

WeTHRIVE!

CASE REPORT

HAMILTON COUNTY, OHIO

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2009 to December 2013



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BACKGROUND

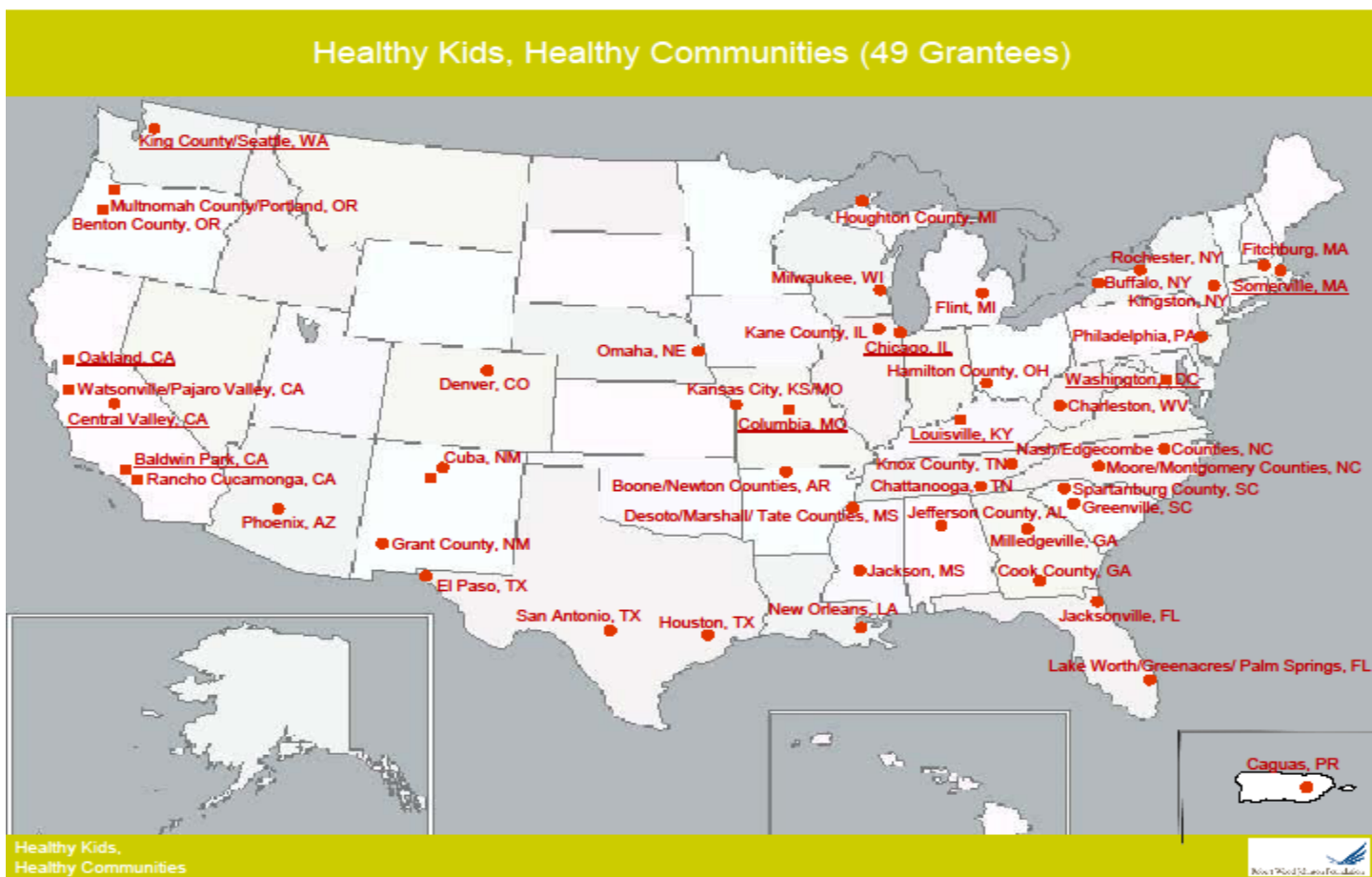
Healthy Kids, Healthy Communities National Program

With the goal of preventing childhood obesity, the Healthy Kids, Healthy Communities (HKHC) national program, funded by the Robert Wood Johnson Foundation (RWJF), provided grants to 49 community partnerships across the United States (Figure 1). Healthy eating and active living policy, system, and environmental changes were implemented to support healthier communities for children and families. The program placed special emphasis on reaching children at highest risk for obesity on the basis of race, ethnicity, income, or geographic location.¹

Project Officers from the HKHC National Program Office assisted community partnerships in creating and implementing annual workplans organized by goals, tactics, activities, and benchmarks. Through site visits and monthly conference calls, community partnerships also received guidance on developing and maintaining local partnerships, conducting assessments, implementing strategies, and disseminating and sustaining their local initiatives. Additional opportunities supplemented the one-on-one guidance from Project Officers, including peer engagement through annual conferences and a program website, communications training and support, and specialized technical assistance (e.g., health law and policy).

For more about the national program and grantees, visit www.healthykidshealthycommunities.org.

Figure 1: Map of Healthy Kids, Healthy Communities Partnerships



Evaluation of Healthy Kids, Healthy Communities

Transtria LLC and Washington University Institute for Public Health received funding from the Robert Wood Johnson Foundation to evaluate the HKHC national program. They tracked plans, processes, strategies, and results related to active living and healthy eating policy, system, and environmental changes as well as influences associated with partnership and community capacity and broader social determinants of health.

Reported “actions,” or steps taken by community partnerships to advance their goals, tactics, activities, or benchmarks from their workplans, formed community progress reports tracked through the HKHC Community Dashboard program website. This website included various functions, such as social networking, progress reporting, and tools and resources to maintain a steady flow of users over time and increase peer engagement across communities.

In addition to action reporting, evaluators collaborated with community partners to conduct individual and group interviews with partners and community representatives, environmental audits and direct observations in specific project areas (where applicable), and group model building sessions. Data from an online survey, photos, community annual reports, and existing surveillance systems (e.g., U.S. census) supplemented information collected alongside the community partnerships.

For more about the evaluation, visit www.transtria.com/hkhc.

WeTHRIVE!

WeTHRIVE! was an initiative led by Hamilton County Public Health (HCPH) to make healthy living easier for residents of Hamilton County, Ohio. WeTHRIVE! was launched in 2008 with funding from three national grants: Strategic Alliance for Health (SAH), Communities Putting Prevention to Work (CPPW), and Healthy Kids, Healthy Communities (HKHC). WeTHRIVE! focused on increasing access to healthy eating and physical activity, while decreasing tobacco use and exposure to secondhand smoke.²

HCPH was the lead agency for the WeTHRIVE! partnership. Contracted partners included the Nutrition Council of Greater Cincinnati, Center for Closing the Health Gap, and YMCA of Greater Cincinnati. Additional partners were representatives from regional planning organizations, health care agencies, civic organizations, local foundations, and prominent local corporations. The partnership and capacity building strategies of the partnership included:²

- *Cincinnati Regional Food Policy Council*: led by the Nutrition Council of Greater Cincinnati, formed to address local food systems and access through policy, practice, and environmental change strategies.
- *Cincinnati Food Access Taskforce*: led by the Center for Closing the Health Gap and the Cincinnati City Council, and re-activated to build on policy recommendations for expanding access to healthy, fresh fruits and vegetables in high risk neighborhoods that recently lost their grocery stores.
- *Ambassador Program*: piloted to foster collaboration among key individuals to implement shared goals and create healthy communities by using a community-based approach. WeTHRIVE! helped Ambassadors set a goal for their community, develop an action plan, and implement strategies to achieve the goal.

See Appendix A: Hamilton County, Ohio Evaluation Logic Model and Appendix B: Partnership and Community Capacity Survey Results.

Along with partnership and capacity building strategies, the WeTHRIVE! partnership incorporated assessment and community engagement activities to support the partnership and the healthy eating and active living strategies. The healthy eating and active living strategies of WeTHRIVE! included:^{2,3}

- *Child Care Center Wellness Resolutions*: This initiative focused on enhancing the nutrition and physical activity environment in child care settings by encouraging increased access to healthier foods and beverages, limited screen time, and increased active play.
- *Safe Routes to School*: WeTHRIVE! representatives worked closely with Hamilton County school districts to implement events and programs, develop relationships with the Ohio Department of Transportation, and assist with grant applications to secure funds to develop travel plans and make infrastructure changes.
- *Shared Use*: In partnership with the YMCA of Greater Cincinnati, WeTHRIVE! designed a planning and engagement approach to secure shared use agreements with communities and churches willing to open their spaces to increase physical activity in Hamilton County.

COMMUNITY DEMOGRAPHICS

Hamilton County is located in the southwest corner of Ohio and is mainly comprised of urban communities; only 7% of the population lives in rural areas. Hamilton County is home to 48 distinct political jurisdictions, including the City of Cincinnati. In 2009, the partnership team directed SAH funding to three communities in Hamilton County: Village of Lincoln Heights (45215), Village of Lockland (45215), and Village of Woodlawn (45215). After CPPW funding was received, twelve additional communities were added from within the city of Cincinnati. The communities were: Village of Addyston (45001), Amberley Village (45237), Avondale Neighborhood (45229), City of Cheviot (45211), Cleves (45002), College Hill Neighborhood (45224), Madisonville Neighborhood (45227), City of North College Hill (45224), Northside Neighborhood (45223), City of Norwood (45212), Roselawn Neighborhood (45237), and City of Wyoming (45215). In total, WeTHRIVE! partnered with 15 communities across Hamilton County to develop WeTHRIVE! teams to implement policy, practice, and environmental changes.

Figure 2: Map of Hamilton County, Ohio's Target Areas³

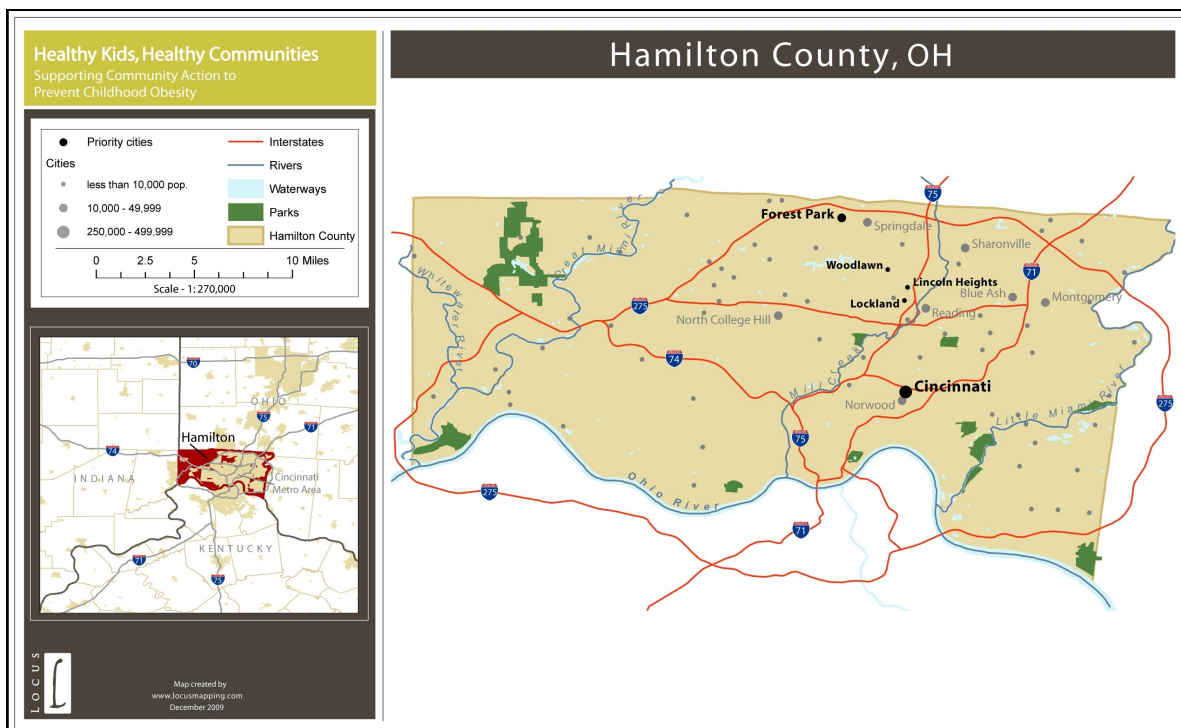


Table 1: Hamilton County and Neighborhood Demographics⁴

Location	Population	African American	Hispanic/Latino (of any race)	White	Poverty rate	Per capita income	Median household income
Hamilton County	802,374	25.9%	2.7%	69.5%	17.1%	\$29,503	\$49,104
45001	552	5.3%	0.0%	94.7%	40.3%	\$20,805	\$46,458
45002	13,252	1.0%	2.6%	96.2%	18.1%	\$25,350	\$55,932
45211	8,375	7.3%	2.0%	89.0%	11.9%	\$22,177	\$40,439
45212	22,151	12.4%	5.4%	85.5%	26.4%	\$22,719	\$38,186
45215	29,708	31.1%	2.3%	68.5%	26.9%	\$28,359	\$43,055
45223	12,916	54.1%	1.7%	47.1%	30.6%	\$19,261	\$27,772
45224	9,397	46.6%	1.3%	49.0%	11.8%	\$23,588	\$40,556
45227	18,441	37.3%	1.1%	60.9%	21.0%	\$29,659	\$47,908
45229	13,029	82.2%	0.4%	18.0%	44.7%	\$18,662	\$21,491
45237	19,263	74.4%	1.1%	26.7%	34.9%	\$24,775	\$50,784
45240	27,590	64.6%	2.7%	35.7%	17.6%	\$22,528	\$58,393

INFLUENCE OF SOCIAL DETERMINANTS

Poverty

Hamilton County experienced an 18% rise in Supplemental Nutrition Assistance Program (SNAP) recipients, between March 2008 and March 2009; from 81,319 recipients to 95,589 recipients. A rise also occurred in the poverty rate, with the greater Cincinnati area having an estimated 14,000 more people in poverty in 2009 than 2008. The number of people applying for unemployment at the county's Department of Job and Family Services rose 24% in 2009 from 2008. Emergency food providers reported increases in 2009 as well, with a 27% increase in beneficiaries at the Freestore Foodbank, for example, since April 2008. See Figure 3 for a map of poverty distribution in Hamilton County. Additionally, the rate of poverty among children in 2011 was 28%; the national benchmark of 14% (90th percentile).⁵

Active Transportation

The city of Cincinnati is comprised of seven distinct hills that limit the area's walkability and connectivity. Among the priority communities, sidewalks are likely to be disconnected to destinations and perceived unsafe due to physical condition or crime.

In 2009, Ohio was using less than 30% of its available Safe Routes to School (SRTS) funding, and none of those dollars supported projects in Hamilton County. Although SRTS funds were available and applications were not restrictive, schools in Hamilton County had not taken advantage of this opportunity. Only one Hamilton County school district was awarded funds in 2010 (\$268,556). Since 2007, only 4 school districts out of 22 in Hamilton County had received SRTS funding.

Housing

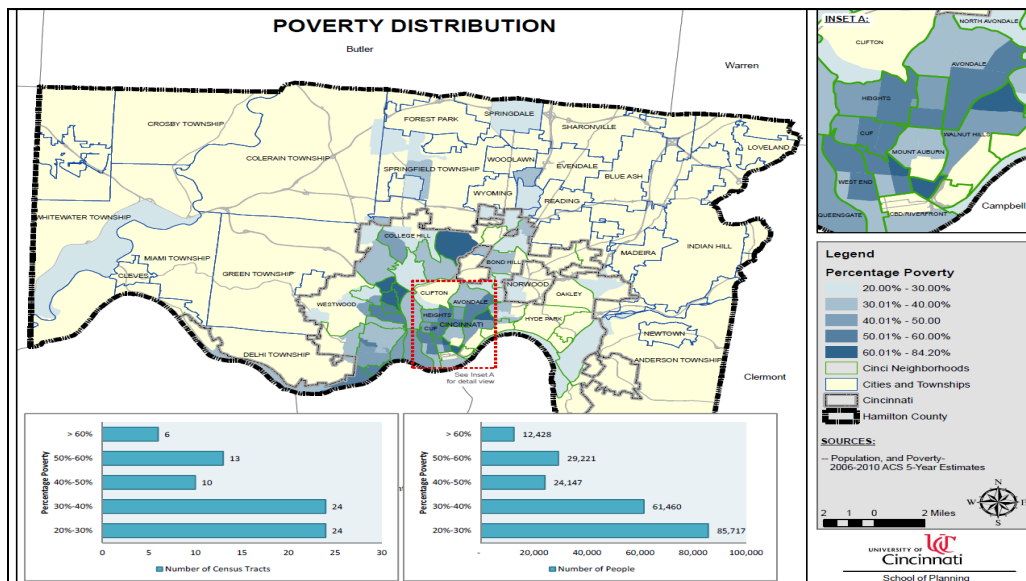
Historic significance and sentiment have been main points of controversy regarding the demolition of condemned housing and school buildings in some neighborhoods. In the College Hill neighborhood, demolishing dilapidated housing and vacant school buildings was fought for years by residents and conservationists. Eventually, the entire housing complex was demolished and legislation was recently approved to demolish abandoned structures.⁶



Source: Transtria LLC

According to 2009 Ohio Supreme Court data, Hamilton County's rate of foreclosure filings have undergone a dramatic change; within the past few years, a 32.5% increase in foreclosures was completed under the Ohio Supreme Court between 2005 and 2009.⁶ In 2009, the Ohio Supreme Court recorded 6,714 foreclosure cases in Hamilton County. The total number of foreclosure cases filed in Hamilton County over the last five years was 30,606.

Figure 3: Map of Hamilton County Poverty Distribution, Priority Areas⁷



WeTHRIVE! PARTNERSHIP

The WeTHRIVE! partnership was formed in 2008 to develop policy and environmental changes to reduce childhood obesity through an active partnership of stakeholders.

Lead Agency and Leadership Teams

Established in 1919, Hamilton County Public Health (HCPH) served more than 460,000 residents within 44 political jurisdictions living outside the cities of Cincinnati, Springdale, Sharonville, and Norwood. Employing over 80 staff members in several different disciplines (e.g., environmental health, disease prevention, health promotion), HCPH “strives to prevent disease and injury, promote wellness, and protect people from environmental hazards.” HCPH was made up of the Department of Community Health Services and the Department of Environmental Health Services, which both consisted of several divisions.⁸

Hamilton County Public Health had a history of partnership with organizations providing leadership around healthy eating and physical activity initiatives. This series of partners served as the WeTHRIVE! Leadership Team driving implementation of key strategies. The WeTHRIVE! Leadership Team was comprised of

several organizations that worked across Hamilton County to develop and implement policies and systems changes around healthy eating, physical activity, and tobacco prevention. Members of the leadership team included: Cincinnati Children’s

“The partnership; sometimes we are leading and sometimes we are ... supporting and that’s one of the real outgrowths of this collective work.” -Community Member

Hospital Medical Center, The Center for Closing the Health Gap, The Nutrition Council of Greater Cincinnati, YMCA of Greater Cincinnati, and the University of Cincinnati. Each of these partners received significant grant support to scale and spread their work.⁹

See Appendix C for a list of partners.

Organization and Collaboration

This HKHC partnership was built on a standing relationship of other partnerships, stemming five to eight years prior to the grant. The work started through an obesity collaborative with The Nutrition Council, which helped with assessment and planning, and Discover Health, which conducted direct health education programming. The Executive Directors of both organizations co-chaired the obesity collaborative. At the center of the current partnership was HCPH and other core partners, including: the Center for Closing the Health Gap, The Nutrition Council, Children’s Hospital Medical Center, and The YMCA of Greater Cincinnati. Auxiliary partners were strategy-specific, such as Gabriel’s Place, a farm, distributor, and education center working on mobile markets. Another was Green Umbrella, a regional sustainability alliance, which had two sub-committees; one was focused on food distribution and the other was focused on outdoor recreation. See Appendix C for a list of all partners.

WeTHRIVE! was an umbrella brand for driving change that would make the healthy choice an easier choice for all. Individuals, organizations, schools, faith-based institutions, physician groups, and businesses engaged to advance efforts to increase access to healthy foods and physical activity, and decrease tobacco use and exposure. The momentum from these community and organizational teams spurred the development and implementation of policies, systems, and environmental changes that transformed Hamilton County over the past four years into a healthier place to live, work, play, learn, and worship.²

PARTNERSHIP FUNDING

There were several funding sources obtained to support the development and adoption of policies around community engagement, healthy eating, and active living in Hamilton County. Grants or funds were received from private and public foundations or organizations. As part of HKHC, grantees were expected to secure a cash and/or in-kind match equal to at least 50% of the RWJF funds over the entire grant period. For additional funding information, see Appendix D.

Partnership and Community Capacity

- Cash and in-kind contributions for advocacy, training, technical assistance, and materials were provided by YMCA of Greater Cincinnati, Children's Hospital Medical Center, Greater Cincinnati Nutrition Council, and the Center for Closing the Health Gap in years one and two of HKHC.

Healthy Eating and Active Living Strategies

- YMCA of Greater Cincinnati provided WeTHRIVE! a substantial amount of in-kind support (i.e., personnel, benefits, program materials, subsidies) for work on physical activity strategies.
- Center for Closing the Health Gap provided a substantial amount of in-kind support (i.e., personnel, benefits, supplies) for work on healthy eating strategies in churches and developing food access strategies.
- Greater Cincinnati Nutrition Council provided in-kind support (i.e., personnel, benefits, supplies) for work on healthy eating strategies and competitive foods in schools.
- Over \$3.38 million was awarded to Hamilton County schools and communities for SRTS from 2010 to 2012 from the Ohio Department of Transportation (ODOT).
- As a result of recruiting efforts and technical assistance, HKHC and a total of 51 Hamilton County schools were funded in the amount of \$714,293 by the Ohio Department of Transportation to establish Safe Routes to School.

COMMUNITY ASSESSMENT

WeTHRIVE! staff, along with partners, developed and conducted assessments related to partnership and collaboration, child care center wellness resolution, shared use, and Safe Routes to School.

Partnership and Collaboration

- Childhood Obesity Community Assessment and Gap Analysis:** In an effort to establish a collaborative to prevent childhood obesity, an assessment was conducted of all of the organizations, projects, initiatives, and funding that was currently focused on childhood obesity in Hamilton County. The information gathered indicated that there were multiple groups and organizations (i.e., school health advisory councils, community consortia and action teams) working on this issue, and that the list would continue to grow. However, there was a gap in the level of collaboration and communication that existed between all of these established groups. It was the goal of this partnership to create a forum by which these groups could convene on a regular basis in order to provide them the opportunity to share their work, leverage assets, and identify additional partners and stakeholders.

Child Care Center Wellness Resolution

- Childhood Obesity Community Assessment and Gap Analysis:** Assessments conducted between December, 2009 and June, 2010 found that there were no efforts that focused on child care providers' policies for nutrition and physical activity.
- Nutrition And Physical Activity Self Assessment for Child Care (NAP-SACC):** A total of 39 child care facilities completed NAP-SACC assessments between fall 2011 and summer 2013. After centers completed NAP-SACC, they created an action plan which helped them identify their goals, steps, necessary resources, and created a timeline for achieving their goals.
- After-School Food Survey:** An after-school food survey was developed by the Nutrition Council to collect baseline data to determine major vendors and practices of after-school programs in Hamilton County and to assess satisfaction with the current snack program. See Table 2 for the survey results.
- YMCA:** The Y of Greater Cincinnati's Healthy Living Leadership reviewed existing snack policies as well as practices. Procurement procedures were also reviewed. Informal key stakeholder interviews were conducted with Y after-school site coordinators. The results of the survey indicated that there was very little consistency across sites. Each site generally made independent selections and did its own procurement.

Table 2: After-School Food Survey Results

What challenges do you face in serving healthy snacks in your after-school program?	
Not enough variety offered by current vendor	62%
Children's preferences	39%
Cost of healthy snacks	39%
Lack of storage	23%
Staff time	23%

Safe Routes to School

- Childhood Obesity Community Assessment and Gap Analysis:** Findings indicated that very few schools were utilizing Safe Routes to Schools funding, and walking tours in target communities identified a need for additional information on the transportation environment around the schools.
- Walk Audits:⁹** Walk audits were conducted at 12 Cincinnati Public School District schools (Bond Hill Academy, Clark Montessori, Evanston Academy, Hartwell, John P. Parker, Kilgour School, Rees E. Price Academy, Riverview East Academy, Rockdale Academy, Sands Montessori, William H. Taft, Woodford Paideia Academy) in late October and early November 2011. Each walk audit included members of the Cincinnati SRTS team along with principals, resource officers, and interested parents. The primary goal of the walk audits was to analyze the schools' walking and biking environments, but the consultant team also taught several individuals how to conduct walk audits. The training will allow the Cincinnati SRTS Team to conduct future walk audits at additional schools around the district. An online interactive map was also developed for each walk audit school showing key elements of the pedestrian and bicycle infrastructure near the school.

- Parent Input:**⁹ The National Center for SRTS parent survey was sent out district-wide to approximately 35,000 student households in November 2011. Over 4,400 surveys were returned. The surveys provided a base of information regarding existing conditions and barriers (real and perceived) to walking and biking. See Table 3 for results.

Table 3: Existing Conditions and Barriers to Walking and Biking to School

Response	Rate
Distance	52.4%
Violence/crime	50.6%
Weather/climate	43.3%
Speed of traffic along route	42.6%
Amount of traffic along route	42.6%

Shared Use

- Childhood Obesity Community Assessment and Gap Analysis:** Assessment findings indicated that shared-use agreements did not exist or were not being operationalized in a way that promoted community use of school space.
- Hamilton County Schools Facility Use:** In May 2010, all 22 Hamilton County school districts were surveyed for existing shared use policies and 17 school districts were found to have existing policies supporting shared use (see Table 4). The methods used for data collection and analysis included phone interviews and policy document review. The policies had restrictions that were not explicitly identified or did not match what the community observed (i.e., locked gates at parks and playgrounds). Some schools indicated that the facilities were open to the community, but there no discussions with the communities about how they could specifically use it. The state of Ohio had an existing policy around shared use for public schools, requiring the schools to share their facilities with the community.

Table 4: Hamilton County School Districts' Shared Use Policies

School Districts with Shared Use Policies		
Finneytown	Forest Hills	Loveland City
Madeira City	Mariemont City	Mount Healthy
North College Hill City	Northwest Local	Norwood City
Oak Hills	Princeton City	Reading Community
Sycamore Community	Three Rivers Local	Winton Woods City
Wyoming City		
Schools Districts without Shared Use Policies		
Cincinnati Public Schools	Deer Park	Indian Hill
Lockland	Southwest	St. Bernard

- Windshield Tours:** HCPH and the Y acquired community data by performing windshield tours. The tours served several purposes: assessment of site conditions, identification of physical activity opportunities (e.g., basketball court, green space, walking track), and description of potential barriers (e.g., locked gates, litter, missing equipment). The Y collected and presented findings from the windshield tours to relevant community leaders. From these discussions it became clear that without resident support, pursuing further efforts around shared use agreements would not be effective. HCPH therefore, focused on developing a structure for ensuring community engagement.

PLANNING AND ADVOCACY EFFORTS

Community Outreach and Engagement

WeTHRIVE! identified the need to involve the community for the success and sustainability of the partnership. The partnership engaged residents to support the overall partnership and to advance and support its strategy-specific work.

Leadership groups were established and formalized to maintain the engagement of new partners and to foster ongoing collaboration:

- **Cincinnati Regional Food Policy Council:** The Council worked to identify areas of the local food system where policy adoption or change would result in a more equitable food system. The top priorities were to build council infrastructure; approve city zoning for mobile vending; and revise child care regulations that prohibit fresh produce. The council had written bylaws, recruited members, and had been developing its first position papers. Members included representatives from community-supported agriculture organizations (CSAs), farmers' markets, public health agencies, farmers, environmental regulators, higher education, dietitians, and food producers.
- **Cincinnati Food Access Taskforce:** The goal of the taskforce was to coordinate efforts in order to increase access to healthy foods within the City of Cincinnati. It created a 14-point plan in spring 2011, which was presented to the Cincinnati City Council. The taskforce provided technical assistance with completing a comprehensive food access assessment for target neighborhoods in Cincinnati. Members included representatives from the regional chamber of commerce, business associations, local media, faith-based organizations, neighborhood councils, hospitals, healthcare, public health agencies, food retailers, and higher education.

Partners from the Strategic Alliance for Health (SAH) hosted meetings, provided trainings, and distributed healthy eating and active living materials in order to encourage child care center staff and parents to adopt the wellness resolutions.

- **Parent Engagement:** The Parent Policy Promotion Tool outlined potential changes parents could expect within the center and asked parents to be supportive throughout the process. A magnet was included on the back of the tool as a resource for parents. The magnet provided parents with tips on how to incorporate healthy eating and physical activity into their daily routine. Cooking demonstrations were held for parents to learn techniques for healthy meal preparation at home. These techniques were designed so that parents would understand the importance of healthy eating and physical activity both within the center and at home, increasing their support of the policy.
- **Staff Engagement:** Child care center staff were trained in the Coordinated Approach to Child Health (CATCH) curriculum, which provided staff and teachers with ways to incorporate physical activity and healthy eating within their classroom. All resources necessary to implement the curriculum were provided to the staff free of charge, removing some of the barriers to increasing physical activity and adult-led physical activity within the center. A one-page hand out, created by HCPH, provided tips on how to implement CATCH within the classroom. During cooking demonstrations, staff learned techniques on how to encourage children to eat healthy foods. A registered dietitian completed menu audits and provided recommendations for alternatives to foods served that did not meet the guidelines. HCPH staff were available to attend meetings to discuss the importance of healthy eating and physical activity within the center and the important role staff played in implementing the resolution.

In order to achieve the goal of increasing the number of applications for Safe Routes to School (SRTS) grants, all 22 Hamilton County school districts were recruited.

- **Recruitment:** The Hamilton County Educational Service Center contacted all 22 Hamilton County school districts to inform them of upcoming dates for both mini-grant and ODOT SRTS funding opportunities as well as the opportunity to receive technical assistance. The Y of Greater Cincinnati designed a two-fold approach for recruiting schools to apply for SRTS funding. The Y informed school leaders and superintendents about the SRTS initiative with individual meetings and presentations at group meetings. Y staff facilitated SRTS round table discussions with the Cincinnati Public School District (CPS) to describe the components of an SRTS program (e.g., benefits, training, drafting a plan) and to discuss the historically low application rate.

- **Mini-Grants:** The Y released Healthy Living mini-grant applications and awarded 20 mini-grants to school and community organizations to develop/support SRTS efforts and grant applications. A total of 42 SRTS building grants were successfully secured from ODOT by these partners. The mini-grant strategy was used in lieu of school transportation audits. These mini-grants and technical assistance offered by the YMCA built capacity at the school building level for increasing SRTS participation.

HCPH and the Y planned to expand access to physical activity opportunities by increasing the number of shared use agreements between communities and all 22 school districts in Hamilton County.

- **Mini-Grants:** HCPH used the funding mechanism of mini-grants to increase community engagement. Forty-eight Hamilton County communities were eligible to submit applications for mini-grant funding. HCPH reviewed a total of 17 applications and selected 12 communities that were each awarded mini-grants of \$24,000. The mini-grants served several purposes: providing funding for community groups to adopt wellness resolutions, identifying and prioritizing healthy eating and physical activity opportunities, and creating action plans to implement physical activity and healthy eating policy, system, and environmental changes. Nineteen community groups, consisting of residents, administrators, elected officials, neighborhood association councils, and parks and recreation staff, used the award to prioritize shared use opportunities and to secure shared use agreements to take advantage of these opportunities.

Advocacy

- **Ambassador Program:** The Ambassador Program was launched in July 2012, with seven representatives consisting of residents, nurse practitioners, and physicians. Ambassadors were trained in advocacy techniques and tasked with identifying actions they could implement to improve food, physical activity, and tobacco use in their communities. The following spring, a training guide was developed and a recruitment campaign was released. An additional 1,800 residents were recruited to join the movement online.
- **Political Support:** Initiated at the outset of HKHC, legislative luncheons were hosted by the partnership. Mayors from all 48 political jurisdictions were invited, along with members from Planning and Transportation, Parks and Recreation departments, and schools. A few Cincinnati City Council members were very involved with the food access taskforce. The partnership had a relationship with a state senator, who they kept abreast of local activities, and the health commissioner, which was called upon frequently for support or invited to participate in activities.

Media advocacy strategies were developed to promote the wellness resolution initiative:

- **Communications:** A WeTHRIVE! child care brochure and a WeTHRIVE! child care video set were developed. There were three videos, two targeted at centers (i.e., long and short versions) and one for parents. Brochures were mailed to centers to gain interest in participation in the initiative. The videos were posted on the WeTHRIVE! website (www.watchustrive.org) and social media accounts (i.e., Facebook, Twitter, YouTube) to increase awareness and engagement. The videos were also intended to be used as a recruitment tool for centers and parents. Additionally, the Child and Family Health Services Grant Coordinator met face-to-face with center directors and provided information about the initiative, covering such topics as rationale, process, resources, and incentives.

A resource guide was developed in 2010 to inform Hamilton County residents about available physical activity opportunities in order to increase awareness of shared use.

- **Spaces and Places for Physical Activity in Hamilton County:** This resource guide provided a listing of available amenities in Hamilton County, including the location, hours, and fees of paved hike/bike trails; public parks, playgrounds, and nature preserves; malls for indoor walking; walking clubs; health clubs, gyms, and recreation centers; public golf courses; faith-based organizations; and pools/spraygrounds.

CHILD CARE CENTER WELLNESS RESOLUTIONS

Child care providers have a unique opportunity to shape the lives of the children and families they serve. The WeTHRIVE! Child Care Initiative focused on enhancing the nutrition and physical activity environment in child care settings by encouraging increased access to healthier foods and beverages, limited screen time and increased active play.²

Policy, Practice, and Environmental Changes

The WeTHRIVE! Child Care [Wellness Resolution](#) was adopted by 79 child care centers located in 42 communities and Cincinnati neighborhoods:

- Amberley Village
- Anderson
- Avondale
- Blue Ash
- Camp Washington
- Cheviot
- Clifton
- Colerain
- College Hill
- Corryville
- Delhi
- Finneytown
- Forest Park
- Greenhills
- Harrison
- Kennedy Heights
- Lincoln Heights
- Lockland
- Loveland
- Lower Price Hill
- Millvale
- Montgomery
- Mt. Airy
- Mt. Healthy
- Newtown
- North College Hill
- North Bend
- Norwood
- Oakley
- Pleasant Ridge
- Price Hill
- Sharonville
- Silverton
- Springdale
- Symmes Township
- Walnut Hills
- West End
- Westwood
- Winton Hills
- Woodlawn

As a result, 7,921 children enjoyed healthier food and beverage options and more opportunities for physical activity.

Some healthy eating and active living tenets of the policy are:

- **Physical Activity:** Toddlers and pre-school age children will engage in 60 minutes of unstructured physical activity per day; toddlers will engage in at least 30 minutes and pre-school aged children 60 minutes of structured physical activity.
- **Screen Time:** Television, video, and computer time will be limited to a maximum of 30 minutes per day for children 2 years of age and older; screen time will not be used for children under 2 years of age.
- **Foods Served:** All foods served meet or exceed state and federal guidelines for child nutrition.
- **Nutrition Education:** The center will provide visible support for good nutrition in classrooms and common areas (i.e., posters, pictures, and displayed books); the center will support parents' efforts to provide a healthy diet.

See Figure 4 for more information on child care wellness resolutions.

Complementary Programs/Promotions—Nutrition Standards

Gardens

Sites with gardens utilized farm-to-table education with the produce. Children harvested the produce and then cooked together or tasted the raw food, despite some of the foods being unfamiliar (i.e., eggplant, squash, beets, radishes). The more responsibility that the children had in the gardening programs, specifically growing the vegetables, the more they were willing to try and eat the vegetables. Children were given the opportunity to put their names on a stick near the seeds that they planted, creating a sense of ownership and empowerment. It was the intention to have a garden at every site, as there was space at several of the sites.

Hot Meal

Some of the centers provided hot meals on a few days each week to the community residents, who were recipients of Supplemental Nutrition Assistance Program (SNAP) benefits. Due to SNAP being distributed once a month, the benefits were usually spent at the beginning of the month leaving no benefits left at the end of the month for food. One recreation center, Cincinnati Union Bethel, distributed food to children on Fridays in order to ensure some level of food security.

Menu Planning

Parents were included in the quarterly menu planning, giving them the opportunity to voice the foods their children liked and offer suggestions and substitutions. The Nutrition Council offered monthly tips and cooking classes for the parents and staff. Children were of diverse cultures and religions, so child care centers had to be conscious about restrictions and preferences in addition to allergies. The centers followed specific USDA guidelines and were frequently topping the standards by adding whole wheat and using 1% milk. The centers posted food allergies for anyone coming into the rooms that might be serving meals that day, especially for volunteers.



Source: WeTHRIVE! website

Nutrition Education

The centers offered parents nutrition education and cooking classes encompassing several topics, including efficient grocery shopping, maximizing purchases, meal planning, equipment, and food preparation skills. With equipment and incentives provided with financial support from the Nutrition Council, recipients were able to use new tools (i.e., cutting boards, steamers, egg slicers, corers, paring knives, bowls, colanders) and gift cards to Kroger grocery stores to prepare food in their homes.

Complementary Programs/Promotions—Physical Activity Standards

Active Education

HCPH partnered with a local dance teacher to create an early childhood version of Active Education. The resource linked short activity bursts to Ohio Department of Education benchmarks and standards for early childhood education. Child care center teachers and staff utilized the activities within their normal day-to-day schedule, increasing the amount of teacher-led physical activity children received throughout the day. Copies of the resource were distributed during the initial WeTHRIVE! meeting with the centers, but centers could have requested additional copies.

CATCH

Centers were able to use existing materials in different ways as a result of receiving the Coordinated Approach to Child Health (CATCH) curriculum. Child care centers were provided free CATCH training, materials, and physical activity equipment (i.e., scarves, bean bags, balls, spot markers, etc.) to implement CATCH. A single CATCH activity could have been implemented during the daily schedule or multiple CATCH activities could have been played during outdoor play time. CATCH curriculum was customizable, allowing centers to implement the program in ways that worked best for individual centers. The CATCH nutrition manual introduced children to healthy foods, instructed them on how to make healthy choices, and explained the plant growth cycle. The CATCH program was cost effective for the centers and timely, because the centers were already in the process of determining how to maximize physical activity opportunities in their facilities (i.e., playgrounds).

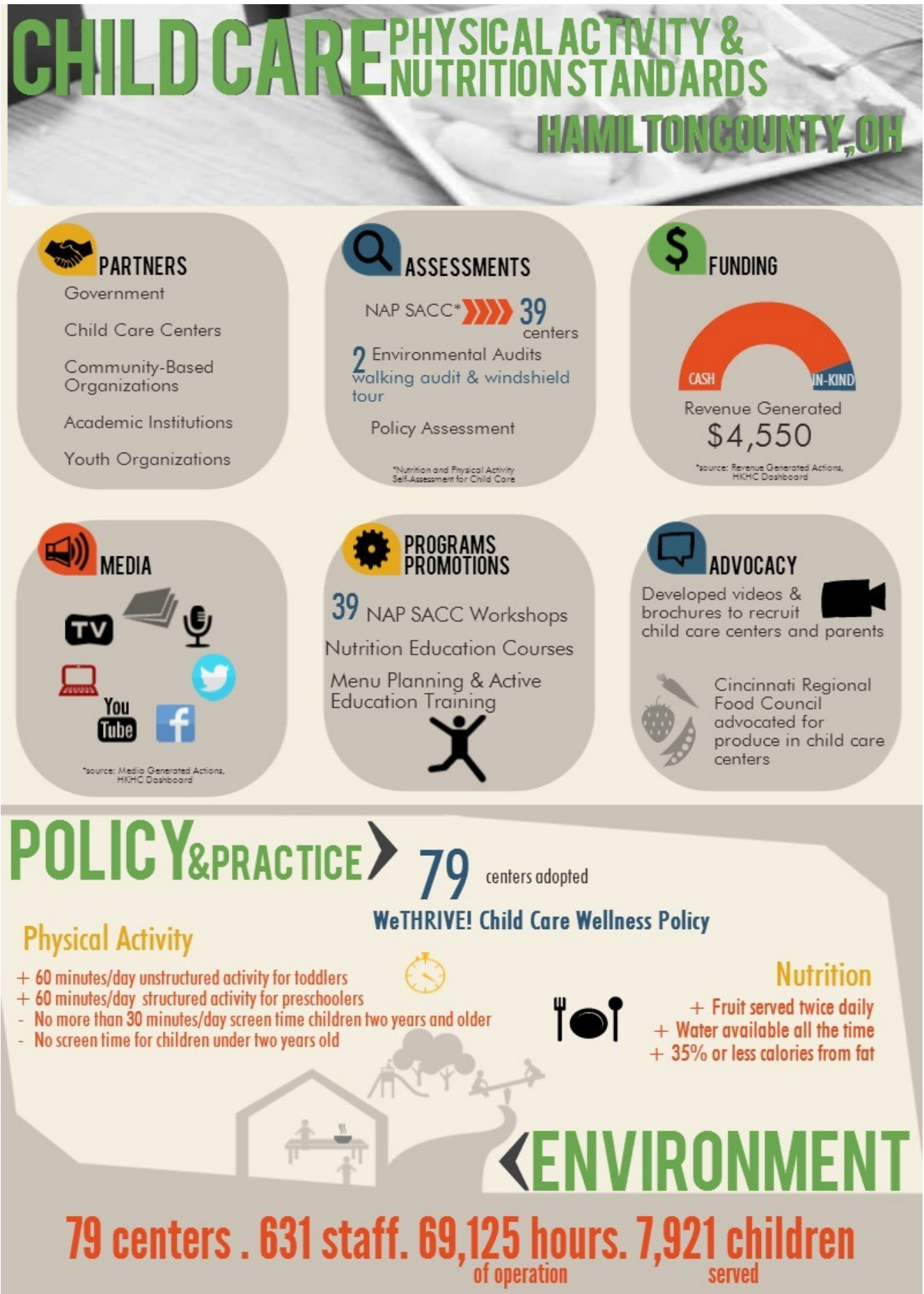
Implementation

The HKHC project enabled the partnership to build upon work already begun under the SAH grant through the dissemination of policy changes to other areas of Hamilton County. Partners agreed to organize and host a Healthy Children, Healthy Weights training between August and October 2010, targeting child care centers in central Hamilton County. Participating centers could choose to attend any of the six sessions individually or all six. There was no registration fee and participants received two and a half hours of in-service training for each session attended and Step up to Quality requirements were honored when applicable.

“We have the staff that is dedicated to the task, which helps because we can’t do it alone; it’s impossible for us to do it alone. It takes a group effort, a community effort, not just us.”-Community Member

The approach was to train child care staff in conducting the NAP-SACC program assessments to identify potential policy changes, provide technical assistance and resources to enable the centers to implement the changes, and assist centers in enrolling in the CACFP. Twelve centers signed up for a series of six training sessions.

Figure 4: Child Care Nutrition and Active Living Standards Infographic



Population Reach

Overall, nearly 8,000 children ages 0-12 were enrolled in child care among the 79 centers. The centers provided breakfast (10:30 AM), lunch (12:00 PM), and snacks (3:00 PM) in accordance with a posted menu, which met CACFP guidelines. The number of children attending the program varied between the regular school year and the summer season. See Appendix E for a full list of child care centers and population reach.

Challenges

Preparing the cycle menus was a full-time job. For example, there was one person responsible for all 641 children at Cincinnati Union Bethel. All of the sites had a site manager as well as supplementary staff, food quality personnel and a dietitian, that oversaw all the menus and gave approval prior to posting. The site manager was responsible for running day-to-day operations of the site, overseeing all of the activities, programming, and developing educational materials.

Food cost increased, due to supply and demand. Whole wheat was a big driver of the increased cost, but the centers tried to balance it out with other, less expensive items, such as produce from their gardens.

Lessons Learned

When confronted with implementing a policy, resolution, or guidelines, the terminology and perception of rigidity had the potential to deter staff and parents. What Hamilton County found helpful was the ability to provide resources (i.e., trainings) in order to make an easier transition for the centers.

Sustainability

Work on the child care wellness resolutions has prompted interest throughout the community. As a result, KinderCare, a franchise with 14 sites in Hamilton County, is now working with the partnership to develop physical activity and healthy eating policies for its child care centers. Promoting and implementing healthy eating and active living strategies within Hamilton County child care facilities will be sustained by HCPH through June 30, 2014, with funding from the Ohio Department of Health. HCPH will apply to extend the funding during the competitive application process in spring 2014. At the close of the HKHC grant, 79 child care centers adopted the WeTHRIVE! Wellness Resolution, impacting 7,921 children. These child care centers completed the Nutrition and Physical Activity Self-Assessment for Child Care assessment, developed action plans, received menu audits from a registered dietitian, and began implementation of healthy eating and physical activity policy, practice, and environmental change strategies outlined within their action plans.

SAFE ROUTES TO SCHOOL

Starting a Safe Routes to School (SRTS) program was an opportunity to make walking and bicycling to school safer and more accessible for children, including those with disabilities, and to increase the number of children who choose to walk and bicycle.¹⁰ Cincinnati Public Schools, the largest school district in Hamilton County, had a unique opportunity to reach students across 91 square miles in 48 schools by securing SRTS funding.

Policy, Practice, and Environmental Changes

As a result of the recruiting efforts and technical assistance made during this initiative, partners were successful in exceeding their goal of increasing the number of SRTS throughout Hamilton County. Safe Routes to School programs in Hamilton County focused on underserved communities, with the goal of recruiting a minimum of ten schools. Seven were successfully recruited in underserved and high risk population areas and completed implementation by February 2012. A total of 51 schools (including 48 Cincinnati Public School campuses) were funded in the amount of \$714,293 by the Ohio Department of Transportation (ODOT) to establish SRTS Policies Regarding Pedestrian and Bicycle Accommodation on School Campuses. Additionally, the updated CPS Facilities Master Plan (approved in 2002) included bicycle racks as part of the standard design of new and renovated school facilities. Other achievements included:

- The Cincinnati Traffic Engineering department moved the crosswalk at Sands Montessori School.
- Stop signs were replaced at the intersection of Clark and Cutter, near Hays Porter Elementary and Taft Information Technology High School.

Complementary Programs/Promotions

The Y released Healthy Living mini grant applications on International Walk to School Day (October 6, 2010). Twenty Healthy Living mini-grants, with a focus on walking school buses, were announced and funded. Mini-grants were not exclusive to schools, as some community organizations were also funded. Walking school buses were held at Evanston Elementary, Rees E. Price Academy, Rockdale Academy, Sands Montessori, and Woodford Paideia Elementary.¹¹

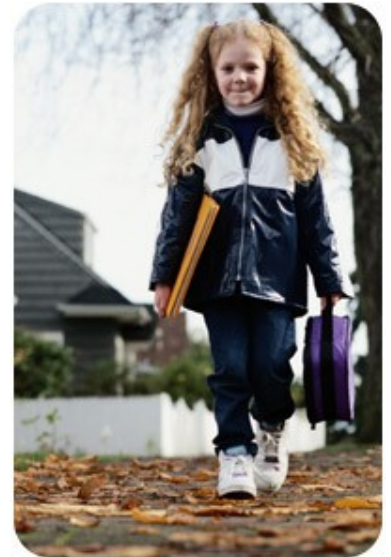
A step team was formed at Taft Elementary School as part of the district's after-school programming.

Implementation

Safe Routes to School participation was expanded within Hamilton County. Before applying for mini-grants, school districts were trained on SRTS through use of the "KidsWalk-to-School" guide published by the Centers for Disease Control and Prevention. Safe Routes to School partners provided technical assistance to 20 schools and community organizations to further SRTS efforts. ODOT provided funding and planning guidelines; Hamilton County Educational Service Center identified schools and assisted with communications; CPS school personnel (e.g., Chief Operating Officer, Supervisor of Security) and community partners (e.g., Cincinnati Police Department, Growing Well, Ohio-Kentucky-Indiana Regional Council of Governments, Cincinnati Health Department) advised on implementation; and the grant review team, which was comprised of community members, foundations, and business partners (e.g., Nutrition Council, PNC Bank, Greater Cincinnati Foundation, Parents for Public Schools) consulted on funding decisions.

Population Reach

The majority of underserved communities in Hamilton County were reached by SRTS. Approximately 26,000 students in 51 schools were walking and biking safely to school.²



Source: Cincinnati Public Schools

Challenges

Even with the tools provided by the Y and ODOT, developing a school travel plan proved to be difficult for some awarded communities. Awardees that were able to identify a “community champion” were more likely to find success than those awardees unable to identify key leadership. Champions came from a wide variety of sources (e.g., school administration, community coalitions, bicycling/walking enthusiasts), but identifying one was difficult in a community that did not have the capacity or readiness to engage in SRTS.

Lessons Learned

Of those awarded SRTS-specific planning grants, Cincinnati Public Schools provided the largest opportunity for impacting greater numbers of students, as it was the first district in Ohio to receive district-wide grant funding. Cincinnati Public Schools, functioning as the model district in Hamilton County, developed a strong network of community partners and identified community champions instrumental in the continuation of the SRTS initiative. Although implementation of SRTS grants was not measured in this objective (e.g., counts of sidewalk or bike lane improvements), partners were still able to strengthen efforts, such as appointing a full time SRTS coordinator at CPS and collaboration with the Y, useful for sustaining the program.

Sustainability

Although an over-arching sustainability plan has not been developed at the Y for SRTS initiatives, the Y was able to draft a training manual. The manual, “Safe Routes to Schools,” provides a list of local, state, and national resources with planning tools and potential funding mechanisms, as well as capacity building tools to continue engaging local residents and soliciting and retaining dedicated volunteers. Individual districts have created sustainability plans for their programs that could be mimicked by neighboring communities. For example, CPS was able to finance a position with the funds received through the district-wide grant. This person functions as the SRTS coordinator and is dedicated to overseeing the implementation and continuation of the program.

The CPS SRTS Program’s future encouragement plans include:

- Participating in National Bike to School Day.
- Continuing to incorporate SRTS content into CPS 5th quarter programming in summer 2012.
- Continuing the Taft Elementary School SRTS Step Team and establishing a SRTS Step Team at Woodford Paideia Elementary School.

SHARED USE

HCPH and the YMCA of Greater Cincinnati planned to expand access to physical activity opportunities by increasing the number of shared use agreements between communities and all 22 school districts in Hamilton County.

Policy, Practice, and Environmental Changes

The WeTHRIVE! partnership made substantial strides in introducing and encouraging communities, schools, recreation centers, playgrounds, and institutions to adopt shared use agreements. Twenty-two shared use agreements were developed with local partners and organizations across Hamilton County. The agreements varied across communities, but all addressed barriers to achieving safe, affordable, and convenient recreational facilities for children and adults to be more active.

The 22 shared use agreements were secured to increase access to physical activity and to increase healthy eating opportunities by improving access to healthy foods. Overall, ten schools, two churches, three departments of parks and recreation, and three private entities signed shared use agreements. Several communities purchased bike racks and benches. The park system purchased edible landscaping; there was an edible forest in Northside around the children's park to encourage children to eat more fruit.

The language written in the shared use policy consisted of community views incorporated into public health language. The partnership reduced the policy document from 15 pages to less than 3, making it more translatable to communities.

Complementary Programs/Promotions

In 2000, the Norwood Health Department painted a one-mile path of red footprints around every school or city building, which was designed to encourage students and city employees to be physically active. As part of the CPPW grant, the faded feet were repainted. Additionally, as part of the CPPW grant, walking paths were implemented at North College Hill, Cheviot, and Addyston.

Implementation

The policies that included "joint use of facilities" clauses were not specific in defining what joint use meant. These vague clauses simply stated that the school boards were entitled by law to enter into joint use agreements, but no existing agreements were actually identified or defined. HKHC staff and other partners worked together to establish a common definition. Using recommendations from the shared use assessment, partners were able to take the agreements and translate the language according to existing best practices (i.e., National Policy & Legal Analysis Network to Prevent Childhood Obesity [NPLAN] guidelines) in order to establish models for shared use in Hamilton County.

"Nobody was calling it the same thing so we started just cleaning as much as we could, just to get the language so that our communities felt good and our solicitors felt good and our legal departments felt good about using a language that was already established within Ohio's guidelines."-HKHC Staff

- HCPH staff provided planning and implementation support to community groups by leading training sessions and providing technical assistance. Each of the 12 community groups completed a shared use assessment tool, developed by HCPH, to identify physical activity opportunities in the community. The tool was used to assess the site's location, existing opportunities for physical activity, barriers, and benefits.

Community groups successfully applied their knowledge of the community to identify needs and prioritize opportunities, and then used their existing connections to locate local facility owners to secure shared use agreements. These agreements met residents' needs for access to physical activity facilities.

"I know in my community, when people look at gates, it's like oh you're trying to keep me out. I'm going to go in anyway and I'm going to let you know I was there."-Community Member

Population Reach

According to how the resolutions are written, there will be a taskforce at each school district. Churches were agreeable to implementing shared use changes, but they requested language that people could understand. Municipalities also desired to have shared use agreements that refrained from using legal jargon.

Challenges

Adoption of shared use agreements was a challenge. Considerable education and technical assistance was required to help communities understand how shared use was defined and to identify potential shared use opportunities. In conjunction with CPPW partners, the partnership had nine communities currently working on shared use agreements and four more slated to begin work on this strategy in the second quarter of 2012.

Schools were concerned about the liability of someone getting hurt on the school property. Researching liability clauses and insurance policies incurred a huge time cost, but the efforts did bring awareness beyond shared use for other endeavors requiring insurance policies. Looking at the existing insurance clauses led to an increase in premiums or security measures (e.g., patrol for law enforcement or lighting).

Lessons Learned

In terms of deciding which facilities to open for joint use, it was easier to encourage schools to open their outside facilities rather than inside. Initially, communities were hesitant when confronted with long policy documents. The smaller the community was, the easier it was to affect change and impact a greater number of people, that could be sustained and supported.

Sustainability

In some of the school districts, such as Cincinnati Public Schools (CPS), the recreation department is responsible for organized sports (e.g., basketball league) and play space maintenance. There is a long history of collaboration between the CPS Board of Education and the City of Cincinnati Recreation Department. With this support, these shared use agreements have the potential to be fulfilled in the future. The YMCA is working with the schools and communities to build KaBOOM!, a national non-profit that provides grants for building playgrounds within walking distance of every child in America.¹²



Source: Transtria LLC

Partnership Sustainability

According to the partnership leaders, the WeTHRIVE! initiative engaged existing and new partners in dialogue around healthy eating and active living strategies, fostered ongoing support of these strategies, and expanded the number, diversity and influence of partners working toward obesity prevention. Because of the commitment and determination to share the positive impact of and encourage policy, systems and environmental change strategies, school districts, child care centers, local funders, communities, local food advocates, planning and development agencies, businesses, and political leadership throughout Hamilton County are continuing to address chronic disease prevention with policy, systems, and environmental change strategies. Partners recognized the importance of community-centered strategies, an active regional food policy council, the inclusion of health in regional planning and development, and the benefit of true collaboration and open communication. Additionally, the scope of the partnerships expanded to include regional planning organizations, health care and health insurance agencies, local foundations, and prominent local corporations.

Future Funding

WeTHRIVE! will remain an initiative of HCPH beyond grant funding. The agency has committed general operating funds for two full-time health educators to sustain healthy eating, active living and tobacco-free policy, system, and environmental change efforts. Health educators will continue to engage and enlist additional communities through the community-based approach utilized by SAH, CPPW, and HKHC. Technical assistance and training will also continue for the existing WeTHRIVE! communities.

Child and Family Health Services grant funds from the Ohio Department of Health will continue through June 30, 2014. This funding supports one full-time health educator to work one-on-one with child care centers with implementation of the WeTHRIVE! Wellness Resolution for Child Care Centers. HCPH will apply to sustain funding for a new five-year cycle that is slated to begin July 1, 2014, and continue to June 30, 2019. Hamilton County Public Health will continue to seek additional funding to expand outreach, capacity building, and implementation of evidence-based policy and environmental change strategies in its communities.

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APPENDIX A: HAMILTON COUNTY, OH EVALUATION LOGIC MODEL

HEALTHY EATING AND ACTIVE LIVING STRATEGIES

In the first year of the grant, this evaluation logic model identified short-term, intermediate, and long-term community and system changes for a comprehensive evaluation to demonstrate the impact of the strategies to be implemented in the community. This model provided a basis for the evaluation team to collaborate with the WeTHRIVE! partnership to understand and prioritize opportunities for the evaluation. Because the logic model was created at the outset, it does not necessarily reflect the four years of activities implemented by the partnership (i.e., the workplans were revised on at least an annual basis).

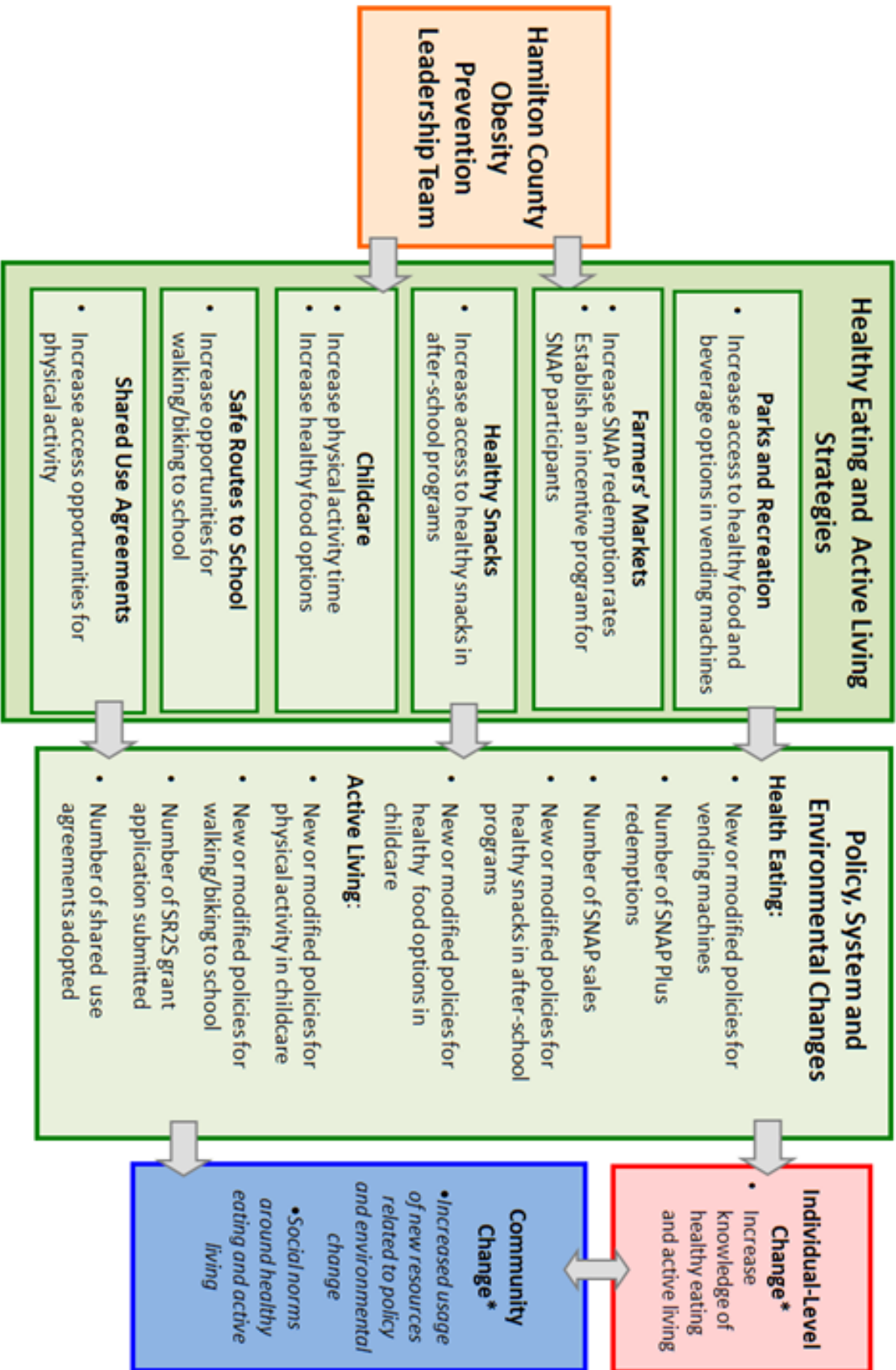
The healthy eating and active living strategies of WeTHRIVE! included:

- *Child Care Center Wellness Resolutions:* This initiative focused on enhancing the nutrition and physical activity environment in child care settings by encouraging increased access to healthier foods and beverages, limited screen time, and increased active play.
- *Safe Routes to School:* WeTHRIVE! representatives worked closely with Hamilton County school districts to implement events and programs, develop relationships with the Ohio Department of Transportation, and assist with grant applications to secure funds to develop travel plans and make infrastructure changes.
- *Shared Use:* In partnership with the YMCA of Greater Cincinnati, WeTHRIVE! designed a planning and engagement approach to secure shared use agreements with communities and churches willing to open their spaces to increase physical activity in Hamilton County.

APPENDIX A: HAMILTON COUNTY, OH EVALUATION LOGIC MODEL

Hamilton County, OH HKHC Logic Model

Revised: August 2, 2011



*Not responsibility of Community Partner to measure

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Partnership and Community Capacity Survey

To enhance understanding of the capacity of each community partnership, an online survey was conducted with project staff and key partners involved with WeTHRIVE! during the final year of the grant. Partnership capacity involves the ability of communities to identify, mobilize, and address social and public health problems.¹⁻³

Methods

Modeled after earlier work from the Prevention Research Centers and the Evaluation of Active Living by Design⁴, a 82-item partnership capacity survey solicited perspectives of the members of the WeTHRIVE! partnership on the structure and function of the partnership. The survey questions assisted evaluators in identifying characteristics of the partnership, its leadership, and its relationship to the broader community.

Questions addressed respondents' understanding of WeTHRIVE! in the following areas: partnership capacity and functioning, purpose of partnership, leadership, partnership structure, relationship with partners, partner capacity, political influence of partnership, and perceptions of community members. Participants completed the survey online and rated each item using a 4-point Likert-type scale (strongly agree to strongly disagree). Responses were used to reflect partnership structure (e.g., new partners, committees) and function (e.g., processes for decision making, leadership in the community). The partnership survey topics included the following: the partnership's goals are clearly defined, partners have input into decisions made by the partnership, the leadership thinks it is important to involve the community, the partnership has access to enough space to conduct daily tasks, and the partnership faces opposition in the community it serves. The survey was open between September 2013 and December 2013 and was translated into Spanish to increase respondent participation in predominantly Hispanic/Latino communities.

To assess validity of the survey, evaluators used SPSS to perform factor analysis, using principal component analysis with Varimax with Kaiser Normalization (Eigenvalue >1). Evaluators identified 15 components or factors with a range of 1-11 items loading onto each factor, using a value of 0.4 as a minimum threshold for factor loadings for each latent construct (i.e., component or factor) in the rotated component matrix.

Survey data were imported into a database, where items were queried and grouped into the constructs identified through factor analysis. Responses to statements within each construct were summarized using weighted averages. Evaluators excluded sites with ten or fewer respondents from individual site analyses but included them in the final cross-site analysis.

Findings

Five of the project staff and key partners involved with WeTHRIVE! completed the survey. See Partnership and Community Capacity Survey Results starting on page 27.

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APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Partnership and Community Capacity Survey

Respondent Summary

Community Partnership

Hamilton County

Respondents (n= 5)

Respondent Characteristics

Gender		Identified Race/Ethnicity				Identified Role	
Female	5	American Indian or Alaskan Native	0	Hispanic or Latino	0	Community Partnership Lead	1
Male	0	Asian	0	Not Hispanic or Latino	0	Community Partnership Partner	4
No response	0	White	2	Don't know/ Unsure ethnicity	0	Community Leader	0
Age Range		African American/ Black	3	Refused to identify ethnicity	0	Community Member	0
18-25	0	Pacific Islander/ Native Hawaiian	0	Other ethnicity	0	Public Official	0
26-45	5					Other role	0
46-65	0						
66+	0						
No response	0						

Type of Affiliated Organization

Organization Type	Count	Percentage	Order
Faith- or Community Based Organization	2	40.0%	(1)
School (district, elementary, middle, high)	0	0.0%	(2)
Local Government Agency (city, county)	3	60.0%	(3)
University or Research/Evaluation Organization	0	0.0%	(4)
Neighborhood Organization	0	0.0%	(5)
Advocacy Organization	0	0.0%	(6)
Health Care Organization	0	0.0%	(7)
Child Care or Afterschool Organization	0	0.0%	(8)
Other	0	0.0%	(10)
No response	0	0.0%	(999)

A donut chart with two segments: a blue segment representing 2 (40.0%) and a red segment representing 3 (60.0%). A legend to the right shows a blue square for '1' and a red square for '3'.

Partnership and Community Capacity Data

Provision of required space and equipment

Participants provided level of agreement to statements indicating the community partnership provided adequate space, equipment, and supplies to conduct business and meetings.

Strongly agree	13.33%	Strongly disagree	6.67%
Agree	53.33%	I don't know	20.00%
Disagree	6.67%	No response	0.00%

Partner skills and communication

Participants provided level of agreement to statements supporting partner skills and ability to communicate with and engage multiple types of people (e.g., public officials, community leaders).

Strongly agree	20.00%	Strongly disagree	0.00%
Agree	72.73%	I don't know	7.27%
Disagree	0.00%	No response	0.00%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

Community and community members			
Participants provided level of agreement to statements suggesting the communities are good places to live, and that community members are helpful, can be trusted, and share the same goals or values.			
Strongly agree	3.64%	Strongly disagree	0.00%
Agree	80.00%	I don't know	14.55%
Disagree	1.82%	No response	0.00%
Partner and community involvement			
Participants provided level of agreement to statements indicating partners and the community were actively involved in partnership activities, meetings, and decisions.			
Strongly agree	20.00%	Strongly disagree	0.00%
Agree	52.00%	I don't know	8.00%
Disagree	20.00%	No response	0.00%
Partner and partnership development			
Participants provided level of agreement to statements suggesting the partnership and its partners seek ways learn, develop, and enhance sustainability.			
Strongly agree	8.00%	Strongly disagree	0.00%
Agree	80.00%	I don't know	0.00%
Disagree	12.00%	No response	0.00%
Partnership structure, organization, and goals			
Participants provided level of agreement to statements suggesting partnership has processes in place related to structure, meeting organization, and goals.			
Strongly agree	3.33%	Strongly disagree	0.00%
Agree	46.67%	I don't know	30.00%
Disagree	20.00%	No response	0.00%
Relationship between partners and leadership			
Participants provided level of agreement to statements indicating the leadership and partners trust and support each other.			
Strongly agree	0.00%	Strongly disagree	0.00%
Agree	85.00%	I don't know	5.00%
Disagree	10.00%	No response	0.00%
Community members intervene			
Participants provided level of agreement to statements indicating that community members can be counted on intervene in instances where someone is disrespectful, disruptive, or harmful to another community member.			
Strongly agree	6.67%	Strongly disagree	13.33%
Agree	60.00%	I don't know	13.33%
Disagree	6.67%	No response	0.00%
Leadership motivation			

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

Participants provided level of agreement to statements suggesting the leadership is motivated to help others, work with diverse groups, shows compassion, and follows through.

Strongly agree	40.00%	Strongly disagree	0.00%
Agree	55.00%	I don't know	0.00%
Disagree	5.00%	No response	0.00%

Community member and partner participation

Participants provided level of agreement to statements indicating that community members and partners have opportunities to serve in leadership roles and participate in group decision-making.

Strongly agree	0.00%	Strongly disagree	0.00%
Agree	40.00%	I don't know	33.33%
Disagree	20.00%	No response	6.67%

Involvement in other communities

Participants provided level of agreement to statements suggesting leadership and partners are involved in other communities and various community groups, and help communities work together.

Strongly agree	10.00%	Strongly disagree	0.00%
Agree	80.00%	I don't know	10.00%
Disagree	0.00%	No response	0.00%

Community member willingness to assist

Participants provided level of agreement to statements suggesting most community members help neighbors and solve community problems. It also suggested some community members may take advantage of others.

Strongly agree	20.00%	Strongly disagree	0.00%
Agree	65.00%	I don't know	15.00%
Disagree	0.00%	No response	0.00%

Core leadership and leadership skills

Participants provided level of agreement to statements suggesting the community partnership has a core leadership group organizing efforts, and that leaders have the skills to help the partnership achieve its goals.

Strongly agree	10.00%	Strongly disagree	0.00%
Agree	80.00%	I don't know	0.00%
Disagree	10.00%	No response	0.00%

Partner motivation

Participants provided level of agreement to statements indicating that partners won't give up in their efforts to create change and increase sense of community through the partnership.

Strongly agree	0.00%	Strongly disagree	0.00%
Agree	100.00%	I don't know	0.00%
Disagree	0.00%	No response	0.00%

Visibility of leadership

Participants provided level of agreement to statements suggesting the leadership is known in the community and works with public officials.

Strongly agree	0.00%	Strongly disagree	0.00%
Agree	90.00%	I don't know	10.00%
Disagree	0.00%	No response	0.00%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

Leadership lives in the community				
Participants provided level of agreement to a statement indicating that at least one member of the leadership resides within the community.				
Strongly agree	0.00%	Strongly disagree	0.00%	
Agree	20.00%	I don't know	40.00%	
Disagree	20.00%	No response	20.00%	
Leadership has a respected role in the community				
Participants provided level of agreement to a statement that suggests at least one member of the leadership team has a respected role in the community.				
Strongly agree	0.00%	Strongly disagree	0.00%	
Agree	80.00%	I don't know	20.00%	
Disagree	0.00%	No response	0.00%	
Community partnership initiatives are known				
Participants provided level of agreement to a statement suggesting that community members are aware of the partnership's initiatives and activities.				
Strongly agree	20.00%	Strongly disagree	0.00%	
Agree	40.00%	I don't know	0.00%	
Disagree	40.00%	No response	0.00%	
Division of resources				
Participants provided level of agreement to a statements suggesting that resources are equally divided among different community groups (e.g., racial/ethnic, lower income).				
Strongly agree	0.00%	Strongly disagree	0.00%	
Agree	80.00%	I don't know	20.00%	
Disagree	0.00%	No response	0.00%	

APPENDIX C: WeTHRIVE! PARTNER LIST

Members of WeTHRIVE!	
Organization/Institution	Partner
Civic Organization	North Avondale Neighborhood Association (HKHC)
	Madisonville Community Council (CPPW)
	Roselawn Community Council (CPPW)
	Northside Community Council (CPPW)
	Avondale Community Council (CPPW)
	College Hill Community Council (CPPW)
	Connecting Active Communities Coalition to Civic Organization
Government	Cincinnati City Council
	City of Cincinnati Vice-Mayor
	Ohio Department of Transportation
	Hamilton County Regional Planning Commission
	Hamilton County Public Health - WeTHRIVE!*
	Village of Addyston (CPPW)
	City of Cheviot (CPPW)
	Village of Cleves (CPPW)
	Village of North Bend (HKHC)
	City of Norwood (CPPW)
	Village of Lincoln Heights (SAH)
	Village of Lockland (SAH)
	Village of Woodlawn (SAH)
	City of North College Hill (CPPW)
	City of Wyoming (CPPW)
Amberley Village (CPPW)	
Other Community-Based Organizations	Gabriel's Place
	Green Umbrella
	Nutrition Council of Greater Cincinnati
	The Center for Closing the Health Gap
	Our Harvest
	YMCA of Greater Cincinnati
Other Research/Evaluation Organization	Children's Hospital Medical Center-Child Policy Research Center
Other Youth-Based Organization	CincyAfterSchool
Schools/Universities	Cincinnati Public Schools
	Lockland City School District
	University of Cincinnati
	Princeton City Schools

*Denotes the lead agency for the grant

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Sources of Revenue			
Community Partnership	Hamilton County		
Resource source	Year	Amount	Status
Business			
Matching funds			
	2012		Annual total
		\$250.00	Approved
			\$250.00
Sum of revenue generated by resource source		\$250.00	
Local government			
Matching funds			
	2010		Annual total
		\$21,500.71	Accrued
		\$2,400.00	Accrued
		\$7,564.33	Accrued
		\$1,495.95	Accrued
	2011		Annual total
		\$9,848.93	Accrued
		\$44,625.00	Accrued
	2012		Annual total
		\$3,567.00	Accrued
		\$100,000.00	Accrued
	2013		Annual total
		\$2,500.00	Approved
Sum of revenue generated by resource source		\$193,501.92	
State government			
Other			
	2011		Annual total
		\$300,000.00	Accrued
Sum of revenue generated by resource source		\$300,000.00	
National government			
Matching funds			
	2010		Annual total
		\$23,128.98	Accrued
	2011		Annual total
			\$225,604.00

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Hamilton County		
Resource source		Amount	Status
		\$225,604.00	Accrued
Sum of revenue generated by resource source	\$248,732.98		
Foundation	Year		
	HKHC funds		
	2009		Annual total \$59,090.92
		\$48,863.35	Accrued
		\$302.53	Accrued
		\$2,902.49	Accrued
		\$4,292.41	Accrued
		\$1,380.61	Accrued
		\$1,349.53	Accrued
	2010		Annual total \$73,438.46
		\$67,940.11	Accrued
		\$3,082.14	Accrued
		\$871.46	Accrued
		\$1,544.75	Accrued
	2011		Annual total \$79,717.73
		\$74,336.73	Accrued
		\$2,048.92	Accrued
		\$3,332.08	Accrued
	2012		Annual total \$135,688.00
		\$35,588.00	Accrued
		\$38,849.00	Accrued
		\$3,522.00	Accrued
		\$2,360.00	Accrued
		\$48,677.00	Accrued
		\$4,270.00	Accrued
		\$2,422.00	Accrued
	Matching funds		
	2010		Annual total \$350.00
		\$350.00	Accrued
	2011		Annual total \$350.00

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership		Hamilton County		
Resource source			Amount	Status
			\$350.00	Accrued
	2012			Annual total
				\$50,000.00
			\$50,000.00	Approved
Sum of revenue generated by resource source			\$398,635.11	
Non-profit organization		Year		
	Matching funds			
		2009		Annual total
				\$19,999.85
			\$4,550.00	Accrued
			\$5,000.00	Accrued
			\$5,000.00	Accrued
			\$600.00	Accrued
			\$1,000.00	Accrued
			\$1,100.00	Accrued
			\$2,749.85	Accrued
		2010		Annual total
				\$69,223.95
			\$60,723.95	Accrued
			\$2,700.00	Accrued
			\$5,800.00	Accrued
		2011		Annual total
				\$369,686.00
			\$158,923.00	Accrued
			\$9,300.00	Accrued
			\$201,463.00	Accrued
		2012		Annual total
				\$62,700.00
			\$25,000.00	Accrued
			\$5,000.00	Accrued
			\$10,000.00	Approved
			\$20,000.00	Approved
			\$2,700.00	Accrued
Sum of revenue generated by resource source			\$521,609.80	
Grand Total				\$1,662,729.81

APPENDIX E: CHILD CARE CENTER POPULATION REACH

Neighborhood	Child Care Center	Reach
Amberley Village	Inspirational Multi-Level Learning Center	146
	JCC Early Childhood	156
Anderson	KinderCare #738	99
Avondale	Wesley Education Center for Children and Families	117
Blue Ash	Childtime Learning Center	75
	Gingerbread Academy	218
	KinderCare #150	140
	Youthland Academy	156
Camp Washington	Cincinnati Union Bethel Early Learning Academy	180
Cheviot	Youthland Academy Cheviot	195
Clifton	Crossroads cChild Development Center	69
Colerain	All in the Family Child Care Learning Center	35
	KinderCare #737	100
	Total Quality Child Care Center	110
	Tree House Child Care	49
	Waverly's Hope Child Care LLC	49
	Youthland Academy of Colerain	232
College Hill	Hilmon School	204
Corryville	Willow Tree House Daycare	34
Delhi	Biederman Educational Center	145
Finneytown	Alphabet Academy	40
Forest Park	Agape Children's Learning Center	203
	Future Leaders Learning Center	50
	Gentle Lamb's Daycare Center	58
	KinderCare #271	116
	Sharon Hill Preschool and Day Care	141
	Youthland Academy Forest Park	172
Greenhills	Learning Garden Academy	43
Harrison	Hilltop Preschool and Child Care	102
	KinderCare #733	104
Kennedy Heights	Kennedy Heights Montessori Center	80
Lincoln Heights	Character Impressions CDC	54
	Little Ark of Life Learning Center	28
	Nurturing PIES	25
Lockland	Little Learners I	37
	Little Learners II	68
Loveland	KinderCare #552	116
	Youthland Academy Loveland	219
Lower Price Hill	Water Lily Learning Center, LLC	39
Millvale	Amicus Children's Learning Center	41
	Cincinnati Union Bethel Early Learning Academy	85

APPENDIX E (continued): CHILD CARE CENTER POPULATION REACH

Neighborhood	Child Care Center	Reach
Montgomery	Youthland Academy Montgomery	66
Mt. Airy	Murray-Hill Academic Preparatory Center	44
Mt. Healthy	Champions North Elementary	114
	Champions North Preschool	24
	Champions South Elementary	54
	KinderCare #422	137
	Trinity Child Care	29
	Youthland Academy Mt. Healthy	149
Newtown	Youthland Academy Newtown	128
North College Hill	Cincinnati Union Bethel Early Learning Academy	99
Northbend	Youthland Academy Northbend	157
Norwood	Youthland Academy Norwood	195
Oakley	Children’s Home of Cincinnati Preschool	36
Pleasant Ridge	Youthland Academy Pleasant Ridge	149
Price Hill	Youthland Academy- Price Hill	130
Sharonville	Biederman Educational Center	142
	Imagination Creation	72
	Little Miracles Child Development Center	98
	Youthland Academy-Sharonvile Enrichment Center	94
Silverton	Silverton School Age Program	90
Springdale	KinderCare #421	214
Symmes Township	KinderCare #1561	175
Walnut Hills	A Better Place Learning Center	119
	Divine Day Care Center I	30
	Divine Day Care Center II	73
	Walnut Hills School Age Child Care at Melrose YMCA	36
	Wynn Child Development Center	43
West End	Visions Day Care and Teen Support Center	104
Westbourne	Biederman Educational Center	141
Westwood	Alphabet Junction Inc.	143
	Midway School Age Program	36
	Westwood United Methodist Church Preschool	95
Winton Hills	Amicus Children’s Learning Center	41
	Cincinnati Union Bethel Early Learning Academy	72
Woodlawn	Barbara’s Day Care	28
	Just 4 Kids	64
	Lawson Valley Daycare	54
	Tender Care Child Development, Inc.	116
TOTAL POPULATION REACH		7,921