



Change *the*
Future WV

Final Evaluation Report, 2011-2014

On a quarterly basis, the HRC collected performance monitoring from the partners at the Office of Maternal Child and Family Health (OMCFH) and the Office of Healthy Schools. Data was also collected through primary survey data collection from Farm to School stakeholder surveys and focus groups during 2013. The use of the WV Behavioral Risk Factor Surveillance System (WVBRFSS) and the WV Division of Tobacco Prevention Clean Indoor Air Regulation maps served as the HRC’s secondary data collection sources.

Objective 1: Capacity Building

Since 2011, CTFWV staff have attended approximately 3,000 meetings reaching almost 26,000 attendees with the “Make the Healthy Choice, The Easy Choice” message. As illustrated in figure 2, the CTFWV staff networked in largely more intimate groups to educate WV residents. The majority of meetings focused on initiatives pertaining to access to healthy foods, physical activity opportunities, and chronic disease resources within the state. CTFWV worked with 35 different coalitions spanning 21 counties to network around making WV a healthier place to live, work and play. Family Resource Networks (FRNs) were critical in building capacity in support of CTFWV initiatives. FRNs are local coalitions working to improve services for families.

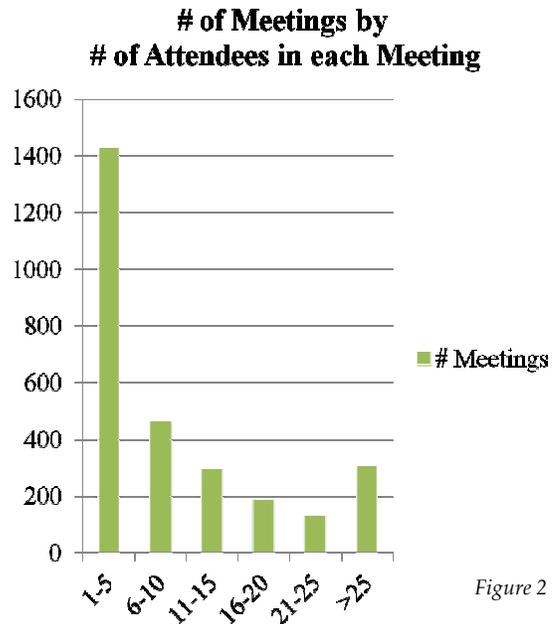


Figure 2

Objective 2: Marketing/Media

Utilizing a multi-use media campaign to educate the WV population about the initiatives and objectives centered around CTFWV, the CTFWV staff employed the website <http://www.changethefuture.wv.gov>, Facebook page, Twitter, print materials (newspaper/ Billboard advertisements), radio advertisements, and television commercials to spread the CTFWV message (see figure 3). Since 2011, over 5,800 media placements, predominantly paid media, were used convey the CTFWV message statewide. The majority of the media placements targeted healthy eating and physical activity initiatives (see figure 4).

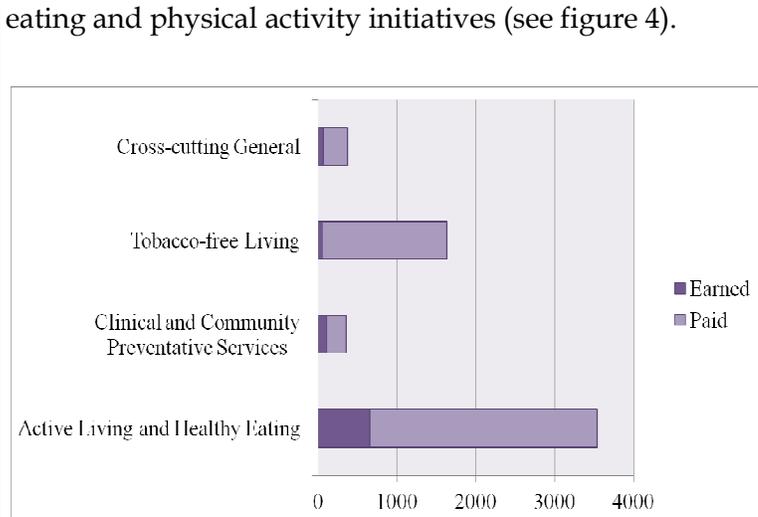
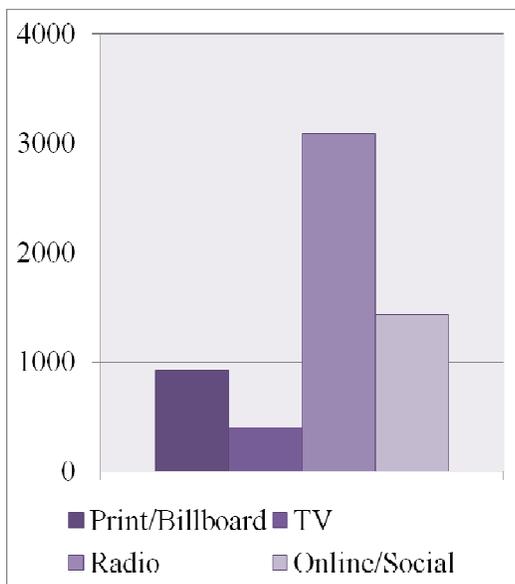
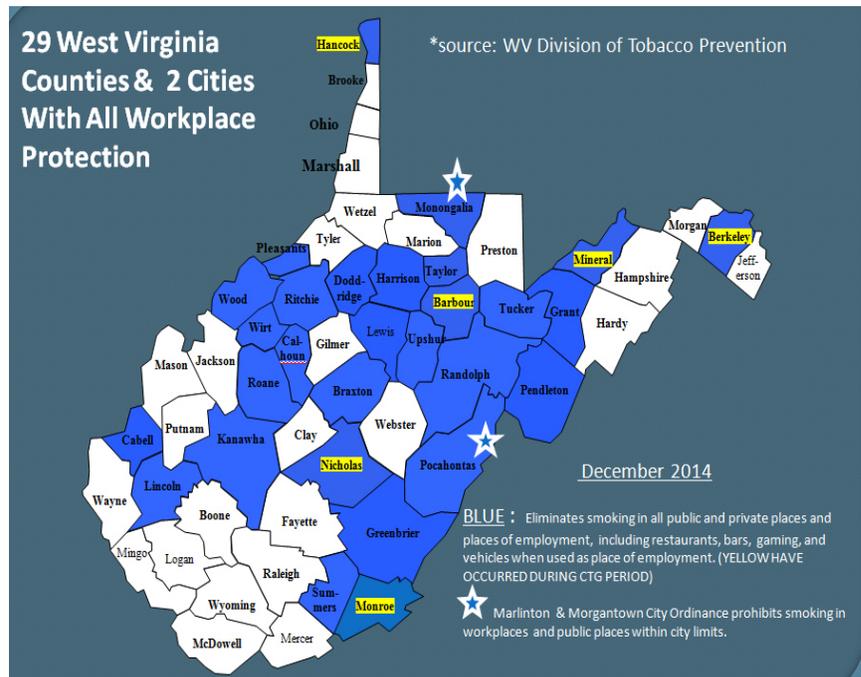


Figure 3

Figure 4

Objective 3: Tobacco-free environments

As of December 2014, through the combined efforts of CTFWV staff and the Division of Tobacco Prevention staff, 6 new counties with a combined population of 235,753 people, enacted county Comprehensive Clean Indoor Air Regulations (CIAR) eliminating secondhand smoke exposure in public places and the workplace. The main focus of this objective of CTFWV was the implementation of CIARs. Another CTFWV project targeted tobacco-free initiatives in foster homes in partnership with the Office of Maternal Child and Family Health (OMCFH). A facet of



this objective was to use the HealthCheck screening program data to inform interventions to increase the number of West Virginia foster homes that prohibit smoking and exposure to tobacco smoke among foster children inside the foster home. Analysis of HealthCheck data of 4,068 foster care children showed:

- 5.0% of all children experienced passive exposure to tobacco smoke
- 6.5% of the children under 12 years old experienced passive exposure to tobacco smoke
- 31.9% of the Foster Care children 12 years of age and older smoked cigarettes (30.7% of females, 32.9% of males)
- 33.2% of 14-15 year olds smoked cigarettes
- 40.0% of 16-17 year olds smoked cigarettes

Objective 4: Access to healthy foods

CTFWV sought to increase fresh fruit and vegetable access in schools, child care centers, group foster homes and communities through the following initiatives:

- Cross-marketing of fresh fruits and vegetables within grocery and convenience stores
- Increasing access to fresh fruits and vegetables in convenience stores
- Implementing healthy check-out aisles in grocery stores
- Incorporating CTFWV signage and marketing material throughout the stores to convey the message of healthy eating
- Expanding the number of farmers markets
- Expanding the number of farmers markets that accept EBT



As of September 2014, CTFWV staff managed to partner with 20% of all the grocery stores, 13.1% of convenience stores, and 67% of farmers markets in the state (adding EBT machines at 29 farmers markets). These combined efforts also reached over 130,000 people living in food deserts through partnerships with 52 stores. See figures 5 and 6 for details.

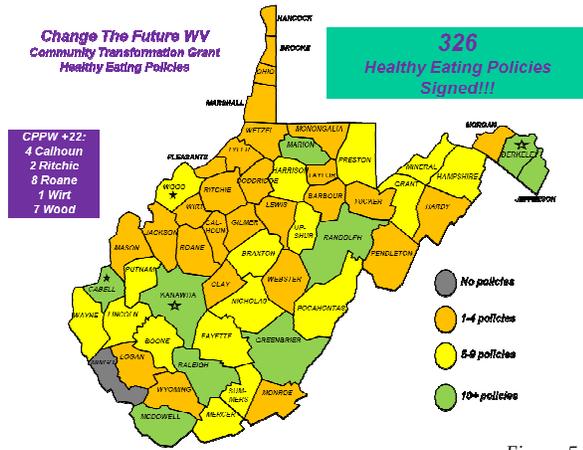


Figure 5

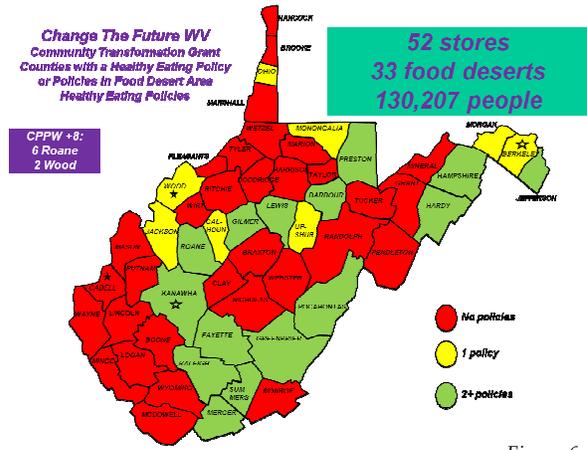


Figure 6

The CTFWV initiative also worked closely with the WV Department of Education’s Office of Child Nutrition (OCN) and the WV Farm to School (FTS) Community Development Group to create a statewide FTS program. In March 2013, focus groups with counties receiving CTG funding to promote FTS activities were conducted at the Small Farms Conference in Morgantown, WV. Participants included a wide variety of school affiliated personnel (see figure 7). Dialogue from the focus groups indicated that having the right people associated with FTS activities was crucial to the success of the program. County Food Service Directors (CFSD), Agriculture Education teachers and students, Extension services and agents, and farmers were the most often identified critical players to the process.

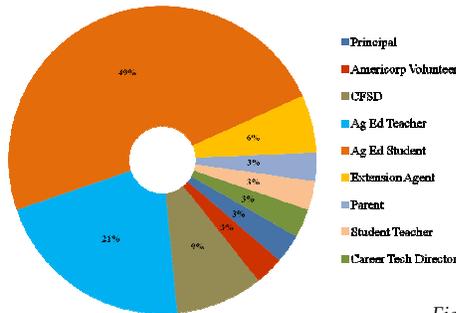


Figure 7

Conducting these focus groups led to more in depth data collection with these key players through surveys at the school and local level (see figure 8). School administrators and CFSDs responding to the surveys indicated seasonality of fruits and vegetables, finding producers to buy from, and having a list of when foods are available and which farmers are willing to sell them were among the key challenges to purchasing local foods. However, a combination of CFSDs and school administrators indicated that having the assurance of food safety, more producers from whom to buy fresh local fruits and vegetables, more partially processed foods like baby carrots and salad mix, and having one place from which to order local produce would act as key motivators to increase local food purchases through the schools.

Survey	# Recruited	# Responses	Response Rate
Food Service Director	55	44	80%
School Administration	800	65	8.1%
Ag Ed Teachers	94	28	29.8%
Ag Ed Students	w/k	65	n/a
Farmer Economic	1042	109	10.5%
Farmer General	889	144	16.2%

Figure 8

As of September 2014, 231 FTS activities occurred throughout the state. These activities could range from school garden activities, purchasing local foods from farmers, serving locally produced foods in the schools, Americorps members used for FTS activities, Team Nutrition and FTS CTG grants used to enhance FTS efforts, schools hosting community events linked to local foods, and noted collaborations between CFSDs and local farmers. Additionally, as part of CTFWV funding, 167 school cafeteria personnel were trained on scratch cooking techniques to be used in school cafeterias to enable personnel to prepare healthier homemade meals instead of prepackaged, premade foods. See figures 9 and 10.

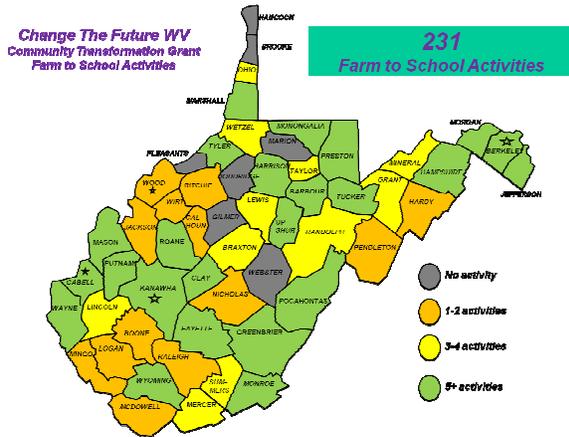


Figure 9

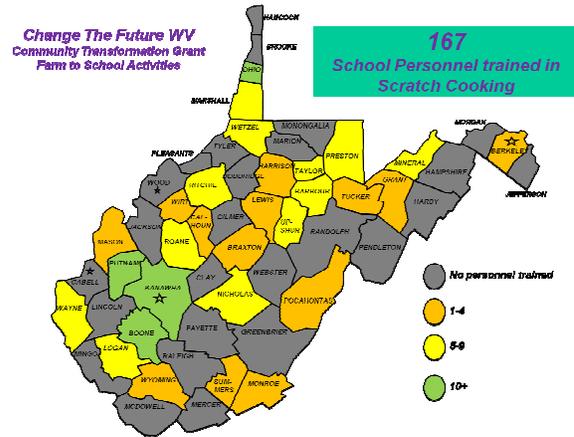


Figure 10

Objective 5: Access to Physical Activity Opportunities

Efforts were focused on drafting legislation to impact physical activity and screen time at licensed child care centers and family daycare homes and internal Department of Health and Human Resources (DHHR) policies to allow employees to participate in approved health promoting initiatives during work hours. With CTFWV funding, the WV Department of Education conducted 10 Health and Physical Education Leadership Academies (HPELA) training 300 school personnel from 42 counties on how to incorporate physical activity during the instructional school day.

Key partners emerged that were also supported by CTFWV funding. The 2014 Try This WV Conference was co-sponsored by CTFWV, highlighting physical activity and healthy food activities throughout the state. A consequence of this conference was the awarding of \$82,000 in mini-grants to 42 communities to increase access to physical activity and healthy foods. In addition, the WV Healthy Kids and Families Coalition and the “Our Children, Our Future” Campaign to end child poverty supported efforts to pass the Move to Improve Act (2014 SB455) to set minimum amounts of physical activity during the school day. WV Healthy Kids and Families Coalition was an ally in support for WV’s youth and families in that they helped to preserve funding for family support programs such as the Family Resource Networks across the state.



Objective 6: Increasing access to community and clinical preventive services

CTFWV outlined the following key initiatives to increase access to Community and Clinical Preventive Services (CCPS) programs:

- Expand access to CDC-recognized lifestyle change programs by training class leaders and conducting programs
- Develop active referral systems to lifestyle change programs with health care providers
- Use electronic health records to enhance referrals to CCPS programs
- Train and utilize community health workers to improve access to CCPS programs

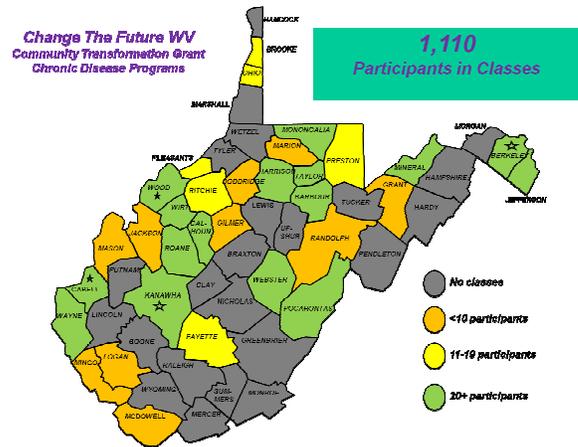


Figure 11

Efforts to expand access to CCPS programs and referral systems include successfully training 161 people to lead CCPS programs, and conducting 131 CCPS program classes in 32 counties with 1,110 participants (see figure 11 and 12). The three CDC recognized lifestyle change CCPS programs were the National Diabetes Prevention Program (NDPP), Chronic Disease Self Management Program (CDSMP), and Diabetes Self Management Program (DSMP).

	CCPS Programs		
	N-DPP	CDSMP	DSMP
Classes	54	60	17
Participants	529	469	112
Leaders Trained	59	76	26

Figure 12

In addition, 35 regional coalitions in 21 counties have been engaged in the process of developing referral networks. Five health systems thus far have utilized electronic health records (EHR) to facilitate referrals to CCPS programs. Currently the Health Research Center is conducting interviews to gather information about the barriers and facilitators to using EHRs for CCPS referrals from participating and non-participating partners. The West Virginia School of Osteopathic Medicine has conducted 24 Community Health Education Resource Person (CHERP) trainings with 236 community members from 42 counties in WV. Regional CTFWV staff have facilitated the placement of 60 CHERPs in 19 counties. These CHERPs have reported over 6,200 contacts for advice or health-related questions from April, 2013 to September, 2014. Common activities include conducting chronic disease, exercise, nutrition, and cooking classes; attending health fairs; and leading wellness activities. Key partners in CHERP work include churches, free clinics/FQHCs, physicians, seniors’ groups, health departments, and hospitals.

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