

Investing in Kentucky's Future: 2016 Evaluation Update



Center for Community Health and Evaluation

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Executive Summary

The Foundation for a Healthy Kentucky's Investing in Kentucky's Future (IKF) initiative was designed to reduce the risk that today's school-aged children will develop chronic diseases as they grow into adults. Seven diverse community coalitions across Kentucky were funded to look at the health needs of their communities' children and develop an intervention plan to address one priority health issue. Six coalitions chose childhood obesity, and one coalition prioritized adverse childhood experiences (ACEs). As of May 2016, all seven coalitions have been awarded implementation funding and are making progress toward their goals.

IKF was the first major piece of work for all of the funded coalitions.

The grant was a catalyst for tackling community health improvement in a new and bigger way than they had before. Grantees overall reported high levels of satisfaction with their coalition, the engagement they have from key partners and its ability to drive their IKF work.

IKF has contributed to progress in policy, environmental and systems changes in all of its funded communities.

All of the obesity-focused coalitions are working in their local schools, and public recreation areas to create environments that are supportive of physical activity and good nutrition. Baseline student and teacher surveys administered in the schools indicated that IKF obesity interventions are aligned with existing needs in the community.

Policy changes: IKF coalitions have contributed to 17 policy changes in their schools and communities, including shared use agreements, healthier foods at park concessions, and complete streets.

Built environment enhancements: Several improvements to community and school infrastructure supporting physical activity have occurred (e.g., playgrounds, walking trails, sidewalks).

Other systems changes: All of the obesity coalitions are implementing or planning to implement a school-based curriculum related to nutrition and physical activity. Youth have been engaged in some of the community and behavior change efforts (e.g. youth health councils, youth on coalition boards).

The Bounce Coalition is focusing on supporting an environment that will foster resiliency in children, in both school and out-of-school-time (OST) settings. They provide staff training to recognize and respond to symptoms of ACEs, integrating that work into ongoing professional development processes. Bounce programming likely contributed to changes seen in how teachers responded to behavior issues, and helped improve teacher retention. The coalition has consulted on policy and procedure changes at the pilot school and OST settings.

Some coalitions have moved towards integrating their work into existing processes and organizations. Three coalitions have leveraged their IKF work into additional funding, receiving seven other grants to date.

Grantees have a high level of satisfaction with participating in IKF. They reported benefit from the support from the program officer and associated technical assistance, convenings and peer learning opportunities. While some said the grant requires a lot of time and effort, they stated it was well worth it and was helping them make a difference in their communities. Coalitions may benefit from continued attention to peer learning and support across the cohort and additional assistance related to sustainability and evaluation.

IKF Implementation Grantees

- Bounce Coalition (Louisville Metro in Jefferson County)
- Breathitt County Health Planning Council for Children
- Clinton County Healthy Hometown Coalition
- FFLAG Coalition (Grant County)
- Partnership for a Healthy McLean County
- Perry County Wellness Coalition
- Purchase Area Connections for Health Coalition

Introduction

Investing in Kentucky's Future initiative design

The Foundation for a Healthy Kentucky's Investing in Kentucky's Future (IKF) initiative was designed as a five-year, \$3 million investment seeking to reduce the risk that today's school-aged children will develop chronic diseases as they grow into adults. IKF provides grants to local coalitions to select a priority health issue and implement community-developed solutions to improving children's health. The Foundation supports its grantmaking by investing in and sharing health-related data and research, building relationships and making connections between complementary efforts occurring in the state and nationally, and convening its grantees to build capacity and facilitate peer learning.

The Foundation's Board set forth three goals for IKF: 1) seven local communities are engaged and using evidence-based strategies to address children's health issues, 2) other communities are embracing approaches tested in the target communities, and 3) at the state and local levels, the Foundation has advanced health policy in Kentucky.

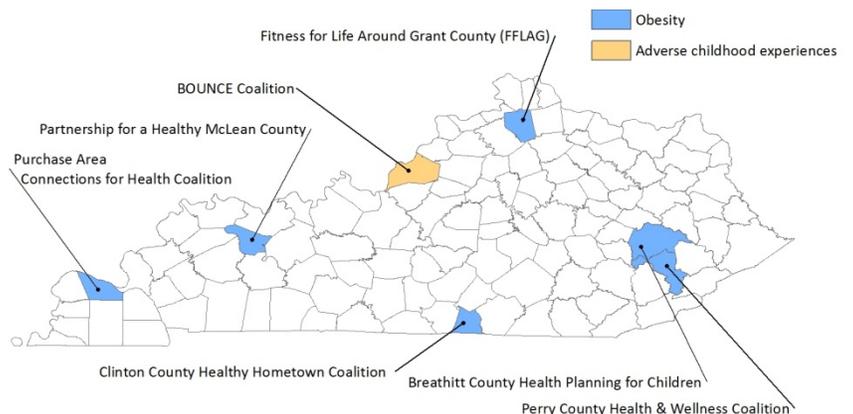
In designing the evaluation, the Foundation determined that the goals of spreading approaches tested by grantees and state health policy change were longer-term goals, unlikely to be fully achieved during the initiative period. Three intermediate outcomes were developed to assess progress towards these longer-term goals:

- Strength and durability of community partnerships
- Policy and systems change
- Health behavior change

The evaluation of IKF focuses on short-term and intermediate outcomes identified for the initiative (see Logic Model, Appendix B). This report describes evaluation results related to the three intermediate outcomes above, which focus on the work of the grantees. Evaluation methods are summarized in Appendix A.

IKF grantees

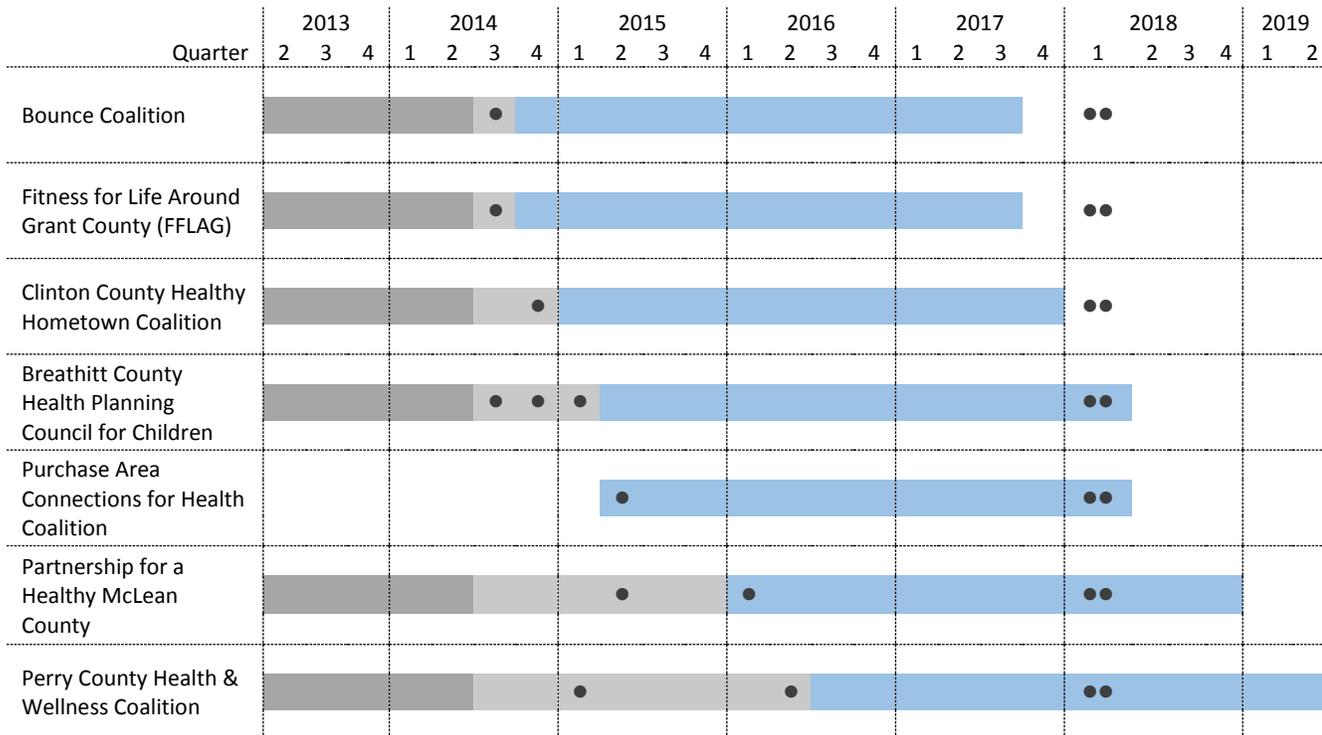
In June 2013, the Foundation provided planning grants to support seven coalitions in communities across Kentucky that had civic leaders committed to working together to improve children's health. After assessing the health needs in their communities, six coalitions chose to focus on childhood obesity, and one coalition prioritized Adverse Childhood Experiences (ACEs). The length of the coalitions' planning periods varied widely.



Investing in Kentucky's Future: 2016 Evaluation Update

As of May 2016, all seven coalitions had been awarded implementation funding.

IKF coalitions began implementation on a rolling basis starting in late 2014.¹



KEY

- Funded planning phase (including contract no-cost extensions)
- Unfunded extension for planning phase (no Foundation contract)
- Business plan submission
- Funded implementation phase
- Evaluation ends (anticipated)

¹ The Healthy Children, Healthy Communities coalition in Greenup and Boyd counties received a planning grant, but withdrew from the initiative in February 2014. The Purchase Area Connections for Health Coalition applied for and was awarded an implementation grant in April 2015.

Evaluation Findings: Grantee progress towards outcomes

The evaluation was designed to assess progress in three key outcome areas: strength and durability of community partnerships; policy and systems change; and health behavior change.

Strength and Durability of Community Partnerships

IKF was the first major piece of work for all of the funded coalitions. The grant was a catalyst for tackling community health improvement in a new and bigger way than they had before.

The Foundation funded coalitions with a demonstrated history of partnering on local health improvement. The seven IKF coalitions include both rural and urban areas and a mix of both previously existing and new groups. The coalitions started with different levels of engagement from a variety of community partners.

IKF funded seven coalitions with a history of partnering for local health improvement.

| Coalition | Fiscal sponsor | Year Formed | History of previous work/collaboration |
|--|--|-----------------------------------|---|
| Bounce Coalition (formerly the Coalition for Louisville's Youth) | Community Foundation of Louisville | 2012 (for IKF) | Partners had a history of collaboration. Some members were previously involved in developing a child-centered and community-based vision for Louisville. |
| Breathitt County Health Planning Council for Children | Kentucky River Community Care | 2011 | Originally organized to complete the Mobilizing for Action through Planning and Partnerships process for Breathitt County. |
| Fitness for Life Around Grant County (FFLAG) | Northern Kentucky Health Department | 2002 (became a 501(c)(3) in 2009) | Previous activities included: community physical activity events, increasing worksite wellness policies and programs, enhancement of a walking trail and training of fitness instructors. |
| Clinton County Healthy Hometown Coalition | Clinton County Schools District | 2012 (for IKF) | Grew out of the <i>Healthy Communities of Clinton County Coalition</i> , which had conducted youth activities related to substance use, nutrition and physical activity. |
| Purchase Area Connections for Health Coalition | City of Paducah | 2014 | Grew out of the Purchase District Health Coalition, which emerged to align efforts related to community health needs assessments. |
| Partnership for a Healthy McLean County | Green River District Health Department | 2012 (for IKF) | Grew out of the Green River Regional Health Council / McLean County Community Coalition. They've conducted a number of projects related to physical activity and nutrition for children. |
| Perry County Health & Wellness Coalition | Foundation for Appalachian Kentucky | 2011 | They started as a networking and support coalition, and done some community assessment work. They became more formalized during the IKF planning period. |

Even for coalitions with a long history of partnering, IKF was a catalyst to expand and strengthen collaboration, mobilize resources (human, financial and other), and focus on community-developed solutions. Several of the coalitions reported that the “win” of obtaining IKF funding built momentum around which partners could coalesce. Through IKF, coalitions reported:

- **Expanded coalition membership and engagement.** The grant requirement that the planning phase be led by a multi-sector coalition resulted in more people and organizations getting involved and higher levels of engagement from existing partners.
- **Increased coalition capacity.** Many coalitions reported that IKF gave them focus, momentum, and an opportunity to formalize their structure.
- **Strengthened organizational partnerships, particularly with schools.** Since IKF targets children, schools have been playing a key role in all of the coalitions. Coalitions with more active engagement from school representatives have been reported fewer challenges implementing IKF strategies within the schools due to having a champion within the school and a deeper understanding of school processes and politics.
- **Youth input and involvement.** All of the coalitions engaged youth in their planning process, generally by gathering input from them. During implementation, a couple of coalitions have continued to engage youth either as part of the coalition or as a separate youth council.

“If you would have told me at the beginning what we would do, it would have felt like too much. But we have partners....people are coming forward to help.”

Grantees reported high levels of satisfaction with their coalition, the engagement from key partners and the coalition’s ability to drive the work.

Grantees have continually expressed high levels of satisfaction with their coalition throughout IKF. Furthermore, most credited their coalition and “*having the right people at the table*” with their ability to be successful in IKF. Four coalitions reported that adequate involvement from key stakeholders was very important to their progress over the last year.

A few coalitions noted that the work of establishing and maintaining effective partnerships with their key stakeholders requires significant time, flexibility, and a balance of pushing the work forward with appropriately engaging, but not overburdening their partners. Some coalitions have had to modify their work plans when they came up against different ways of approaching the work or competing priorities among key partners. Additionally, a number of the coalitions adjusted their work around the turnover of key leaders in partner organizations.

Policy and Systems Change

The IKF business plan required coalitions demonstrate sustainability, including articulating specific community or school-based policy change efforts. As a result, all of the coalitions' work has some element of systems change—that is, altering the underlying structures and supporting mechanisms that operate within a system (e.g., policies, relationships, power structures).² In addition to policy change, IKF obesity prevention coalitions focused heavily on improvements to the built environment.

This section focuses first on the six coalitions focused on obesity prevention, followed by a highlight of the one coalition focused on Adverse Childhood Experiences.

Policy Changes for Obesity Prevention

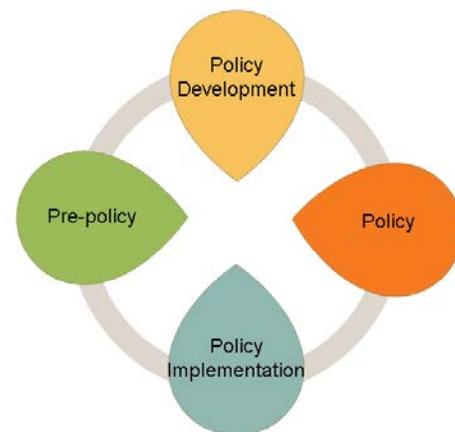
IKF coalitions have contributed to 17 policy changes in their schools and communities. New policy goals are continuing to surface, and coalitions are grappling with how to implement, operationalize and monitor the impact of enacted policies.

To assess policy progress, the evaluation looked at activities across a policy spectrum.

This allowed the evaluation not only to look at policy accomplishments, but also to assess changes in the policy environment that make enacting beneficial policies more likely in the future (e.g., increasing awareness among school administrators about the gaps in their wellness policies). The policy spectrum includes four stages: *pre-policy* (activities to clearly define the problem or solutions); *policy development* (activities to build political will); *policy* (activities to influence decisions on a specific policy); *policy implementation* (activities to ensure effective implementation of a policy).

The majority of progress to-date has been in enacting new or strengthening existing school and community policies related to physical activity and nutrition. This typically occurred where there was already support for policy change or where the coalition was able to leverage support from a key decision maker. For example, city parks and recreation departments have been important partners in two communities, resulting in four new policies that increase access to healthy foods and opportunities for physical activity.

Some pre-policy and policy development work has occurred



Complete Streets Wins in Grant County

Grant County successfully passed the first county-wide complete streets resolution in Kentucky. Complete streets are designed and operated to enable safe access for all users (i.e., pedestrians, bicyclists, motorists and transit riders of all ages and abilities). FFLAG played a critical role in the policy win by:

- Leveraging national complete streets resources and tools.
- Surveying 1500 county residents, 99% of whom were supportive of the policy.
- Conducting outreach with an educational video, lunch & learn sessions, and newspaper articles.
- Supporting cities in evaluating policy implementation.

In addition to the county-wide ordinance, three of the four cities in Grant County have also passed complete streets policies.

²Foster-Fishman, P. G. (2002). How to create systems change. Lansing, MI: Michigan Developmental Disabilities Council.

within schools. Four coalitions have or plan to conduct school wellness policy assessments. This includes supporting the partner schools' wellness committees in reviewing existing school policies to determine what's in place and where there are opportunities to add new or strengthen existing health-related policies. Some delays have occurred in communities where the coalition did not have an established relationship with the schools. Their initial efforts have focused on building relationships, clarifying how best to work with the schools' timeline, and determining what policy assessment tool would best fit their needs.

"We're always talking about this culture of health [and that has] been reflected in the policies that we've been working on with the schools."

The following figure gives a snapshot of IKF policy progress to date. Much of the policy work has been opportunistic and responsive to school needs and the results of their assessments, so other policy priorities will likely surface as work progresses. Coalitions that have enacted policies in their schools and communities are grappling with how to implement, operationalize and monitor the impact of new or strengthened policies.

Coalitions are working to improve policies in the schools and their communities

(●= one policy) ● Pre-policy & policy development ● Policy enacted & policy implementation

School Nutrition (9 policies by 4 coalitions)



- Improved or expanded weekend backpack program
- Limits students' purchases of "extra foods" to healthy options
- Limits unhealthy food fundraisers and using food as a reward
- Improved food options and presentation in the cafeteria

School Physical Activity (5 policies by 4 coalitions)



- Shared use agreements
- Safe Routes to School in district transportation plan
- Require physical activity breaks during class
- Nurses conduct obesity counseling & provide info during well-child visits

Community Physical Activity & Nutrition (5 policies by 3 coalitions)



- Healthier concessions food, extended hours at parks
- Multi-participant discount for sports leagues
- County and city compete streets policies



Built Environment Changes for Obesity Prevention

All of the coalitions are engaging in significant activities to improve their community's physical environment to be more supportive of physical activity and healthy eating.

The majority of built environment changes have been additions or improvements to community and school infrastructure supporting physical activity (e.g., playgrounds, walking trails, sidewalks). The following figure provides a snapshot of progress, including the planned activities for coalitions who are earlier in their implementation phase. Most coalitions are making 2-4 built environment changes.



Coalitions are changing their physical environments in various ways, most are making two-four types of changes

(● = one coalition ● = activity completed, ● = planned activity)



Coalitions reported that the built environment changes in schools and community spaces are being regularly used. For example, in Grant and Clinton counties, new walking trails are used during school hours by students, and then after school by students and the community. Most of the coalitions have successfully engaged the broader community and gotten hundreds of volunteer hours for critical installation support. For example, in McCracken County, they engaged over 100 youth in a creative park design process led by Play by Design, which they hope results in high community ownership and an engaging play space for their youth.

Coalitions have made significant progress with their built environment goals, creating tangible, visible changes that have helped them build momentum for their other work. A couple coalitions have built significant new infrastructure (one brand new park and a series of sidewalks) that have included time-intensive governmental permitting processes.

Other Systems Changes for Obesity Prevention

All coalitions are implementing or plan to implement a school-based curriculum related to nutrition and physical activity. One coalition has established an active youth health council.

In addition to the policy and built environment changes, the six obesity prevention coalitions are implementing five different educational programs, with two of them implementing two different programs. Three coalitions implemented their curricula in the 2015-16 school year; the other three plan to implement in fall 2016. These educational programs will reach children of all ages at over 22 schools. All coalitions have a goal to institutionalize their chosen curricula into their schools by the end of the initiative. At this stage, several reported challenges including:

- The time required to build or strengthen relationships with the schools in order to introduce the curriculum and provide teacher training.
- Resistance from teachers and school staff to implement new curriculum due to the extent of demands already on teachers.
- Adaptation and inconsistent implementation of the curriculum across teachers and schools.

Some of the coalitions who have a strong school representation reported fewer challenges in implementing new curriculum. A few grantees adjusted the timing of their work plan to account for more intensive relationship building or to better fit the effort within the school-year schedule.

Breathitt County's Youth Health Council

The Breathitt County Health Planning Council for Children has made a unique systems change by establishing a formal Youth Council. Through an application process, they selected nine highly motivated youth representing both school systems in the county. They then worked with members to set up a formal committee structure with bylaws and elected leadership. The council's role is to assist with and provide input into coalition activities (e.g., community events like fun runs, a chili cook off, coordinated obesity awareness day in the schools, communication strategies). They act as ambassadors helping to raise awareness about the importance of physical activity and nutrition among their peers, as well as the community at-large. They also play a key role in the coalition's social marketing campaign #gethealthybc.



The Bounce Coalition: Systems changes to support an environment that will foster resiliency in children

The Bounce Coalition's IKF effort is a pilot program addressing adverse childhood experiences (ACEs) that facilitates resiliency in children in both school and out-of-school-time (OST) settings that included:

- Infusing trauma awareness, knowledge, and skills into the organizational cultures, practices, and policies of school staff and OST provider agencies
- A mechanism for referring youth to additional services and supports
- Awareness-raising programs for parents on ACEs and building resilience

Teachers reported increased awareness of symptoms of childhood trauma and confidence in responding effectively.

The Bounce Coalition developed a training curriculum about the correlation between ACEs and chronic disease and trained the pilot school staff, bus drivers and the site based decision making (SBDM) council. In year two, led by the school therapist the training was integrated into regular staff trainings and focused on a higher level of skill building. A survey showed a 24% increase in the percentage of teachers rating themselves as having adequate or extensive skills in providing support to students experiencing traumatic events.

Bounce programming likely contributed to changes in how teachers respond to behavior issues and improved teacher retention at Semple.

In year 1, the total number of behavior referrals increased, possibly due to teacher's increased awareness of behavioral issues. However, referrals with the highest intensity ratings were down 17.4% from baseline, which may be related to de-escalation training and increased confidence supporting students. School suspensions were reduced from 13 at baseline to 4 during the first year, which is a marked difference. However, in year 2, suspensions were up over baseline and above the district average, but still lower than a similar control school in the district. There are a number of environmental factors that likely influenced the increase in suspensions across the district, including changes in the district code of conduct. The Bounce Coalition is working closely with Semple's principal to identify appropriate responses to this trend.

Teachers reported feeling supported by Bounce. In the first year, there was a modest gain in teacher attendance (.17%), which is the equivalent of 30 more days attended than the previous year. The school also experienced high teacher retention from the first to second year of the program. At 93%, 5.2% more teachers returned to school than the prior year (higher than the district average of 87.5%). Retaining teachers is typically a significant challenge in high need schools.

Bounce pilot sites
School: Semple Elementary
OST: YMCA

Bounce's efforts fit within Semple's mental health component of their coordinated school health work.

- About 60 staff members, including 40 teachers received ongoing training and support
- All 580 (approx.) students received classroom lessons guided by the school counselor
- 10 students participated in resilience-building groups for those needing additional supports
- 18 received more targeted interventions with referral to an outside service provider

"The Bounce program gave me the confidence and awareness to address students who are facing or have faced traumatic events in their lives."

[The coalition has consulted Jefferson County Public Schools and YMCA on policy and procedure changes](#)

At Semple, a subcommittee made up of school administrators and key coalition members focused on policy review and design in six key areas—discipline, safety, wellness, transportation, equity and professional development. From there, the coalition is focusing its efforts on the school's safety and behavior procedures manual, where changes will have the most impact.

In response to a lack of policies addressing discipline at the YMCA, the YMCA program directors were working with Bounce to create policies that address ACEs for a system-wide rollout recommendation to YMCA executives. The coalition is pursuing an endorsement by the Louisville OST Committee, which will assist in streamlining the training through an established system for professional development.

Bounce in Action

As a class we read the story *"If She Only Knew."* It is about a student who faces different events each day making it difficult to focus while at school. Then I gave my first grade students a paper with a prompt (If Ms. Carter only knew...) and a box for a picture. I told my students only I would see them and to share whatever they wanted with me. The responses were eye-opening.

"If Ms. Smith only knew.... I get my sister ready in the morning and that's why we are always late."

"If Ms. Smith only knew... I live with my grandparents because my mom and dad are both in jail."

And the most heartbreaking one...

"If Ms. Smith only knew.. she is the only one who loves me."

I was able to address these students in the appropriate manner because of the relationships I formed with my students based on the training and support I received this year. This was the most close-knit class I have ever had and I owe it all to the Bounce Program!

- First Grade Teacher



Health Behavior Change

For IKF obesity grantees, changes in health behaviors related to physical activity and nutrition are collected through school surveys of students targeted by IKF interventions and teachers/staff members. Baseline data collection occurred towards the beginning of grantees' implementation efforts. From spring 2015 to spring 2016, five of the six obesity grantees implemented the school surveys in a total of 21 schools. Grantees typically surveyed students in at least two grades between 4th and 9th grades, and all the teachers and staff members who have regular contact with those students.

| Grantee | # of schools | # student responses | # of teacher/ staff responses |
|-----------|--------------|---------------------|-------------------------------|
| Breathitt | 6 | 383 | 58 |
| Clinton | 2 | 226 | 78 |
| FFLAG | 7 | 761 | 191 |
| McLean | 5 | 242 | 107 |
| Paducah | 3 | 295 | N/A |
| Total | 21 | 1907 | 434 |

Baseline student and teacher surveys reinforced that IKF obesity interventions are focused on existing community needs related to physical activity and nutrition.

Across the initiative, surveys indicated that most students get some level of physical activity, but are not meeting the national target of 60 minutes or more, every day. Consistently in each community, less than one-third of students (20-30%) indicated that they got 60 minutes of exercise yesterday. Furthermore, an average of 38% students reported getting 60 minutes of physical activity on at least five days in the previous week, which is below the both the national and Kentucky state average (49% and 48% respectively). Just one coalition had rates on par with the state and national average (48%). In particular, students indicated that they get very little physical activity as part of their classroom instruction— over 70% reported getting 10 minutes or less.

IKF student survey

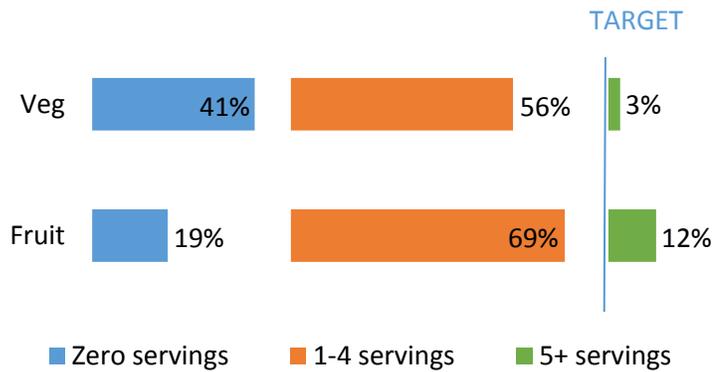
Includes questions related to:

- Physical activity—attitudes & behaviors
- Nutrition—attitudes & behaviors
- School environment & role models
- Screen time behaviors
- General health & grades in school

On average, less than 30% of students reported eating the recommended five servings of fruits & vegetables yesterday. For one coalition, that number was notably lower (20%). The IKF average for not eating any fruit or vegetables yesterday was 19% and

41% respectively, which is well above both state and national averages assessing fruit and vegetable intake in the last week (versus yesterday).^{3,4,5} The evaluation will monitor trends in these data throughout IKF.

Students' consumption of fruits (including fruit juice) & vegetables yesterday



Teachers and staff suggested that there are opportunities to improve the school environment related to physical activity and nutrition.

Teachers and staff had high levels of agreement that students have easy access to drinking water and fruits and vegetables at school (over 75% of respondents agreed or strongly agreed). However, only about half agreed that student have access to healthy snacks at school. Additionally, they indicated that there is a need for more opportunities to be physically active in school, particularly in the classroom (58% disagreed or strongly disagreed that there were ample opportunities for engaging in physical activity in the classroom).

Coalitions are implementing strategies that align with both of these identified needs. For example, Clinton County has begun offering free fruits and vegetables as snacks throughout the day. With regards to opportunities to be physically active in the classroom, several grantees are implementing classroom-based physical activity strategies like integrating the Take 10! curriculum and purchasing active workstations.

IKF teacher survey

Includes questions related to:

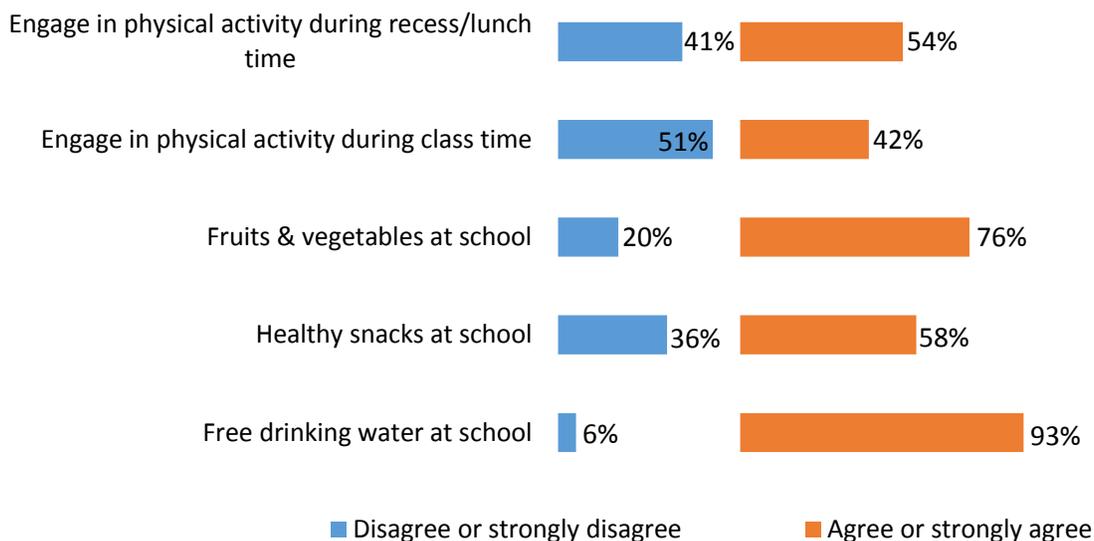
- Individual health & behaviors
- Interaction with students related to physical activity & nutrition
- School environment & role models
- School policies
- Beliefs about academic performance & healthy behaviors

³ Kann L, McManus T, Harris W, et al. Youth Risk Behavioral Surveillance—United States, 2015. MMWR Surveill Summ 2016;65(6). http://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf

⁴ Note that the comparison to national and statewide Youth Risk Behavior Surveillance Survey data are not precise. The question asks about fruit and vegetable consumption in the “preceding 7 days” versus “yesterday” in IKF. Further, Kentucky and national YRBSS only has these data for high school and/or middle school students, while IKF also surveyed 4th and 5th graders.

⁵ Kentucky State Department of Education: [http://education.ky.gov/curriculum/CSH/data/Pages/Youth-Risk-Behavior-Survey-\(YRBS\).aspx](http://education.ky.gov/curriculum/CSH/data/Pages/Youth-Risk-Behavior-Survey-(YRBS).aspx)

Teachers & staff agreement that students have ample opportunities to:⁶



A majority of teachers and staff respondents think that it is feasible to strengthen their school's physical activity and nutrition policies.

About 75% of teacher and staff respondents agreed that it is feasible to strengthen their school's policies related to physical education, physical activity in the classroom, and nutrition education. Fewer (61%) agreed that it is feasible to change policies related to standards of food in schools outside of school meals (e.g., food-based rewards, fundraising, vending).

Making it stick: sustainability & spread

Coalitions that are further along in implementation have shown progress towards sustainability and spread.

IKF's business plan approval required demonstration that proposed implementation strategies were likely sustainable. Most grantees were satisfied with current progress related to sustainability. Coalitions further along in implementation have been approaching sustainability in multiple ways:

- **Garnering financial resources.** Coalitions all agreed that finding additional funding will be essential to being able to continue the work. The three coalitions furthest into implementation have been able to leverage their IKF work as a springboard for receiving additional grants. The Bounce coalition has used their business plan to support them in conversations with potential future partners and investors. These three grantees have reported receiving at least

⁶ Percentages do not equal 100% due to a small number of respondents indicating "not sure."

seven other grants to date to support work related to IKF. This demonstrates that communities appear to be activated around their chosen health issue, and are successfully finding ways to expand their work.

- **Institutionalizing into existing efforts/budgets.** Beyond additional funding, coalitions are planning to sustain efforts by integrating them into existing work, processes or organizational budgets. For example, in both Grant and McCracken counties, the city and schools plan to take on the monetary responsibility for continuing some of the activities currently funded by the IKF grant (e.g., maintaining new park and playground equipment).
- **Creating policy change.** Additionally, coalitions are working towards changing institutional policies and procedures to ensure sustainability. For example, the Bounce coalition has succeeded in integrating their school teacher training around ACEs into existing training curricula and the district has included oversight of ACEs-related work into the job description of one of their staff members.

In addition, a few coalitions aim to spread their activities after completing a successful pilot. In McLean County, they plan to start some of their physical activity promotion efforts in a few schools before spreading to the whole district. The Bounce coalition is working on an implementation manual that could be used by others. Furthermore, they are expanding to a second elementary school in Fall 2016, which will be informed by lessons learned from the pilot.

Although all coalitions reported active promotion through various types of outreach and media, most indicated relatively limited broad community awareness of their IKF work.

Coalitions reported using local newspapers, school newsletters, social media channels and radio to build community awareness and knowledge about their health issue generally, as well as the specific work of their coalition. They also reported conducting outreach to government agencies, community organizations and leaders to spread the word, and to build and seek support and resources. Furthermore, several of the coalitions coordinated or participated in community events like 5K runs or back-to-school bashes at the schools to both raise awareness and engage families in activities related to their health issue. Most coalitions reported that their communities have limited awareness of their coalition and IKF work, but a few of the coalitions have been recognized for their efforts. For example, FFLAG was awarded the Volunteer of Grant County by Chamber of Commerce and Bounce has presented on their work at several conferences, including the statewide Trauma Symposium and the Kentucky Department of Education Behavior Institute, reaching nearly 1700 people.

Evaluation Findings: Feedback for the Foundation

Grantees continued to report a high level of satisfaction with participating in IKF. While some say the grant requires a lot, they stated it was well worth the effort.

Grantees appreciated how IKF has given them a chance to conduct their work more thoughtfully and sustainably than they would have otherwise. They reported the grant has kept key partners motivated and engaged. Grantees have also noted that being part of IKF gives their coalition, and their work, more visibility and credibility.

Specific IKF supports that were reported to be of benefit were:

- **Convenings & peer learning.** Grantees appreciated hearing about each other's work at the convenings, and the practical information provided. Some have been able to bring valuable learnings back to their broader coalition. Grantees acknowledged the challenge of selecting a topic relevant to all grantees given the rolling timelines but indicated that, in general, the convenings have been useful.
- **Technical assistance.** While utilization of individual TA resources has been reported to be limited, most grantee leads indicated that the TA offered through IKF has been very important to their progress. A few grantees commented that they appreciated the evaluation support and all grantee leads reported that their confidence in evaluating and monitoring their progress has increased as a result of participating in IKF.
- **Program officer support.** Grantees valued the support and flexibility provided by the IKF program officer. All of the grantee leads that responded to the web survey indicated that they were either *satisfied* or *very satisfied* with the support provided by the IKF program officer. Grantees appreciated the program officer's accessibility, responsiveness, and willingness to share resources and opportunities.

"It's clear they want us to succeed and will be flexible to make that happen. We have participated in [other] grants for several years, [and] usually they don't give you second chances. You can tell [the Foundation] really wants to do good things for Kentucky and for the community."

Overall, grantees reported that IKF was allowing them to successfully address a key health concern in their community and were grateful to be participating in IKF.

IKF Next Steps

Coalitions have shown progress in all three of the key IKF outcome areas, which suggests that they are moving towards longer term health outcomes. Outcome areas are: strength and durability of community partnerships, policy and systems change and health behavior change.

Grantees overall are on track with implementing their approved work plans and are positioned to continue building support and awareness of their health issue in an effort to change the culture of their communities. Evaluation data are being reported related to shorter-term outcomes like program participation and utilization of new infrastructure that demonstrate progress.

Grantees were confident that they would be able to continue to build on the momentum they have established. Examples of key upcoming activities for IKF over the next several months include more robust implementation of school-based curricula at several sites, the installation of the Fountain Gardens Park in Paducah, the launch of IKF strategies in Perry County with a strong farm-to-school component, and the spread of the Bounce school-based model to its second elementary school site.

IKF grantees reported high satisfaction with their participation in IKF. Grantees general felt well support and indicated that their IKF work is making a difference in their communities.

Given this stage of the initiative, coalitions may benefit from continued attention to peer learning and support across the cohort, as well as ongoing assistance related to sustainability and evaluation.

Peer learning and support: As implementation progresses, obesity prevention grantees will continue to benefit from opportunities for them to share lessons learned and troubleshoot challenges. In addition, there appears to be ongoing interest among the other IKF grantees in the Bounce model; the Foundation might consider ways to support Bounce in spreading their expertise and facilitate potential translation of the Bounce model into other communities.

Sustainability: For IKF coalitions, sustainability planning includes how (or if) to continue both their coalition as well as their IKF work. In particular, helping grantees tell their story and ensure effective policy implementation may aid coalitions' sustainability efforts.

- **Telling their story:** Coalitions may benefit from additional assistance around effectively telling their story to garner continued support for their work. CCHE will continue to support coalitions with support around evaluation, including using data to tell the story of their IKF work. Additionally, the Foundation should consider how to leverage its statewide presence to elevate successes and learnings from IKF across the state. This may include assistance from the Foundation's Communications Director, connection to the Foundation's communications/media grantees, and leveraging the expertise and networks of Kentucky Youth Advocates (a Promoting Responsive Health Policy grantee).
- **Policy:** Several grantees have successfully implemented policy change. Grantees may need additional assistance to identify strategies for ensuring effective policy implementation. There may also be opportunities for the Foundation to leverage local IKF policy work into broader efforts in the state.

Appendix A: Evaluation Approach and Methods

CCHE was selected through a competitive RFQ process before the first grantees were funded so that evaluation could be co-designed with grantees and evaluation TA would be an integral part of the initiative. The evaluation was designed to assess progress towards the overall goal of IKF to improve the health of Kentucky's children by engaging communities in testing innovative strategies. CCHE collaboratively developed a logic model with the Foundation and its grantees to guide the evaluation of the IKF initiative (Attachment B).

The evaluation was designed to assess progress in three key intermediate outcomes to demonstrate movement towards longer term health outcomes:

- Strength and durability of community partnerships
- Policy and systems change
- Health behavior change

Qualitative and quantitative data were collected from all IKF grantees to measure the how they, both individually and collectively, contributed towards the goals of IKF. The table below summarizes key data collection methods used for the evaluation of IKF. Some data collection activities were timed according to grantees' completion of initiative phases or requirements (e.g., transition from planning to implementation), so occur on a rolling basis depending on the grantees' timelines.

IKF evaluation data collection methods

| Method | Purpose | Sample |
|----------------------------|--|---|
| IKF grantees/project leads | | |
| Site visits | <ul style="list-style-type: none"> • Assess progress and document successes, challenges and lessons learned related to IKF • Solicit grantees' perspectives on the benefits and challenges related to participation in the initiative and working with the Foundation • Observe of program activities or coalition meetings as feasible | Visit each coalition in-person annually |
| Grantee interviews | Ad hoc phone interviews to solicit grantees' feedback on their participation in the planning phase, and to gather various time-sensitive perspectives during the implementation phase. | 2015: N=2 2016: N=2 |
| Annual web survey | <ul style="list-style-type: none"> • To assess planning/project progress • To solicit perspectives on benefits and challenges of participating in the initiative—including satisfaction with and perceived benefit of the technical assistance offered | 2014: N=10 2015: N=10 2016: N=9 |
| Document review of reports | To track progress and capture grant-specific outcomes | 2014/15: N=10 2016: N=10 |

| Method | Purpose | Sample |
|-------------------------------------|--|--|
| IKF coalition members | | |
| Web survey on coalition functioning | <p>Web survey administered at the beginning of IKF and again as grantees transition from planning to implementation to assess:</p> <ul style="list-style-type: none"> • The role of the partners in the effort • The strength and effectiveness of the partnership • Changes in community collaboration and capacity. | <p>2013: N= 209 (7 coalitions) 2015: N=84 (5 coalitions)</p> |
| Interviews | <p>Phone interviews with a sample of members from each coalition as they transition from planning to implementation to better understand the strengths and challenges of each collaborative effort and the impact of the project on the community.</p> | <p>2015: N= 17 (4 coalitions)</p> |

Findings reported are based on analyses of both quantitative and qualitative data obtained via the methods described. Quantitative analysis of survey data consisted of counts and averages calculated using Microsoft Excel, as well as statistical analysis using SPSS when appropriate. Content analysis of qualitative data (e.g., in key informant interviews, document review, event observation, and open-ended responses to survey questions) was conducted using Atlas.ti to identify themes and sub-themes using both a-priori codes from evaluation questions, as well as examining the data for emergent themes. Data were summarized into analysis memos and discussed by the evaluation team, which informs the key findings of this report.

Appendix B: Investing in Kentucky's Future Initiative Logic Model

