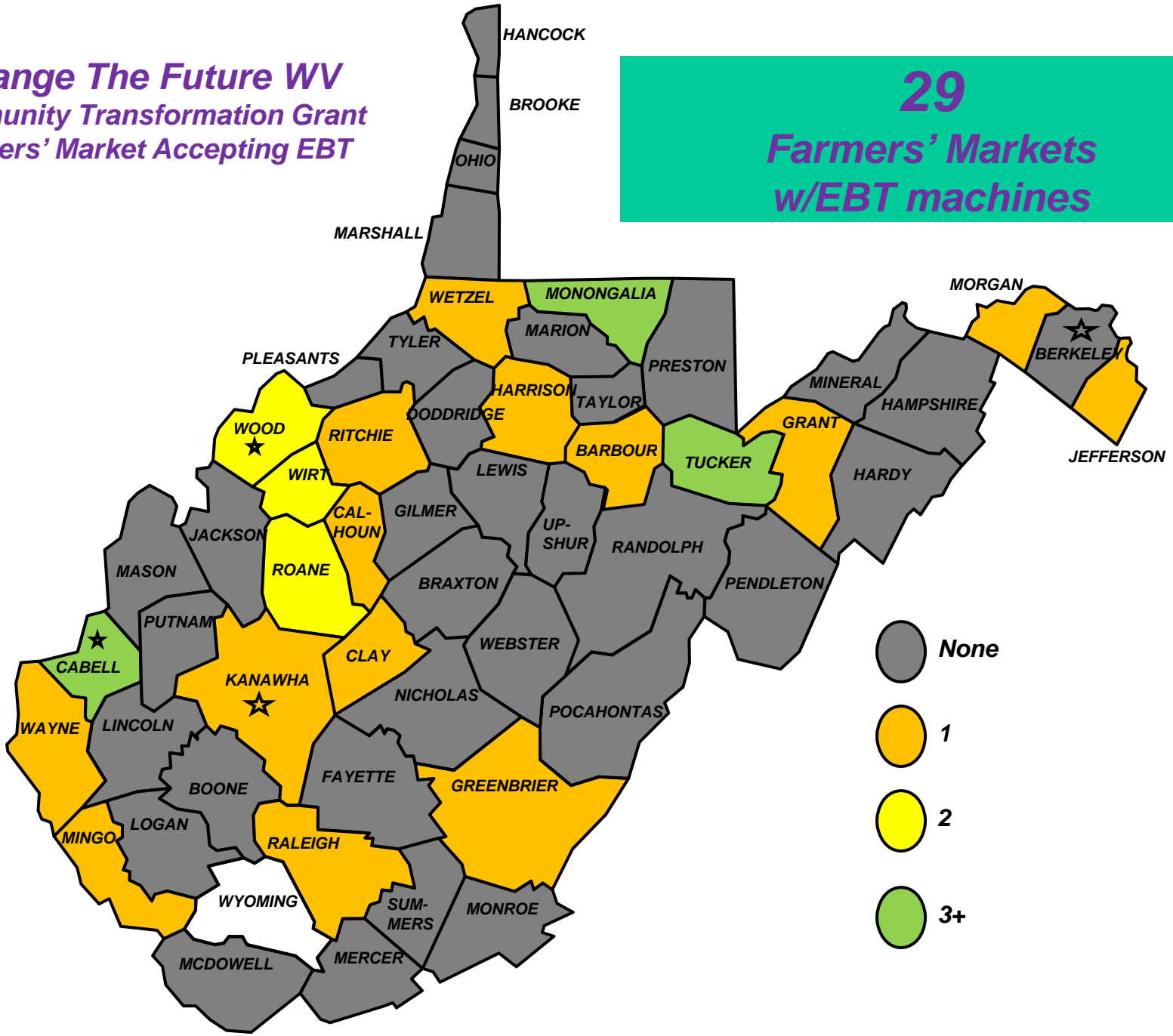
## 4.5: FARMERS' MARKETS



- Increase the number of Farmer's Markets in West Virginia that accept EBT from 15 to 60.
  - 29 additional FMs accept EBT
  - Total of 38 FMs accept EBT

**Change The Future WV**  
**Community Transformation Grant**  
**Farmers' Market Accepting EBT**

**29**  
**Farmers' Markets**  
**w/EBT machines**



## 4.6: CONVENIENCE STORES

Increase the number of convenience stores in WV offering at least three different types of fresh fruits and vegetables (FFV) from 25 to 40 independent owners, plus 2 chain-based operators.

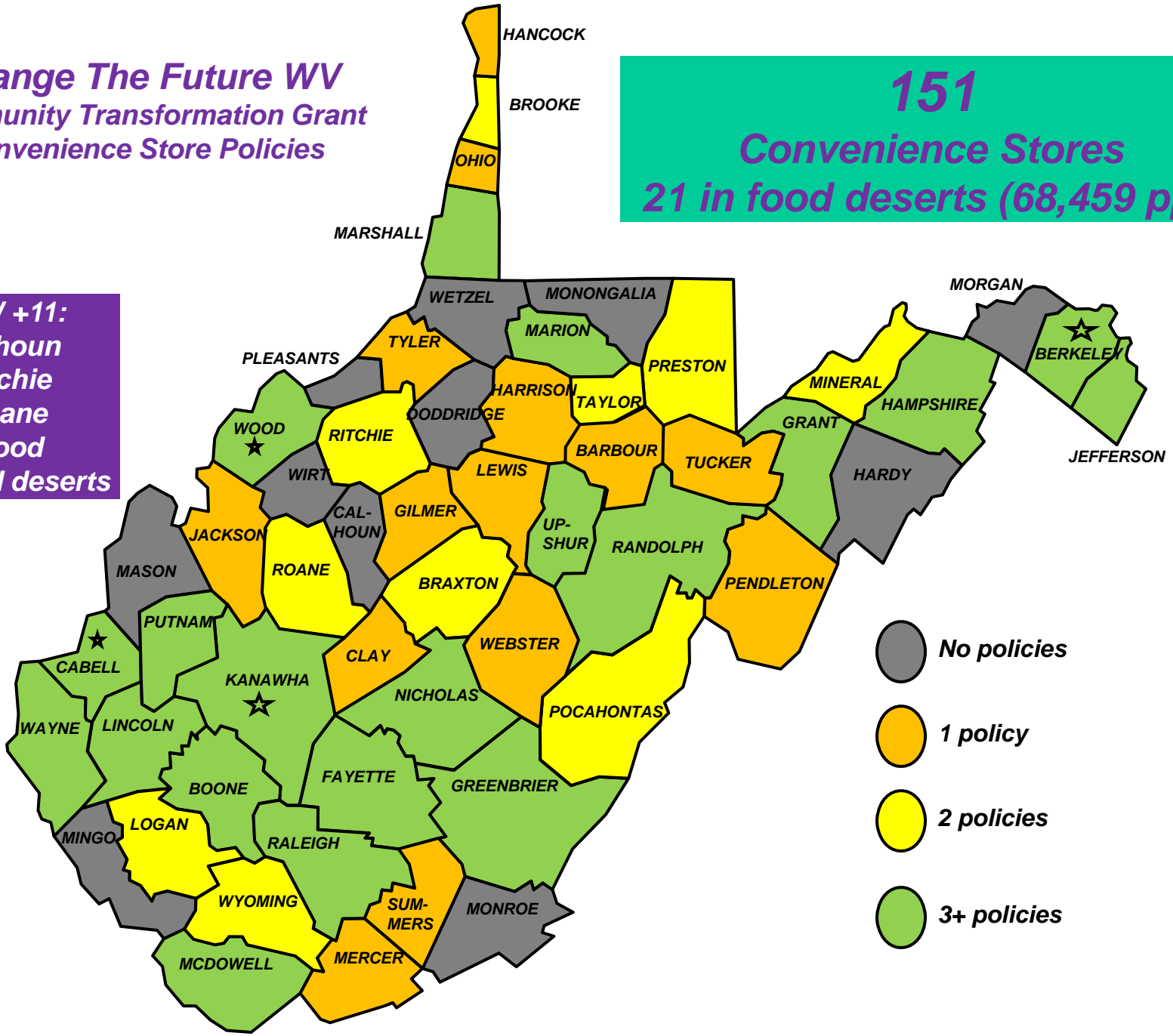
- 151 of 1150 stores in WV with policies
  - 45 independently owned
  - 106 chain-based
- Agreements with 6 chain-based operators:
  - Go-Mart (21 stores)
  - Little General (33 stores)
  - ROCS (14 stores)
  - 7-11 (10 stores)
  - Mountaineer Mart (12 stores)
  - Par Mar (16 stores)







**Change The Future WV**  
**Community Transformation Grant**  
**Convenience Store Policies**

**151**  
**Convenience Stores**  
**21 in food deserts (68,459 ppl)**

**CPPW +11:**  
**3 Calhoun**  
**2 Ritchie**  
**5 Roane**  
**1 Wood**  
**\*3 in food deserts**



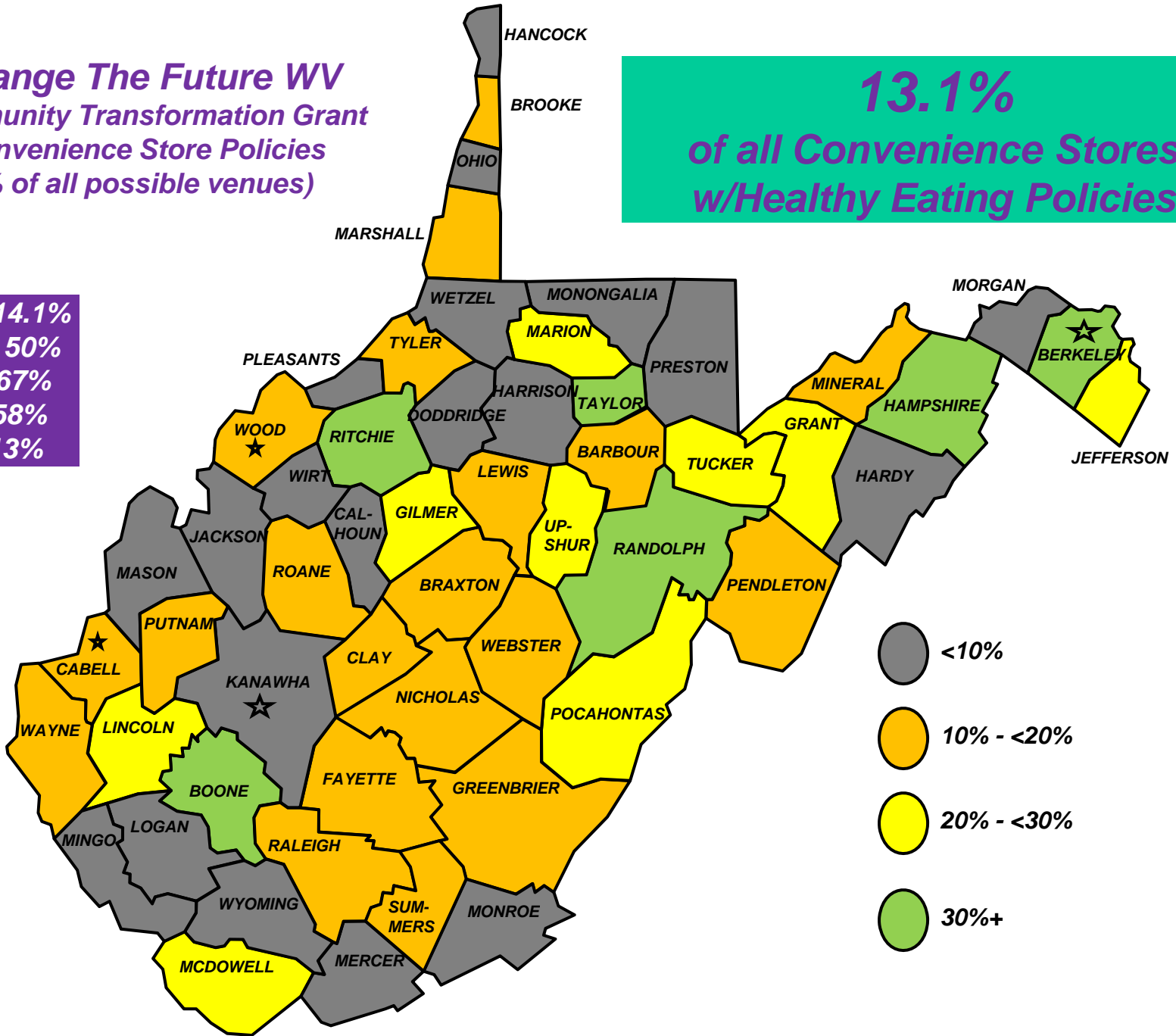
-  No policies
-  1 policy
-  2 policies
-  3+ policies



**Change The Future WV**  
**Community Transformation Grant**  
**Convenience Store Policies**  
 (% of all possible venues)

**13.1%**  
 of all Convenience Stores  
 w/Healthy Eating Policies

**+CPPW: 14.1%**  
**Calhoun 50%**  
**Ritchie 67%**  
**Roane 58%**  
**Wood 13%**



# 4.7: FOSTER CARE

**Table 1. Demographic and placement information for 2,880 Foster Care children in WV, 2012-13**

	Female (1287, 44.7%)	Male (1593, 55.3%)	Total (n, %)
<b>Body Mass Index (BMI)</b>			
Underweight	36, 2.8%	65, 4.1%	101, 3.5%
Normal Weight	696, 54.1%	913, 57.3%	1609, 55.9%
Overweight	261, 20.3%	269, 16.9%	530, 18.4%
Obese	294, 22.8%	346, 21.7%	<b>640, 22.2%</b>
OR Overweight/Obese	555, 43.1%	615, 38.6%	<b>1170, 40.6%</b>

## Key Points:

1. Prevalence of overweight or obesity in 2-19 year olds was higher in our sample (40.6%) than nationally (31.8%),
2. Obesity prevalence was higher as well (22.2% vs 16.9%) -Ogden et al., 2014



# 4.7: FOSTER CARE

**Table 2. Comparison of normal and overweight/obese Foster Care children in West Virginia, 2012-13 (N = 2,779)**

	Overweight/Obese	$\chi^2$
<b>Gender</b>		4.780 (p = .029; $\phi_c$ = .041)
Female	<b>555, 44.4%</b>	
Male	<b>615, 40.2%</b>	
<b>Age (years)</b>		53.302 (p <.001; CC = .137)
2-5	185, 30.2%	
6-11	262, 41.0%	
12-19	<b>723, 47.3%</b>	

**Table 3. Overweight/obesity prevalence by gender and age among 2,779 Foster Care children, West Virginia, 2012-13**

	Gender		$\chi^2$
	Female	Male	
<b>Age (years)</b>			
2-5	85, 29.1%	100, 31.2%	.303 (p = .582; CC = .022)
6-11	127, 43.5%	135, 38.9%	1.380 (p = .240; CC = .046)
12-19	<b>343, 51.4%</b>	<b>380, 44.2%</b>	7.895 (p = .005; CC = .072)

## Key Points:

- Overweight/obesity prevalence was:
  - Higher in girls than boys
  - Higher in older than younger children
  - Higher in 12-19 girls than boys
- Overweight/obesity in the 1,717 FC children aged 10-17 years in our sample was *much higher* (46.7%) than 10-17 year olds in WV (33.6%) (CDC, 2012)



## 5: ACTIVE LIVING

5.1/5.2: Licensed child care centers and family daycare homes play & screen time policies

5.3: School daily PA policies

- 10 Health and Physical Education Leadership Academies conducted
- 300 school personnel from 42 counties trained

5.4: DHHR break policies





# 5: ACTIVE LIVING



# 6: CLINICAL/COMMUNITY PREVENTIVE SERVICES

- 6.1: Increase the number of federally qualified health centers and/or local health departments with Community Health Education Resource Persons (CHERP)/Community Health Workers integrated into their systems to promote patient navigation and access to community-based disease management and prevention resources from 0 to 14.
- 6.2: Increase the number of counties in WV that provide access to CDC-recognized lifestyle change programs that support the prevention and control of high blood pressure, high cholesterol, diabetes, and other chronic diseases from 0 to 14.
- 6.3: Increase the number of counties in WV that have implemented community coordinated care team systems that actively connect community members with high blood pressure, high cholesterol, and pre-diabetes to clinical and preventive care resources from 0 to 16.
- 6.4: Increase the number of federally qualified health centers (FQHC) that use electronic patient data systems to identify and refer patients to community-based healthy lifestyle intervention programs from 0 to 16.





# 6.1: CHERPS

- Conduct eight regional CHERP Certification training events certifying 80 CHERPs. WVSOM personnel will provide training in the regional communities.
  - 24 CHERP trainings conducted
  - 236 CHERPs from 42 counties trained + 9 from KY, VA, MD, OH
- Train 10 people to become certified CHERP training trainers. Selected individuals will receive advanced training that will enable them to train additional CHERPs.
- Use regional CTG coalitions and outreach to solicit local provider sites for placement of trained community health workers/ Community Health Education Resource Persons (CHERP).
  - 60 CHERPs placed in 19 counties



# 6.1: CHERPS

- Reported by CHERPs to WVSOM (April, 2013-September, 2014):
  - Approached ~6,200 times for health-related questions or advice
  - Activities:
    - Chronic disease classes
    - Exercise, nutrition, or cooking classes
    - Health fairs
    - Wellness classes
  - Over 70 partners identified - common partners:
    - Churches
    - Free Clinics/FQHCs
    - Physicians
    - Seniors groups
    - Health departments
    - Hospitals





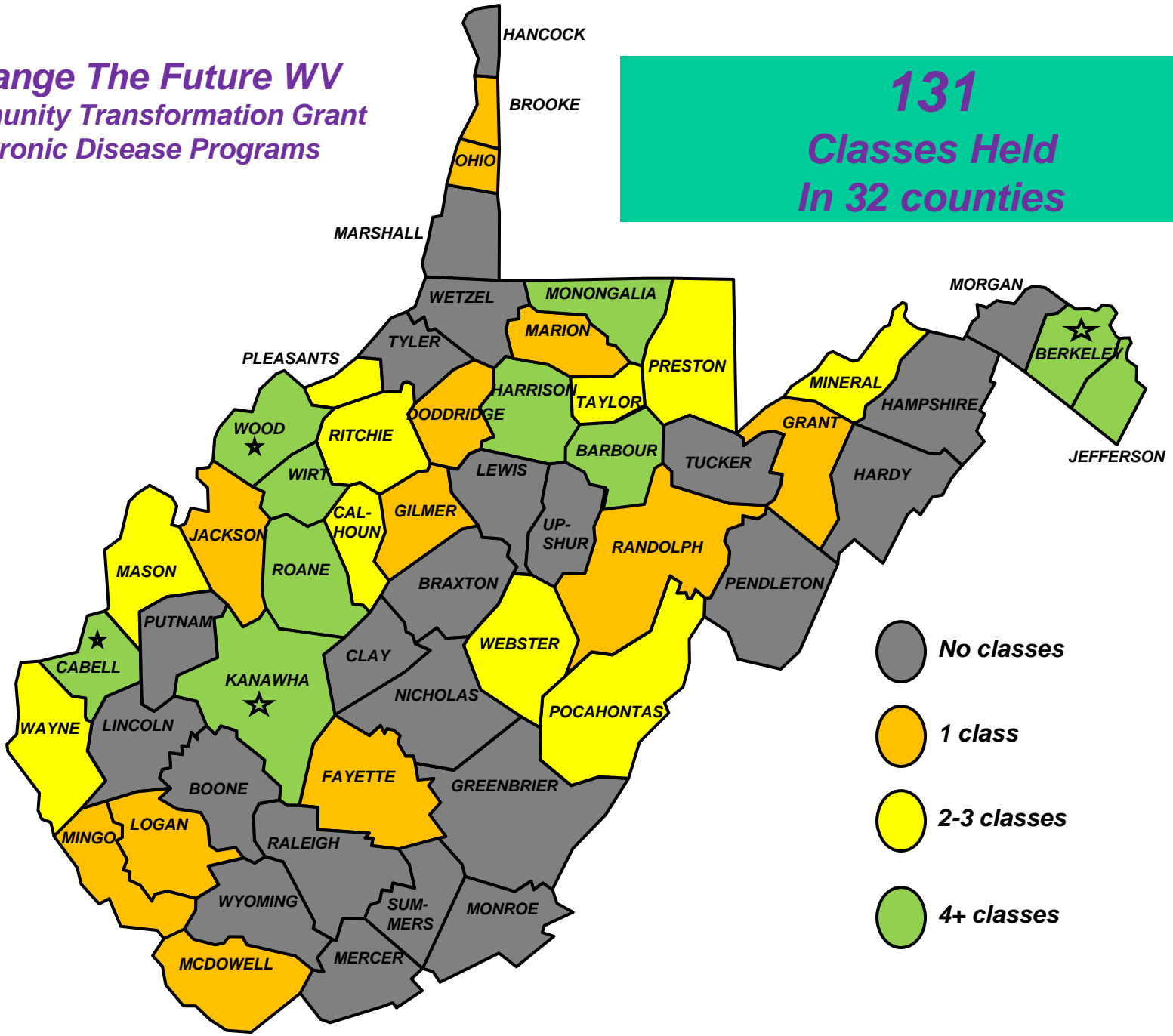
# 6.2: CHRONIC DISEASE PROGRAMS

- Increase the number of counties in WV that provide access to CDC-recognized lifestyle change programs that support the prevention and control of high blood pressure, high cholesterol, diabetes, and other chronic diseases from 0 to 14.



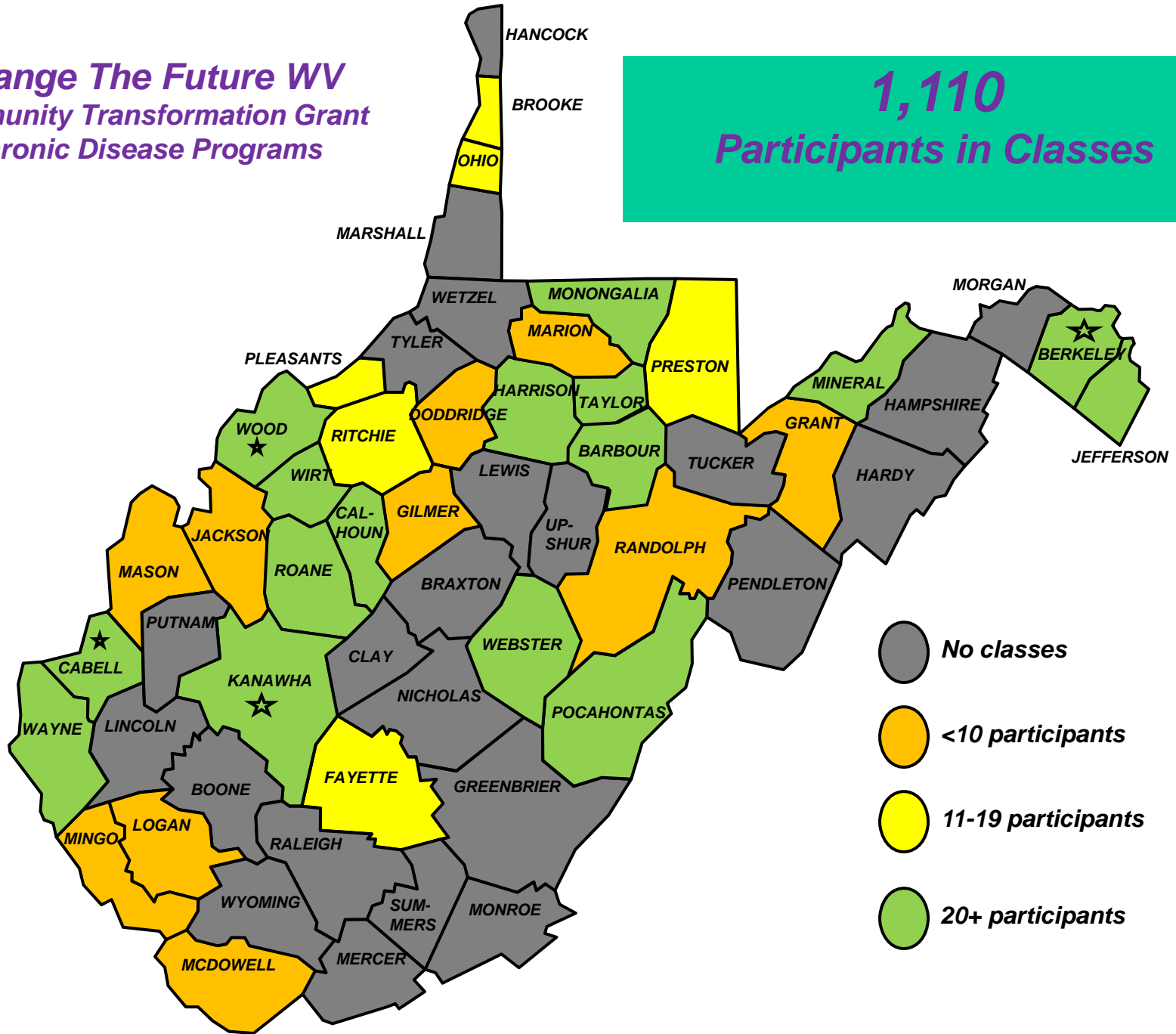
**Change The Future WV**  
**Community Transformation Grant**  
**Chronic Disease Programs**

**131**  
**Classes Held**  
**In 32 counties**



**Change The Future WV**  
**Community Transformation Grant**  
**Chronic Disease Programs**

**1,110**  
**Participants in Classes**



## 6.2: CHRONIC DISEASE PROGRAMS

	N-DPP	CDSMP	DSMP	Total
Master Trainers	0	13	13	-
Leaders Trained	59	76	26	-
Classes	54	60	17	131
Participants	529	469	112	1,110

Median split of county diabetes rate in WV	Classes	Participants
“Low” Diabetes Rate ( $\leq 12.3\%$ )	42	377
“High” Diabetes Rate ( $> 12.3\%$ )	89	733





## 6.3: COORDINATED CARE

- 6.3: By September 29, 2014, increase the number of counties in WV that have implemented community coordinated care team systems that actively connect community members with high blood pressure, high cholesterol, and pre-diabetes to clinical and preventive care resources from 0 to 16.
  - 35 regional coalitions in 21 counties have been engaged in the process of developing referral networks



## 6.4 EHR REFERRAL SYSTEMS

- 6.4: By September 29, 2014, increase the number of federally qualified health centers (FQHC) that use electronic patient data systems to identify and refer patients to community-based healthy lifestyle intervention programs from 0 to 16.
  - Five health systems thus far (not just FQHCs)
  - Currently conducting interviews to gather information about barriers & facilitators to using EHRs for chronic disease program referrals from participating AND non-participating partners



# SUMMARY

Objective	Goal	Met
1.1: 100% FTE staff	18	✓~
1.2: Leadership team reps	18	✓
1.3: Coalition members	120	✓
1.4: Training/TA opportunities	75	✓
2.1: Web marketing	30%	?
2.2: Mass media messages	24	?
3.1: CIAR counties	55	X
3.2: Smoke free DHHR subgrantees/agencies	100%	?
3.3: Smoke free FC homes	1,249	X



# SUMMARY

Objective	Goal	Met
4.1: Counties w/FFV in all meals	40	✓~
4.2: Child/family care facilities meeting CACFP FFV guidelines	1,728	X
4.3: Grocery stores w/healthy checkouts	60	✓
4.4: Counties with Farmers' Markets	55	X
4.5: Farmers' Markets accepting EBT	60	X
4.6: Convenience stores offering FFV (independent/chain)	40/2	✓ / ✓





# SUMMARY

Objective	Goal	Met
5.1: Child/family care facilities meeting PA guidelines	1,728	X
5.2: Child/family care facilities meeting screen time guidelines	1,728	X
5.3: Schools w/60 minutes PA during school day	581	X
5.4: DHHR facilities allowing breaks for wellness	58	X
6.1: FQHCs/LHDs with CHERPs	14	✓~
6.2: Counties w/access to lifestyle change programs	14	✓✓
6.3: Counties w/coordinated care system	16	?
6.4: FQHCs using EHRs to refer patients to programs	16	X

