BEGIN WITH THE END IN MIND

CONSIDERATIONS FOR DISSEMINATING FINDINGS FROM SPAN, REACH AND HOP

Good Nutrition  Regular Physical Activity  Healthy Weight

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity and Obesity
OVERVIEW
PRESENTATION OUTLINE

- CDC’s Perspective
- University of Kentucky Perspective
- Discussion
WHY DOES DISSEMINATION MATTER?

• Planning, getting buy-in
  • Recipients: Partners, funders, state legislators, coalitions
  • CDC: CDC leadership, Congress, federal agencies

• Building the Evidence Base
AN INNOVATIVE MODEL TO ADDRESS OBESITY IN HIGH OBESITY AREAS

PRESENTATION

Arts and Science Center for Southeast Arkansas Makes Learning Active

SUMMARY

The Arts and Science Center for Southeast Arkansas (ASC) provides learning opportunities for young people and families, including two activities and programs at the nearby Liberal Community Center that would otherwise not be accessible to community members. ASC has incorporated physical activity as a regular part of programs offered, including permanent spaces such as a yoga studio and a bicycle repair space for young people.

YOUR INVOLVEMENT IS KEY

Learn more about Arkansas Healthy LIFE: Lifestyles Involve Nutrition and Exercise (LIFE) by visiting https://www.uams.edu/health-living/health/arkansas-healthy-life.aspx. The University of Arkansas Cooperative Extension Service is able to provide the LIFE through a Cooperative Agreement with the Centers for Disease Control and Prevention (Programs to Reduce Obesity in High Obesity Areas – 1418).

CHALLENGE

Resident of Jefferson County, AR, have a shorter life expectancy than the average American, according to 2017 Arkansas County Health Rankings data. Jefferson County ranks in the bottom quarter (41 out of the state’s 75 counties) for length and quality of life. Obesity also continues to increase, affecting 41% of adults. In 2016, Jefferson County was one of six counties of focus for the Arkansas Health Reform Initiative.

Success Stories

Residents who participated in a focus group said they needed to change local cultural norms around healthy living and support families by focusing on young people. Additionally, 36% of youth live in poverty—a factor linked to higher obesity percentages. Also, 54% live in single-parent households, families that could potentially benefit from supportive youth programs (2017 County Health Rankings).

Community Needs Assessments Conducted

Extension Educator

Healthy Behaviors (January 1)

- One of the main concerns among many residents was that people did not know how to cook or how to make healthy foods. Increased nutrition education is important to increase healthy choices.

Food Retail (January 2)

- Many communities have limited options for healthy food. 3 out of 14 communities do not have a grocery store. 7 of 14 have fewer than 2 grocery stores. Coalition members stated that communities did not have access to a variety of healthy foods, or in some cases, any healthy foods at all. They would drive out of town to other nearby communities to shop.

Physical Activity (January 3)

- Some communities identified local parks would probably benefit from physical activity

Annual Infographics

*Beginning in Year 2
SPECIAL COLLECTIONS

• State and Local Public Health Actions
  • Published March 2018
  • 7 CDC Authored Papers
  • 6 Recipient Authored Papers

• HOP
  • Anticipated Final Publication Fall 2019
  • 2 CDC Authored Papers
  • 8 Recipient Authored Papers
  • 3 Papers Accepted
Community-Wide Efforts to Improve the Consumer Food Environment and Physical Activity Resources in Rural Kentucky

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RESEARCH BRIEF

Summary

What is already known about this topic?
Several states participated in the Centers for Disease Control and Prevention (CDC) adult obesity grant project. Obesity affects adults and children across a broad spectrum of geographic, socioeconomic, and racial/ethnic populations. In some communities, obesity rates are among the highest in the nation.

What is added by this report?
From 2004 through 2013, a variety of nutrition and physical activity strategies were implemented across 6 counties in rural Kentucky with the goal of improving food access and resources for being physically active. We highlight the success of these programs in improving dietary intake and physical activity.

What are the implications for public health practice?
By understanding what community-based nutrition and physical activity strategies are successful, other communities can develop and implement similar programs.

Abstract

Community interventions to improve access to food and physical activity resources can reduce obesity rates and improve obesity-related health outcomes. We describe a Kentucky community project that consisted of a collaboration with grocery store managers to improve the consumer food environment and partnering with community members to improve walking trails, bike racks, and other physical activity resources. We surveyed 2 random samples of community residents in 6 participating rural counties: 741 in 2016 (year 1) and 1,407 in 2017 (year 2). Fruit and vegetable intake significantly increased from year 1 (mean servings 1.33, 2.71; vegetables, 2.54) to year 2 (mean servings 2.92, 2.72). Although moderate physical activity did not change from year 1 to year 2, concern about residents about places to be physically active improved (P<.04). Involving community members in promoting obesity prevention programs may improve dietary intake and alleviate community concern about physical activity.

Introduction

Compared with urban communities, rural communities face greater barriers to healthy eating and active living, such as limited access to food, transportation barriers, fewer supermarkets, and fewer resources for physical activity. These barriers contribute to higher rates of obesity in rural communities than in their urban counterparts (1,2). A host of factors related to geographic isolation, socioeconomic status, and lack of access to affordable healthy foods all contribute to the prevalence of obesity and poor dietary outcomes (1,3). One approach to targeting obesity is through community programs.

Recent community efforts among African American adult women in the rural South have shown significant success with improved intake of fruits and vegetables and increased physical activity (4). Another school-based intervention involving community outreach also showed improved intake of fruits and vegetables (5). Although these community efforts used individual-level approaches, such as education through face-to-face sessions and in-class sessions, they did not address the built environment as a way to improve access to healthy foods and places to be physically active. Results from previous multi-level interventions targeting both urban and rural populations (6,7) suggest that tailored community-based interventions can improve health outcomes (7). However,
COMPLIMENTS

• Well-Written
• Contribution to the Field
• Collaboration with Communities
LESSONS LEARNED

• Evaluation of PSE Strategies
• Behavioral Data
• Timing of Data Collection
• Missing Data
• Understanding Rural Communities
### Examples of Recipient Outcomes

<table>
<thead>
<tr>
<th>Organizational Outcomes</th>
<th>Policy, Systems, Env’tal Changes</th>
<th>Behavioral Outcomes</th>
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| **Outcomes include:** Increased coalition leadership, structures, members, connections with partner organizations, and leveraged resources. | **Performance measures for short-term outcomes:**  
- Number and type of community settings that have implemented food service guidelines  
- Number of community members who have access to settings that have implemented food service guidelines  
- Number and type of food retail venues that sell healthier food options  
- Number of community members who have access to retail venues that sell healthier food options  
- Number of communities with enhanced places for physical activity  
- Number of community members who have access to enhanced places for physical activity | **Examples of behavioral outcomes:**  
- Tracking improvements in fruit and vegetable consumption through instruments such as:  
  - Sales data at retail establishments or farmers markets  
  - Fruit and vegetable consumption through customer intercept surveys  
  - Pounds of food distributed at food pantries and community gardens  
  - Tracking improvements in physical activity through instruments such as:  
    - Fitbits on outdoor PA equipment  
    - Trail counters  
    - Cameras at parks and trails  
    - Self-reported physical activity logs  
    - Spot observations of bike lanes and exercise stations |
| **Examples of grantee analysis of organizational outcomes:**  
- **Ripple Effect Mapping** to evaluate impact of programs in targeted communities  
- **Social Network Analysis** to evaluate networks in targeted communities to improve capacity | | |

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**Notes:**
- Performance measures for short-term outcomes focus on immediate improvements and outcomes.
- Behavioral outcomes involve tracking changes in individual behavior and community settings in terms of consumption and physical activity.
LESSONS LEARNED

• Evaluation of PSE Strategies
• Behavioral Data
• Timing of Data Collection
• Missing Data
• Understanding Rural Communities