



Innovative Funding

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SUMMARY REPORT

Acknowledgements

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Summary Report

Introduction

The Missouri Foundation for Health (MFH) established the Healthy and Active Communities (H&AC) initiative in response to the rising level of obesity rates in Missouri. Since 2005, the Foundation has invested over \$20 million to support 87 H&AC projects in 48 Missouri counties. In 2008, MFH added the Innovative Funding (IF) strategy to focus on identifying community gaps in addressing obesity through the socio-ecological model, which suggests that individuals' health behaviors are affected by multiple spheres of influence.

IF Grantees used Innovative Strategies:

- Emerging evidence-based strategies
- Local creativity
- Environmental and policy approaches
- Collaboration with community partners

The Center for Public Health Systems Science at Washington University in St. Louis, the School of Public Health at Saint Louis University, and the Beth-El College of Nursing and Health Sciences at University of Colorado Colorado Springs are conducting the evaluation of the H&AC initiative.

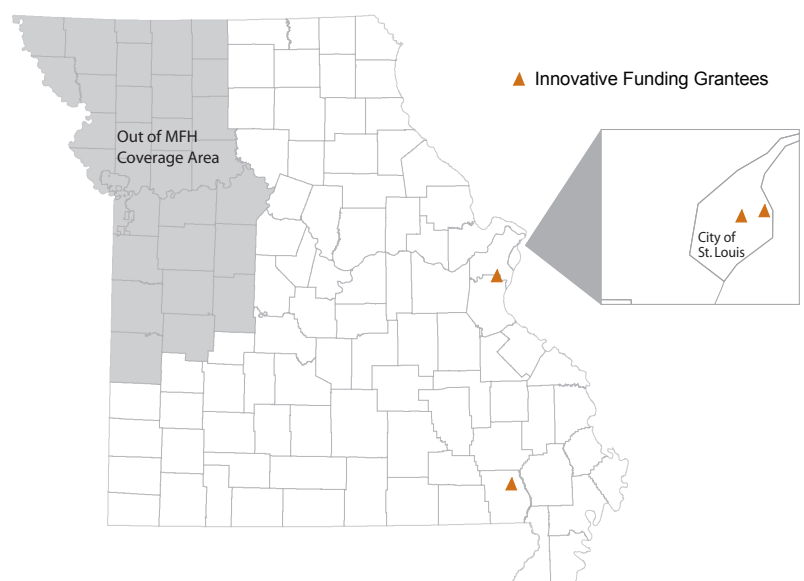
This report presents key evaluation findings for the IF grantees collected through baseline and follow-up qualitative interviews (n = 11) and quantitative data from July 2009 to May 2012 on activities during the grant period. The major findings with regards to project activities, reach, organizational capacity, partnerships, and sustainability are presented below. The findings can be used to recognize strengths and challenges in implementing innovative strategies in obesity prevention and inform future funding decisions by the Foundation.

Community Gaps addressed by IF Projects

- No local efforts to implement healthy foods in child care settings in the city of St. Louis, Missouri
- Lack of locally grown healthy food in school lunches in St. Louis, Missouri
- Only traditional opportunities for physical activity (e.g., sports leagues) offered in park facilities in Poplar Bluff, Missouri
- Lack of opportunities for physical activity and healthy eating in De Soto, Missouri

Projects funded as part of the IF strategy prioritized environmental and policy change strategies, included multi-sectoral interventions, were based on promising scientific evidence, and built upon and worked with existing obesity prevention efforts in the targeted communities. Four IF grants were awarded in 2008 to implement obesity prevention projects over the course of three years (Figure 1).

Figure 1. Innovative Funding Grantees



“This project is one of the first in the nation to undertake the purchase of produce and proteins from local farmers to be prepared and stored for future delivery to a local school.”

Innovative Strategies

IF grantees implemented strategies that used innovative project components, including local creativity, environmental and policy change strategies, inclusion of community partnerships, and use of emerging scientific evidence. Table 1 presents a summary of the innovative strategies that grantees implemented.

Table 1. Innovative Strategies of IF Grantees

Grantee Organization
Child Day Care Association
<ul style="list-style-type: none"> • <i>Emerging Strategy:</i> Farm to institution (child care) strategy in a new setting traditionally overlooked in obesity prevention interventions • <i>Policy Strategy:</i> Implemented healthy meal and snack policies with local child care centers and advocated for enhanced statewide regulations • <i>Partnerships:</i> Established gardens and developed healthy menus at child care centers in collaboration with Gateway Greening and child care providers
Jefferson County Health Department
<ul style="list-style-type: none"> • <i>Emerging Strategy:</i> Multi-component strategy to improve opportunities to “plant, eat, and play” in healthy ways throughout community, using emerging strategies such as nutrition labeling and built environment changes • <i>Environmental & Policy Strategy:</i> To improve health across the target community, built community gardens, donated produce to food banks, linked walking trail to local school, and advertised healthy menu items at area restaurants • <i>Partnerships:</i> Community established local taskforce of community leaders and partnered with area restaurants, schools, and community organizations to implement project
Poplar Bluff Parks & Recreation Department
<ul style="list-style-type: none"> • <i>Local Creativity:</i> Children and teens in community enjoyed skate boarding but did not have safe place to engage in physical activity • <i>Environmental Strategy:</i> To address gap in the community, Parks & Recreation Department built a skate park • <i>Partnerships:</i> Community and local youth gave input on design and location of skate park
Saint Louis University Department of Nutrition & Dietetics
<ul style="list-style-type: none"> • <i>Emerging Strategy:</i> Local food processing center to bring fresh local food to schools throughout the year • <i>Environmental & Policy Strategy:</i> Implemented healthy school meals by building gardens and food processing center in collaboration with partner • <i>Partnerships:</i> Collaboration with Maplewood-Richmond Heights School District and local community allowed program to succeed and continue to expand

Activities

Grantees conducted a variety of activities to implement their innovative strategies, including nutrition and physical activity education (e.g., cooking demonstrations), programming (e.g., recipe contest), and environment changes (e.g., community gardens, walking trails); advocacy and policy change; project marketing; and partnership building. For a detailed description of grantees’ activities in each of these areas, see Table A in the Appendix.

Grantees implemented healthy eating environmental changes and programming

Three of the four IF projects focused on healthy eating interventions, and as a result, a majority of grantees implemented:

- Nutrition education (75% of grantees)
- Programming and healthy eating environment changes (75% of grantees)

A large percentage of grantees also focused on partnership development (100% of grantees), advocacy activities (75% of grantees), and marketing (75% of grantees) to build support and awareness for their projects.

Emerging Evidence for IF Grantees' Innovative Strategies

- Reduction of fat content in New York preschool meals reduced intake of saturated fat while maintaining essential nutrients¹
- In Philadelphia, nutrition education and reducing unhealthy snacks and beverages decreased the number of overweight children by 30%²
- Community gardens increase consumption of fruits and vegetables, and restaurant labeling increases sales of healthy foods^{3,4}

Grantees focused on policy advocacy and building relationships with policymakers

Grantees were encouraged to prioritize environmental and policy change strategies as part of the IF strategy. The activities that grantees implemented did not require policy change at a regional or state level. However, two grantees were successful in implementing policy at a local level:

- Saint Louis University Department of Nutrition & Dietetics implemented a local food purchasing policy in Maplewood-Richmond Heights school district
- Child Day Care Association enhanced the food policy of a local child care center to include healthy choices

Environmental and policy changes can affect all people exposed to an environment rather than focusing on changing behaviors of individual participants, and are often more permanent than programmatic interventions.⁵

A large percentage of grantees engaged in advocacy activities around project components. Communicating with policymakers was the most prevalent advocacy activity. Grantees shared updates on project activities by visiting policymakers for one-on-one discussions and inviting policymakers to attend grantees' meetings and tour grantees' facilities.

"Face-to-face discussions, explanations of your project...not e-mail, not phone, but sitting down with someone with a design or a mockup or whatever in hand to be able to talk about things you're looking at. What do they think? Are there areas they have a concern about?"

Additionally, grantees were encouraged to participate in regional and statewide dialogue around healthy and active living policies. Grantees participated in policy advocacy committees with organizations like the St. Louis Regional Food Policy Council, Missouri Council for Activity & Nutrition (MoCAN), and the Healthy Youth Partnership. Grantees networked and collaborated with other practitioners and policymakers around improving healthy eating opportunities for children. As part of this process, grantees realized that creating larger policy change takes time.

"Trying to convince [policymakers] that change is better is not always easy. They're starting to get a little bit more curious. I think the more they see how good projects are working, the more open they are to it, but it's a process."

Grantees also frequently noted that policymakers contributed to their project in ways other than policy change, particularly when implementing built environment changes. For example, the city council or city manager provided materials or land for environment changes.

Seventy-five percent of IF grantees targeted at least:

3
age groups
4
settings

Reach

Research suggests that obesity prevention interventions are more effective when multiple strategies are combined.^{6,7} IF grantees were encouraged to implement comprehensive multi-component interventions that affect multiple spheres of influence as part of the IF strategy. Grantees maximized the reach and impact of their projects by conducting project activities in multiple settings and among several populations in their communities.

Projects targeted multiple settings and populations

Grantees concentrated project efforts in the five Missouri counties served by their organizations. Within their project service areas, grantees targeted an array of different settings (Table 2). All grantees worked in schools and neighborhood/community settings. At least two grantees worked in each of the following settings: worksites, child care centers, statewide organizations, professional conferences, and in mass media.

Table 2. Settings of Grantee Project Activities

Grantee Organization	Settings Reached	% of Settings Reached (out of 9 possible)
Child Day Care Association	<ul style="list-style-type: none"> Child care/Preschool Neighborhood/Community Professional Conference Statewide Organization 	44%
Jefferson County Health Department	<ul style="list-style-type: none"> Child care/Preschool Faith-based Organization Hospital/Health Care Organization Mass Media Neighborhood/Community School/Non-School Hour Program Worksite 	78%
Poplar Bluff Parks & Recreation Department	<ul style="list-style-type: none"> Neighborhood/Community Worksite 	22%
Saint Louis University Department of Nutrition & Dietetics	<ul style="list-style-type: none"> Mass Media Neighborhood/Community Professional Conference School/Non-School Hour Program Statewide Organization 	56%

In addition to implementing activities for the general population, grantees also specifically targeted a range of age groups. At least half of grantees targeted each age group:

- Infants and preschool ages 0-4 years (50% of grantees)
- Children and elementary school ages 5-9 years (75% of grantees)
- Pre-adolescents and middle school ages 10-14 years (50% of grantees)
- Adolescents and high school ages 15 to 19 years (50% of grantees)
- Adults ages 20-54 years (75% of grantees)
- Older adults ages 55 and older (50% of grantees)

Grantees used local media and direct programming to reach participants

The number of people reached was collected for some activities. Grantees collectively reported over **4.5 million potential exposuresⁱ** to project messages or products through marketing (e.g. flyers, posters, give-aways), dissemination of project results (e.g., presentations), and distribution of project products (e.g., walking guides) (Table 3). The high level of exposure is in part due to grantees’ utilization of local media outlets to reach large audiences, such as newspaper and print media. Grantees also reached participants directly through nutrition and physical activity education and programming.

Table 3. Reach of Grantee Project Activities

Activity Type	Number Reached	Examples from Grantee Work
Potential Exposures		
Marketing	4,602,279	St. Louis Business Journal interview- <i>Saint Louis University Department of Nutrition & Dietetics</i>
Dissemination	1,595	St. Louis Regional Food Summit presentation- <i>Saint Louis University Department of Nutrition & Dietetics</i>
Distribution	1,002	Spross Park Walking Guide- <i>Jefferson County Health Department</i>
Direct Touches		
Nutrition and Physical Activity Education	3,247	“My Kids Won’t Eat That!” nutrition training for child care providers- <i>Child Day Care Association</i>
Nutrition and Physical Activity Programming	5,232	Recipes from Home contest for students of Maplewood-Richmond Heights School District- <i>Saint Louis University Department of Nutrition & Dietetics</i>

Organizational Capacity

Capacity has been shown to significantly predict effective implementation of project activities,^{8,9} and in turn, achievement of outcomes.^{10,11} Overall, IF grantees reported increasing capacity to implement innovative projects over the course of their grants, particularly in learning how to implement project components and developing needed skills in these areas. Given that IF projects were based on promising evidence and emerging strategies, these findings suggest that innovative projects may require time for on-the-job learning of how to implement and evaluate emerging strategies.

Grantees gained knowledge of how to implement innovative strategies

At the end of their H&AC funding cycles, IF grantees reported increased organizational capacity, particularly increased knowledge of how to implement components of their innovative strategies.

“We’re one of the very few programs that’s even undertaken this type of a project. I think there’s a lot of people out there waiting to see the simple data of whether or not it can be done ... the feasibility of it.”

ⁱ Reach numbers represent the potential number of exposures or “hits” a message may have had (i.e., an individual may have heard the message more than once). Therefore the actual number of individuals reached for these activities is unknown.

“We can certainly process a lot more food. We know a lot more about everything, regulations, procurement, everything.”

Because grantees were implementing innovative strategies not yet widely tested by practitioners, grantees learned through experience the organizational capacity required to successfully implement their projects. For example, implementing project components gave grantees a better understanding of the staffing requirements needed to successfully implement innovative projects.

“If someone else was going to take this project on, you would have to think about how many interns do you have? How many staff could you switch over to the project?”

Grantees relied on external supports to develop missing skills

At baseline, grantees reported they needed skills in evaluation and in areas related to implementation. Over the course of their projects, grantees addressed these missing skills through capacity-building strategies (e.g., external trainings, support from partners and volunteers) (Table 4). At follow-up, grantees reported that project staff were not missing any skills.

Table 4. Capacity-Building Strategies Employed by IF Grantees

Essential Skill	Examples from Grantee Work
Implementation Knowledge (e.g., content expertise, design skills)	<ul style="list-style-type: none"> Grantees’ staff attended 26 external trainings to improve content knowledge, for example “Nutrition for Preschoolers.” Grantees built partnerships with content experts, for example skate park designers.
Evaluation Skills	<ul style="list-style-type: none"> Grantees received technical assistance from the evaluation team including evaluation planning, data collection, and data management and analysis, for example creation of a database to record healthy food and staff trainings for child care centers.

Grantees used alternative strategies to supplement funding

Grantees leveraged very little additional funds for activities during their funding cycles (\$2,080 across all grantees over three years). Grantees supplemented funding needs through other strategies, including cost absorption by the grantee organization, reallocation of funds, and substantial donations of in-kind resources from partners.

“When you start a project like this, it never goes exactly the way you thought it was going to go. MFH was very helpful at revising the budget to reallocate funds and allow flexibility to meet goals.”

Grantees received 29 donations of in-kind resources, most frequently in the form of people’s time (13), materials (9), and space (6) (Table 5).

Table 5. In-Kind Resources Received by IF Grantees

In-Kind Resource	Examples from Grantee Work
People’s Time	<ul style="list-style-type: none"> 15 undergraduates in the Nutrition & Dietetics program and two high school students from Clyde C. Miller Academy donated 290 hours of time to project- <i>Saint Louis University Department of Nutrition & Dietetics</i>
Materials	<ul style="list-style-type: none"> Hopson Lumber Company donated wood to build raised garden boxes in community garden sites- <i>Jefferson County Health Department</i>
Space	<ul style="list-style-type: none"> Harris Stowe State University donated campus classroom space for training workshops for child care staff- <i>Child Day Care Association</i>

Support of leadership affected project success

Leadership has been recognized as an influential factor in effectively implementing social and health programs.¹²⁻¹⁵ In the qualitative interviews, grantees were asked about the level of support from leadership within their organizations and the effect of this support on project success. Overall, the support of IF grantees' leaders was mixed and had a direct impact on grantees' ability to successfully implement their projects:

- When leadership was supportive, that support helped grantees implement project components by:
 - Providing financial and administrative support for project components (e.g., authorizing additional funds)
 - Absorbing project costs in the organization's budget (e.g., covering travel costs)

"Without leadership's support we wouldn't be able to do the project, it meant everything. They had to buy-in to be able to do the project."

- Leadership of some grantee organizations became less involved in grantees' projects over time, due to competing needs of the grantee organization. Grantees reported that lack of leadership support affected implementation by:
 - Creating uncertainty around sustainability plans
 - Preventing project from forming additional partnerships

"Leadership might have been able to offer suggestions and knowledge, such as potential partners. Leadership's involvement could have increased involvement in the project from outside the organization."

"They had to buy-in to be able to do the project."

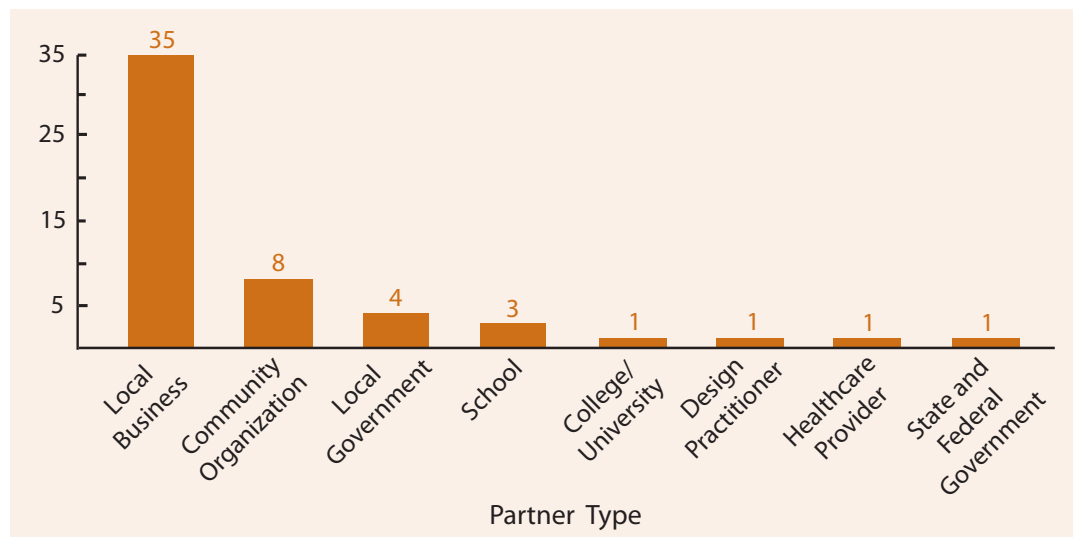
Partnerships

A key component of the IF strategy was the inclusion of partners from diverse sectors. Grantees partnered with organizations not typically involved in obesity prevention (e.g., local businesses, design practitioners, state and federal governments) and drew heavily from grantees' local communities for the most critical contributions. Partners provided valuable contributions to implement the grantees' innovative strategies, including access to target populations and donations of materials and people's time.

Multi-sectoral partnerships pool expertise across the multiple spheres that impact health behaviors to leverage more resources for change, build a community's capacity for action, and increase program sustainability.^{16,17}

Grantees engaged a wide range of partners, relying heavily on local partners to build community support for their innovative strategies. Grantees collaborated with 54 partners representing eight partner types (of 11 possible types), most frequently partnering with local businesses (Figure 2).

Figure 2. Number of Partners by Type



76%

of IF partners were non-traditional partners (n=41)

Grantees formed non-traditional partnerships

To implement their innovative project activities, grantees also relied overwhelmingly on non-traditional partners not typically engaged in obesity prevention. These partners were primarily local businesses that implemented healthy menu changes and local farmers that provided healthy food for school lunches.

Including a wide range of partners increases the reach of projects to multiple spheres of influence within the community and mobilizes community support for change.¹⁷ Non-traditional partnerships are encouraged by Healthy People 2020 and are included as a public health strategy in the U.S. National Physical Activity Plan.^{18,19}

Community organizations were grantees' most critical partners

During qualitative interviews, grantees were asked to identify the three partners most critical to the success of their projects. Despite making up only 14.8% (8 of 54 partners) of grantee's partnerships, grantees cited community organizations as critical partners more frequently than any other partner type. This indicates that while grantees partnered with a small number of community organizations overall, these partnerships provided critical supports to the success of their projects.

Community organizations provided:

- Access to the target population
- Space
- Nutrition education
- Content expertise
- Marketing
- Implementation assistance

“They supply the place for our workshops. They advertise, send out the invitations, everything. That saves me a lot of money I don’t have to use, and they get the people actually coming in. It would be very difficult without them.”

Other critical partners included schools and local businesses. Schools enabled grantees to access target populations (e.g., students, staff) and provided resources to implement project components (e.g., in-kind donations of materials, volunteers). Local businesses, like farmers and local farmer’s markets, collaborated with IF projects to provide fresh, healthy produce to the grantees’ targeted populations.

“If we didn’t have local farmers, we wouldn’t have locally grown produce ... they are accepting the price that we give, because they buy-in to the idea that it’s important to feed kids healthy food.”

Support of critical partners contributed to project success

Critical partners also contributed to IF projects by offering support and enthusiasm for grantees’ projects, especially at the beginning of grant funding.

“Without their partnership we would not have the grant. We wouldn’t be doing the project. The school district makes it possible administratively. They have incorporated the project into their policies. They have granted time for their employees to be trained. The school teachers have bought into it. The parents have bought into it.”

“Without their partnership we would not have the grant. We wouldn’t be doing the project.”

The contributions of critical partners were so significant that grantees indicated without critical partners, projects would have had lower participation, increased project costs, or would not even have existed.

“Without the partnership of the Health Department, I probably never would have stumbled across the Missouri Foundation for Health grant.”

Sustainability

At the end of their funding cycles, grantees completed the Program Sustainability Assessment Tool developed by the Center for Public Health Systems Science to assess the likelihood that their projects or programs have the resources, skills, capacity, and knowledge necessary to sustain components over time.²⁰

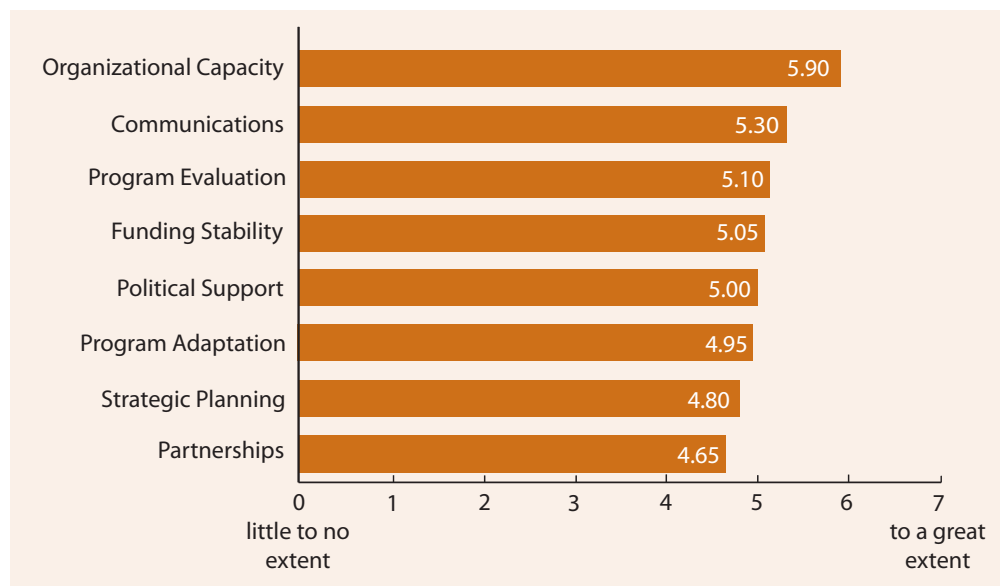
Discontinuing project components can limit the number of potential participants impacted by a project and weaken trust between an organization and the community it serves.²¹

The tool includes eight program sustainability domains, on which grantees rated the degree to which they felt their program met each indicator on a scale of 1 “little to no extent” to 7 “to a great extent.”

There is no minimum rating that guarantees the sustainability of a project. However, higher ratings reflect greater capacity to respond to potential sustainability threats (e.g., funding loss), which increases the likelihood of continued H&AC project components.

The key findings from the grantees' completion of the sustainability tool at the end of their projects are below (Figure 3). High scores indicate areas where IF grantees report their organizations are most successful. Low scores indicate areas of need or gaps in sustainability efforts of IF grantees.

Figure 3. Sustainability Scores of IF Granteesⁱⁱ



ⁱⁱ Scores represent the average rating across all IF grantees of the extent to which their organization meets indicators within each domain on a scale of 1 "little to no extent" to 7 "to a great extent."

Grantees' greatest likelihood of sustainability was in Organizational Capacity

The highest rated domain for IF grantees was Organizational Capacity (5.90).

- High scores in Organizational Capacity indicate that grantees have the committed leadership, appropriate skills, and necessary systems in place to reach the goals of their H&AC projects. Table 6 describes the highest rated indicators within this domain and provides specific examples of successes from grantees' work. High ratings in Organizational Capacity also highlight the effectiveness of the high number of external trainings and professional development activities (e.g., professional conferences, seminars on best practices or new techniques) attended by IF grantees in building capacity within grantee organizations.

"The national conferences we attended and the people that we were able to bring in to our training meetings were great tools and resources. Those were time savers. We didn't have to reinvent the wheel, somebody's already had this issue, this problem, and this is how they took care of it."

The highest rated domain for IF grantees was **Organizational Capacity (5.90)**.

Table 6. Examples of Highest Rated Sustainability Indicators for IF Grantees

Indicator	Mean Score	Examples from Grantee Work
Organizational Capacity		
Leadership effectively articulates the vision of the program to external partners.	6.25	University leadership promotes the project in reports and publications and on the campus website- <i>Saint Louis University Department of Nutrition & Dietetics</i>
Leadership efficiently manages staff and other resources.	6.25	Leadership reallocated existing staff to fulfill project activities until new staff could be hired- <i>Jefferson County Health Department</i>
The program has adequate staff to complete the program's goals.	6.25	Grantee's staff had over 22 years of experience working with the target population and grantee reported staff's experience provided all essential skills needed to successfully implement project components- <i>Chid Day Care Association</i>

The lowest rated domain across IF grantees was Partnerships (4.65).

- Low scores in this domain may indicate that grantees can face challenges in securing long-term commitments from partners and others, especially for innovative projects that lack a substantial body of evidence or cannot yet demonstrate long-term outcomes. Alternatively, grantees' partnerships may have been specific to the early stages of their projects, such as partnerships with construction and design firms.

The lowest rated domain for IF grantees was **Partnerships (4.65)**.

"A lot of our partnerships were just about getting the project built."

Challenges in sustaining partnerships are echoed in follow-up qualitative interviews in which grantees reported fewer plans for partners to carry on project components and more plans for the grantee organizations to absorb costs than at baseline. Grantees noted that partner staff turnover, less partner time to contribute to projects after funding ends, and challenges with partners delivering agreed-upon contributions hindered partnership sustainability. As noted previously, grantees collaborated most often with local businesses. While these partners are important for getting the project implemented, grantees may need more training on how to keep local businesses engaged in the project long-term.

Core components will be prioritized over other activities

When completing the sustainability tool, grantees were also asked about the likelihood of sustaining specific project components and the strategies they would use to sustain their projects. IF grantees were optimistic about the sustainability of their projects; all four grantees reported that at least 50-75% of their projects would be sustained. When asked about individual project components, seventy-five percent of grantees anticipated sustaining three or more components. Grantees indicated that the components most likely to be sustained related to core project activities:

- Healthy eating environment changes (75% of grantees)
- Nutrition and physical activity education programs (75% of grantees)
- Nutrition and physical activity programs (75% of grantees)

"Food will continue to be locally purchased. That system was put in place from day one."

This suggests that the core content of grantees' projects is likely to be sustained, while other less critical activities, such as marketing (25% of grantees) and advocacy (0% of grantees), are more difficult to continue after funding ends.

"I made calendars every year of daily healthy menus: snacks, breakfasts, lunches, nutrition activities. I will not be doing that anymore, because it's a high cost to get all those printed and made. Those will no longer be sustainable."

100%
of grantee organizations
plan to absorb some
project components

Grantee organizations will absorb costs to sustain project components

When asked about the strategies they will use to sustain their projects, IF grantees overwhelmingly planned to have their organizations absorb some project components (100% of grantees). No grantees reported planning to rely on partners to maintain components, reflecting the difficulties that grantees faced in sustaining partnerships noted earlier. Grantees also did not plan to secure additional funding to continue project activities.

“We will take over the financing to maintain it. We have already signed on for that, it’s already in the budget.”

The lack of external support for sustaining project components is reflected in the individual indicator scores reported by grantees on the sustainability tool. Despite moderately strong scores in Funding Stability, this domain included the lowest overall sustainability indicator, “*The program is funded through a variety of sources*” (3.67). This finding is consistent with the challenges noted previously that grantees faced in diversifying funding beyond the grantee organization.

Lessons Learned

The data presented in this report highlight several findings unique to IF grantees. These results can help to inform future efforts by MFH to encourage innovative strategies to reduce obesity.

- *IF projects combined programmatic, policy, and environmental strategies across multiple settings and populations.*
Grantees implemented multi-component interventions in a number of different settings and designed activities to reach a variety of age groups. The comprehensive nature of IF projects is encouraging based on existing evidence that intensive interventions at all levels are most effective.
- *Grantees used various strategies to supplement funding.*
IF projects relied on non-traditional funding supports like in-kind donations and cost absorption by the grantee organization. Securing additional funding may be more difficult for projects implementing innovative strategies that lack traditional pre-established supports, such as dedicated funding opportunities or a proven track record of success.
- *Grantees’ partnerships were non-traditional and community-driven.*
IF grantees formed partnerships with non-traditional obesity prevention partners (e.g., local businesses) and with community organizations and schools, but reported Partnerships as the most challenging sustainability domain. Projects testing innovative approaches may specifically need support maintaining buy-in from the community and commitment for emerging strategies.
- *Grantee organizations will absorb costs to sustain core project components.*
Grantees plan to scale back project activities when funding ends and focus on core project components. The lack of external support from partners or other funding sources likely contributes to their inability to maintain all project elements. Given that building external support may be even more challenging for innovative projects than more well-established initiatives, building external support is an important consideration for those seeking to implement innovative strategies in obesity prevention.

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Appendix

Table A. Detailed Activities of IF Grantees

Activity Category & Description	Number of Grantees	Percent of Grantees
Nutrition & Physical Activity Programming/Education	3	75%
• Healthy eating/nutrition program	3	75%
• Nutrition education	3	75%
• Physical activity program	2	50%
• Physical activity education	1	25%
Healthy Eating Environment Changes	3	75%
• Developed community gardens	3	75%
• Implemented farm/garden to institution	3	75%
• Changed cafeteria or vending machine options	2	50%
• Conducted farmers' market	2	50%
• Displayed point of purchase prompts	2	50%
• Improved access at existing outlets	2	50%
• Labeled menus	2	50%
• Improved access to healthy eating facilities or equipment	1	25%
Physical Activity Environment Changes	1	25%
• Improved traffic safety	1	25%
• Built new, improved existing, or maintained walking trails	1	25%
Advocacy Activities & Policy Change	3	75%
• Communicated with policy makers	3	75%
• Community education	2	50%
• Developed advisory/planning committees	2	50%
• Conducted grassroots activities	2	50%
• Developed recommendations, policy briefs, and/or position statements	1	25%
• Educated organizations/individuals on how to develop and/or implement policy	1	25%
• Enhanced an existing policy	1	25%
• Implemented a policy	1	25%
Marketing Activities	3	75%
• Marketing	3	75%
• Dissemination of program results	3	75%
• Dissemination of products	3	75%
• Development of products	3	75%
Partnership Development Activities	4	100%
• Participated in action planning	4	100%
• Recruited new partner	4	100%
• Conducted program evaluation activities with partner	3	75%
• Implementation of program activities by partner	3	75%
• Received resources from partners	3	75%
• Received technical assistance from partners	3	75%
• Worked with partner to establish formal agreement	3	75%
• Provided information or financial resources to partner	2	50%
• Provided technical assistance to partners	2	50%
• Worked with partner on policy issues related to physical activity or nutrition	1	25%

