



2020 HPCD MINI-GRANT EVALUATION REPORT

West Virginia Bureau for Public Health
Division of Health Promotion and Chronic Disease (HPCD)

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Developed by the West Virginia Prevention Research Center

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Executive Summary

West Virginia has among the highest rates of obesity, cardiovascular disease, diabetes, and cancer in the United States. These public health challenges combined with lower levels of educational attainment suggest that West Virginia will continue to experience disparities in health compared to other states.

A community-driven approach to health promotion that engages key stakeholders is widely recognized as an effective way to prevent or reduce the impact of chronic disease. Given this approach, the Division of Health Promotion and Chronic Disease (HPCD) at the West Virginia Bureau for Public Health (WVBPH) draws on multiple funding sources to administer mini-grants to schools, worksites, university departments, community groups, and clinical entities throughout West Virginia.

The HPCD Mini-Grant Program specifically addresses obesity and the prevention and management of chronic disease. Consistent with available evidence and best practices, the HPCD Mini-Grant Program encourages grant recipients to implement policy, systems, and environmental (PSE) changes to promote physical activity, fruit and vegetable consumption, reduced sugar-sweetened beverages, increased water intake, and tobacco control. The 2020 application process was implemented by the Office of Health Services Research (OHSR), Mountains of Hope Cancer Coalition (MOH), the West Virginia Primary Care Association (WV PCA), the Center for Active West Virginia (CAWV), and Active Southern West Virginia (ASWV). These grant facilitators screened and awarded grants from applicants throughout the state. Please see [Appendix 1](#) for an infographic on the relationship between HPCD, mini-grant facilitating organizations, and mini-grant recipients.

This report has the following purposes related to the HPCD Mini-Grant Program:

1. Evaluate the administration and impact (e.g., reach) of the mini-grant program on PSE changes reported by recipients of mini-grants.
2. Describe participation in CDC's Work@Health program, results from a worksite ScoreCard, and the use of "Good Example Contracts" in organizations.
3. Describe how grant recipients addressed health equity in their efforts.
4. Describe if and how grant recipients used the West Virginia Health Connection.
5. Describe if and how much money grant recipients spent in West Virginia and whether other sources of funding or in-kind donations were secured, and describe attempts to sustain the funded projects.
6. Provide summary recommendations to HPCD about the mini-grant application process.

Methods of Evaluation

The West Virginia Prevention Research Center (WVPRC) conducted a participatory evaluation process that involved both primary and secondary data analysis. Primary data were collected from ASWV and CAWV grant recipients. Surveys were developed in consultation with ASWV and CAWV, who then administered the surveys to the grant recipients. The grant recipients completed their responses by mid-July 2020. The WVPRC staff created reports for ASWV and CAWV with descriptive methods of analysis.

The West Virginia Primary Care Association (WVPCA), another mini-grant facilitating organization, collected data and shared summary data on their mini-grant recipients. Secondary data analysis involved reviewing applications from all grant recipients and reviewing the final report from the WVPCA and other project-related information (e.g., CDC ScoreCard results from ASWV recipients and funding information for each grant recipient, maintained by HPCD).

The evaluation team developed review templates for mini-grant applications, a logic model for all activities, and evaluation questions that were entered into Qualtrics Survey Systems.

Results

Due to COVID-19, many of the mini-grant recipients reported significant disruptions in implementation. However, most recipients completed some aspects of their projects with documented successes. These successes included walking and wellness challenges, development of new trails, and installation of outdoor playgrounds, among others.

A total of 105 policy, systems, and environmental (PSE) changes were implemented for both ASWV and CAWV. In addition to the PSE changes reported by ASWV and CAWV, WVPCA reported 21 environmental changes.

The project reach for ASWV grant recipients was 498 people in terms of direct impact. An additional 520 people, such as family, friends, and community members, may have been indirectly impacted. Questions about reach were not suitable for the projects funded by CAWV, due to the challenges of measuring reach attributed to environmental changes. WVPCA reported reaching 7,100 students.

Changes in worksite practices reported by ASWV grant recipients included all organizations having at least one CDC Work@Health certified employee. Most worksites scored low on the CDC Worksite Health ScoreCard, indicating future growth opportunities. Finally, ASWV grant

recipients reported the implementation of 25, 20, and 4 Good Example Contract components in worksites for food and beverage intake, physical activity, and tobacco control, respectively.

Most organizations funded through ASWV and CAWV did not specifically address issues of health equity in their programs, except for one grant recipient whose funds were dedicated to improving park access for individuals with disabilities. As a result, health equity was noted as an opportunity for education and future growth.

One of the objectives of the HPCD Mini-Grant Program was to increase the reach and usage of West Virginia Health Connection (WVHC). In order to achieve this goal, all mini-grant recipients were asked to engage with WVHC. Types of engagement included registering their organization with WVHC, participating in webinars, attending ongoing meetings, and entering formal agreements. Eleven grant recipients engaged with WVHC, five did not, and thirteen would like additional support.

Of the \$66,523 awarded through ASWV and CAWV, a total of \$28,995.75 was spent in West Virginia by mini-grant recipients. The funds were spent on goods and services from local vendors. Recipients reported securing numerous sources of leveraged funding to expand on their original plans. Nearly all mini-grant recipients from ASWV and CAWV reported efforts to sustain their projects.

Discussion and Recommendations

The HPCD Mini-Grant Program appears to be well poised to address its primary goals: to decrease the prevalence of obesity and improve key chronic disease indicators. Moving forward, there should be continued efforts to improve the HPCD Mini-Grant Program by streamlining the application and reporting processes.

Introduction

West Virginia (WV) residents experience enormous burdens related to chronic disease. Compared to the rest of the United States population, West Virginia has a disproportionate number of adults with cancer, heart diseases, diabetes, and obesity.^{1,2} West Virginia also has among the highest rates of physical inactivity and poor nutrition.^{1,2} These chronic diseases are compounded by economic conditions, lower levels of educational attainment, and the state's geography which include pockets of rural communities with lower levels of access to health care opportunities.^{3,4} These observations suggest that, without comprehensive interventions that address policy, systems and environmental changes, West Virginia will continue to experience inter-generational public health challenges.

WV Bureau for Public Health Division of Health Promotion and Chronic Disease (HPCD)

HPCD has a long history of working with academic, community, and clinical partners to address the burden of chronic disease in West Virginia. Recent efforts by the Division have been to create a more uniform approach for mini-grant processes across categorical funding sources. Specifically, HPCD began the implementation of a uniform approach to their mini-grant programs to incorporate five components in every funding mechanism, regardless of the funding purpose. These components, known as the “5 Asks” are:

1. Implementing policy, systems, and environmental (PSE) changes;
2. Committing to organizational changes by setting Good Example Contracts;
3. Promoting health equity by addressing health disparities;
4. Joining WV Health Connection and promoting programs and referrals; and
5. Incorporating sustainability planning.

5 Asks

PSE changes: Policy, systems, and environmental changes, or PSE changes, focus on addressing the context within which chronic disease risk behaviors occur.⁵ PSE changes are based on a social ecological model⁶ of health behavior, which is a multilevel approach that promotes upstream (e.g., policy, organizational and community levels) strategies rather than focusing solely on the individual level.⁷ PSE changes may include adopting legislation to ban tobacco use, implementing system changes at a worksite to allow physical activity breaks during the workday, improving the built environment by building trails to promote walkability, or creating community gardens to increase access to affordable local produce. As PSE changes are a

foundational aspect of HPCD’s Mini-Grant Program, mini-grant recipients were expected to implement PSE changes in their projects.

Good Example Contract: The Good Example Contract is a list of simple changes that organizations can implement to model healthy practices. These are often referred to as “small p policies” and focus on organizational guidelines and social norms versus “big P policies” enacted by elected officials.^{8,9} Good Example Contract examples include providing alternatives to sugar-sweetened drinks, promoting local foods, adopting written policies or informal agreements to make healthy foods available, allowing physical activity breaks during the workday, and posting signage to promote use of stairs. The genesis for including the Good Example Contract in the HPCD Mini-Grant Program is a grassroots statewide organization called Try This WV (trythiswv.com), which created and successfully used the Good Example Contract in their mini-grant applications since 2016. HPCD encouraged mini-grant recipients to commit to implementing some organizational practices focused on food and beverage intake, physical activity, and tobacco control, then provided a list of suggested strategies.

Health equity: Mortality rates and prevalence of chronic diseases vary greatly among different population groups. Hence, reducing these disparities is a major public health priority and an underlying principle of healthy equity.^{10,11} Studies suggest that one way to improve chronic disease-related disparities is to make health equity a documented part of chronic disease prevention practice.¹² Therefore, an explicit component of the HPCD Mini-Grant Program included promoting health equity. In their applications, mini-grant recipients were asked to articulate how their proposed projects would address health disparities.

WV Health Connection: West Virginia Health Connection (WVHC) is a system that facilitates community-clinical linkages by connecting healthcare providers to local chronic disease prevention services and patients to health-promotion programs. Community-clinical linkages are an effective approach to preventing and controlling chronic diseases.¹³ HPCD encouraged mini-grant recipients to register with WVHC and to use the technical assistance and resources provided by WVHC.

Sustainability: Ensuring the sustainability of public health interventions is challenging but critical.¹⁴ Developing sustainability strategies throughout the planning phase of a public health intervention is highly recommended.¹⁵ HPCD expected mini-grant recipients to articulate clear and succinct sustainability plans for their efforts beyond the mini-grant funding cycle.

More detailed information about the 5 Asks can be found in [Appendix 2](#).

Grant Facilitating Organizations

HPCD engaged the Center for Active West Virginia (CAWV), Active Southern West Virginia (ASWV), The WVU Office of Health Services Research (OHSR), West Virginia Primary Care Association (WVPCA), and the Mountains of Hope Cancer Coalition (MOH) to facilitate the various mini-grant mechanisms.

WV Prevention Research Center

The West Virginia Prevention Research Center (WVPRC) has a long-standing relationship with HPCD. This relationship has focused largely on evaluation of programmatic activities and community-based initiatives conducted by HPCD throughout West Virginia. The WVPRC's role as evaluator is to help ensure that programs funded by HPCD are based on public health science, responsive to communities, and accountable to state policy makers. This report is focused on evaluation activities of the HPCD Mini-Grant Program, which included partner agencies throughout West Virginia. The evaluation team on this report included Peter Giacobbi, Jr., Ph.D., Leesa Prendergast, M.S., Nancy O'Hara Tompkins, Ph.D., and Neel Rao, B.S.

Methods of Evaluation

The WVPRC team engaged in a participatory evaluation process that involved frequent meetings with stakeholders to develop an evaluation focus. The WVPRC team developed a spreadsheet to summarize the grant applications across all HPCD Mini-Grant funding mechanisms, which included a project summary, proposed measures, anticipated reach, outputs, and proposed outcomes. We then conducted a content analysis of each grant application and entered this information into the spreadsheet. This allowed the team to develop the logic model shown in [Figure 1](#).

The WVPRC developed year-end surveys specifically for ASWV and CAWV mini-grant recipients. The surveys included questions about the possible impacts of COVID-19. The main portion of the surveys asked respondents to indicate their objectives, highlighted activities, reach, and target population. There were also questions about the 5 Asks: PSE changes, Good Example Contract, engagement with West Virginia Health Connection, health equity, and sustainability.

The surveys were administered using the Qualtrics Survey System. Participants were sent a web link to the survey from their grant facilitators (ASWV and CAWV). Recipients were required to complete the entire survey in one session. The complete surveys are available upon request, but the questions are included below in the results sections. This report provides the findings from the surveys.

The remaining organizations, e.g., West Virginia Primary Care Association, conducted their own evaluations. The WVPRC extracted data (e.g., reach and PSE changes) from their final report for inclusion in this report.

The WVPRC team also noted inconsistencies in the grant application processes during the content analysis. This information was summarized and presented to HPCD in Spring 2020.

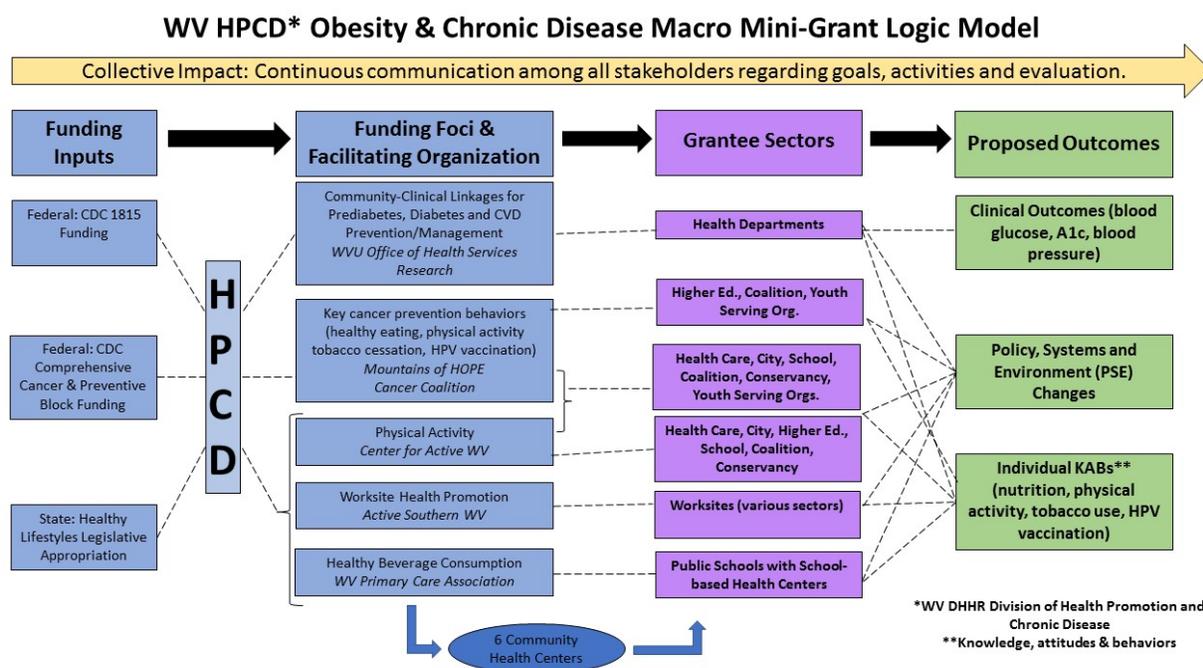
HPCD Mini-Grant Program

Each year, HPCD administers mini-grants, which enable them to braid federal and state funding from multiple categorical sources for obesity prevention and chronic disease prevention and management.¹⁶ As shown in [Figure 1](#), the stakeholders included HPCD, various funding and facilitating organizations, local health departments, and community-based organizations. The HPCD Mini-Grant Program is guided by the principles of *Collective Impact*, an approach that brings together diverse stakeholders with common values and goals with shared measurement, mutually reinforcing activities, and continuous communication.¹⁷

Macro Logic Model

The WVPRC team reviewed each of the grant proposals funded and developed a series of nested logic models to convey the projected activities, outputs, and outcomes of the 2019-2020 HPCD Mini-Grant Program. Nested logic models are useful for depicting complex initiatives such as the HPCD Mini-Grant Program.¹⁸⁻²⁰ We first created a macro logic model (see Figure 1) to provide a big picture view of the HPCD Mini-Grant Program and then developed specific logic models for each of the mini-grant focus areas: community-clinical linkages, key cancer prevention behaviors (healthy eating, physical activity, non-tobacco use, HPV vaccination), community physical activity, worksite health promotion, and healthy beverage consumption (see [Appendix 3](#)). These nested logic models were sent to mini-grant facilitating organizations for feedback. The following section describes the components of the macro logic model.

Figure 1 – HPCD Macro Logic Model with Funding Inputs, Foci, Facilitating Organizations, Grantee Sectors, and Outcomes



Inputs

HPCD receives funding from both federal and state sources for obesity prevention and chronic disease prevention and management. The CDC 1815 Grant/Cooperative Agreement focuses on

Community-Clinical Linkages for prediabetes, diabetes, and cardiovascular disease (CVD) prevention and management. HPCD also receives funding from CDC for cancer and uses two sources to fund cancer prevention mini-grants: Comprehensive Cancer and Preventive Block grants. Finally, the West Virginia Department of Health and Human Resources (DHHR) received a state appropriation of \$1,000,000 in 2019 from the West Virginia Legislature for Healthy Lifestyles.²¹ Of that amount, half went to HPCD for obesity and chronic disease prevention and management. The money dispersed to each of the funding agencies by HPCD is described below and shown in [Table 1](#).

Funding Foci, Grant Facilitating Organizations, and Grantee Sectors

As noted above, there were five mini-grant focus areas: Community-Clinical Linkages, Key Cancer Prevention Behaviors (healthy eating, physical activity, non-tobacco use, HPV vaccination), Community Physical Activity, Worksite Wellness, and Healthy Beverage Consumption. The following provides a brief description of the HPCD mini-grant facilitating organizations and their focus areas.

- **ASWV, Worksite Wellness:** ASWV is a nonprofit that builds an ecosystem of physical activity for residents of southern West Virginia by offering programs led by trained leaders from within the communities they serve. ASWV facilitated the process of funding 14 mini-grants to worksites to improve worksite policies and practices. ASWV dispersed \$13,615 to worksites throughout West Virginia.
- **MOH, Key Cancer Prevention Behaviors:** MOH is West Virginia's Comprehensive Cancer Coalition, comprised of more than 200 health care professionals, volunteers, cancer survivors, and community advocates. MOH facilitated the process of directly funding 3 mini-grants, dispersing \$9,906 to organizations, and coordinated funding with the CAWV to support community physical activity mini-grants – see [Table 1](#) below.
- **CAWV, Physical Activity:** CAWV is a unit in the WVU College of Physical Activity and Sports Sciences, that houses the West Virginia Physical Activity Plan. The CAWV facilitated the process of directly funding 12 mini-grants and dispersed \$52,908. However, one recipient, Oak Hill, was not able to implement their project and returned the funds. CAWV and MOH also collaboratively funded an additional 10 physical activity mini-grants for a total of \$27,940.
- **WVPCA, Healthy Beverage Consumption:** The WVPCA is a private non-profit membership organization that represents safety-net health care providers. The WVPCA facilitated the process of linking six Community Health Centers with 21 school-based health centers to implement the Rethink Your Drink campaign. A total of \$42,000 was dispersed by the WVPCA.

- OHSR, Community-Clinical Linkages:** OHSR provides quality of care improvement, health analytics, evaluation, practice-based research, applied research support, and coaching to health systems and community-based organizations to help address priority health conditions and concerns. OHSR provided technical assistance to 5 local health departments for implementation of the clinical and community linkage model for prediabetes, diabetes and CVD prevention and management. A total of \$50,000 was dispersed for these efforts.

Table 1 displays the number of funded organizations by sector across all grant facilitating organizations described above. The remainder of this report will focus on specific evaluation methods and results for two organizations: ASWV and CAWV, for which the WVPRC team received funding to evaluate.

Table 1 – Mini-Grant Funds Across All Focus Areas/Grant Facilitating Organizations

Sector	Worksite Wellness (ASWV)	Key Cancer Prevention Behaviors (MOH)	Physical Activity (CAWV)	Physical Activity (CAWV + MOH)	Healthy Beverage Consumption (WVPCA)	Community-Clinical Linkages (OHSR)	Total
Local Health Departments	3	0	0	0	0	5	8
Health Care	3	0	4	1	0	0	8
Higher Education	3	1	1	0	0	0	5
Regional/County Orgs.	2	0	0	0	0	0	2
City Gov't	1	0	3	1	0	0	5
Schools	1	0	1	1	21	0	24
Coalition/Community Collaborative	0	1	1	2	0	0	4
Conservancies/Foundations	1	0	2	3	0	0	6
Youth Serving Orgs.	0	1	0	2	0	0	3
Total # Grantees Funded	14	3	12	10	21	5	65
Total Awarded to Grantees	\$13,615	\$9,906	\$52,908	\$27,940	\$42,000	\$50,000	\$196,369

ASWV funded 14 mini-grant recipients focusing on health behaviors, policies related to healthy eating and drinking, physical activity, and overall wellness in the workplace.

Projects across the 14 grant recipients focused on increased fruit and vegetable consumption (6 grant recipients), increased walking/steps (6), increased physical activity (12), increased water consumption (7), and reduced consumption of sugar sweetened beverages (6). Priority populations included children (2), families (4), adults (8), older adults (1), healthcare providers (4), and workplace employees (14). What follows are discussions about the impact that COVID-19 had on grant recipients, along with highlights by the ASWV mini-grant recipients.

Disruptions Due to COVID-19

Disruptions due to COVID-19 included the inability to meet in public places for various community events, shifts in staffing responsibilities, postponing in-person events, and challenges related to purchasing goods and services needed for the proposed projects. Nevertheless, the grant recipients made tremendous efforts to modify their proposed projects to accommodate these unusual and challenging times. These efforts included conducting Zoom meetings, circulating digital newsletters, increasing email contact, and rescheduling events. Many recipients reported completing activities before disruptions. For example, Fairmont State University (FSU) completed much of their work prior to the pandemic.

Funding Purposes and Highlights of ASWV Grant Recipients

Beckley Sanitary Board (BSB)

The BSB was funded to build a community garden (Project Seed Bed), conduct Lunch and Learn activities, and increase physical activity and fruit and vegetable intake among employees and the local community. The BSB reported that the Wellness Program Coordinator, in conjunction with a WVU Extension Agent, conducted a Lunch & Learn gardening event for beginners. The community garden project is ongoing - while the garden has not been constructed yet, many of the materials for the garden have been purchased. In addition, the BSB drafted designs for their community garden, and sent out a digital survey to select the final design: the survey received 16 responses.

Cabell Huntington Health Department (CHHD)

The CHHD was funded to increase physical activity and implement healthy policies and practices such as walking meetings, healthy food meetings, employee wellness challenge on stairwells, and West Virginia Public Employees Insurance Agency (PEIA) education on stress management and back care. They used the results of the CDC ScoreCard survey ([discussed below](#)) to send emails to employees focused on a variety of topics such as virtual class calendars, self-care strategies, and opportunities for health and wellness in the community using virtual approaches. The CHHD surveyed employees about stair usage, provided a healthy cooking demonstration with Marshall University Dietetics students, and completed an educational workshop on back care with Marshall Physical Therapy.

Conservation Legacy

Conservation Legacy was funded to increase physical activity by creating step challenges and installing bike pedals on desks, and to conduct Lunch and Learn events with cooking demonstrations. Like other organizations, these activities were modified due to COVID-19. A step challenge was changed to a water challenge and staff were provided with regular mental health check-in options and resources. Prior to COVID-19 disruptions, Conservation Legacy reported the purchase of bike desks and were able to reduce sugar-sweetened beverages at lunch events.

Coplin Health System (CHS)



CHS Healthy Movement Protocol

help employees improve ergonomics at work and adopted the healthy eating and movement protocol.

The CHS was funded to increase physical activity and exercise classes for employees, family and friends and to develop a healthy movement protocol for employees. However, this could not be accomplished due to gym and business closures during COVID-19. Instead, the CHS integrated healthy movement activities in virtual meetings, formed a health promotion committee, and certified two individuals in the CDC Work@Health training program. The CHS also developed videos to

Fairmont State University (FSU)

FSU was funded to increase hydration, map distance and trails in the area, and install lactation rooms.

Water bottle filling stations were installed, and there is ongoing data collection related to usage at 16 locations on the FSU campus. FSU reported that much of their funding has not been spent, but there are plans in place to print posters to promote hydration practices. FSU reported posting signage in several places throughout campus. In addition, FSU completed walkability assessments with help from students in an

Urban Geography class. Based on this assessment, they created a walkability guide that is now available to the campus community.



FSU Bottle Filling Station

Kanawha-Charleston Health Department

The Kanawha-Charleston Health Department was funded to increase physical activity among employees and to promote health and wellness during regularly scheduled meetings. The health department reported purchasing hand-held weights, bath scales, fitness trackers, or yoga mats for employees. Employees were also encouraged to track their daily step count.

McDowell County Commission on Aging (MCCA)



MCCA Rethink Your Drink

MCCA was funded to increase physical activity, develop a walking challenge, offer stress management classes, and initiate a 'Rethink Your Drink' campaign. Some of these activities were postponed due to COVID-19. However, MCCA reported the completion of a step challenge, and hosted a Rethink Your Drink event where 20 participants committed to drinking 8 glasses a day for a month. Through their employee physical activity challenge, 8 employees completed 14,010 minutes of physical activity over a 10-week period. In addition, MCCA developed an online stress management workshop.

Mid-Ohio Valley Health Department (MOVHD)

The MOVHD was funded to increase physical activity with pedal bikes under desks and stationary bikes, and to conduct monthly educational Lunch and Learns. They reported having purchased pedal bikes. They also reported completing challenges to increase water consumption and fruit and vegetable consumption.

New River Community Technical College

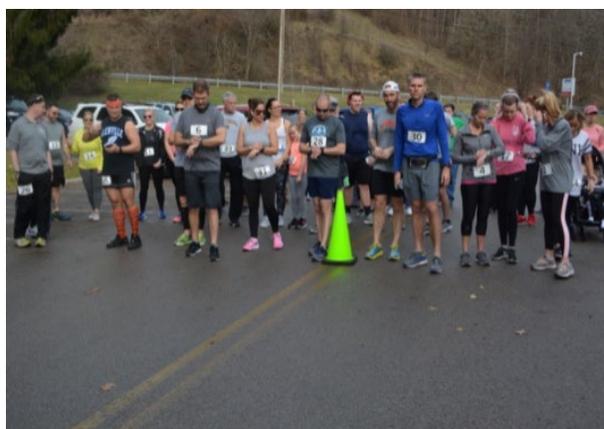
New River Community Technical College was funded to increase hydration using water bottles and tumblers, reduce sugar-sweetened beverage consumption, implement Rethink Your Drink campaign, increase physical activity, and distribute exercise totes provided by ASWV in all campuses. They began regular meetings in July to plan their wellness challenges that will include these activities. They reported the completion of a wellness survey to examine water consumption, sugar-sweetened beverage consumption, and physical activity. Certain items have been purchased to promote physical activity and water consumption.

Stonewall Jackson Hospital (SJH)

SJH was funded to increase physical activity, conduct monthly 5K run/walk events, and develop policies to reduce sugar-sweetened beverages. SJH reported the completion of Lunch and Learns, Heart Healthy Fairs, and monthly 5K runs/walks. They also reported completion of weekly walks with administrators.



SJH Lunch and Learn



SJH 5K Walk/Run Event

Summers County Board of Education (SCBOE)

SCBOE was funded to purchase fruit infused water dispensers and conduct meetings with healthy food options. They purchased and installed dispensers for five schools, one bus garage, and one board office.

West Virginia State University (WVSU)

WVSU was funded to help employees monitor walking steps, drink more water, increase daily steps by 2,000, and increase physical activity. They reported completion of daily steps, physical activity, and water challenges. They also reported the purchase of water bottles and pedometers that were given out at these challenges. Prior to COVID-19 disruptions, yoga and guided meditation classes were offered. Signs with recommended amounts of physical activity were posted at various office locations, and monthly “motivational emails” were sent out to encourage physical activity.

Work4WV Region 1, Inc.

Work4WV was funded to increase fruit and vegetable intake, physical activity during the workday, and daily step count by 2,000 steps. They reported setting up an open fitness room with exercise equipment, completing an 8-week wellness challenge, and certifying two employees through the Work@Health training. Work4WV also reported conducting a walking challenge and a Lunch and Learn event with WVU Extension.



WORK4WV Highlight

Cabin Creek-Kanawha City Health Center

Cabin Creek-Kanawha City Health Center was funded to create a worksite wellness committee and program for their employees. They proposed to have two individuals complete the CDC Work@Health training, develop onsite spaces for physical activity, and to increase healthy food choices. They reported purchasing yoga mats and pedometers. They also purchased a “healthy” refrigerator drawer and eliminated sugar-sweetened beverages in their free snack items offered on their cart. They also launched a 4-week “Biggest Loser” campaign and planned a FARMacy program to increase access to fresh produce.

Major Results

Work@Health Certification of Employees

All grant recipients through ASWV were required to have at least one employee gain Work@Health certification and submit a Workplan through the Work@Health process. All 14 organizations met this requirement.

CDC Worksite Health ScoreCard

The Center for Disease Control’s Worksite Health ScoreCard was included in our evaluation, for ASWV grant recipients only. The CDC Worksite Health ScoreCard (CDC ScoreCard) is a tool designed to help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites to prevent heart disease, stroke and related conditions such as hypertension, diabetes, and obesity. It provides guidance on key evidence-based strategies that employers can put in place to promote a healthy workforce, increase productivity, and reduce risks and associated costs of poor employee health (https://nccd.cdc.gov/DPH_WHSC/HealthScoreCard/Home.aspx).

The ScoreCard includes yes/no questions that address a variety of health promotion and disease prevention strategies, including lifestyle counseling services, physical/social environmental supports, workplace policies, and health plan benefits across various core topic areas. Each strategy has a point value that indicates its level of impact on health outcomes and the strength of evidence supporting the strategy’s effectiveness, from “good” (1 point) to “better” (2 points) to “best” (3 points).

The WVPRC obtained copies of the ASWV mini-grant recipients’ Summary Reports except for Summers County, which only provided their composite score. We reported on the scores for topics relevant to the mini-grant focus areas for the prevention and management of obesity and chronic diseases, including physical activity, nutrition, weight management, tobacco control, pre-diabetes, diabetes, high blood pressure, and high cholesterol.

Table 2 below shows CDC ScoreCard results for all 14 organizations. Four organizations completed the 2014 version of the ScoreCard and 10 completed the 2019 version. The numbers in parentheses show the total possible score for each domain. Higher scores indicate greater adherence to workplace best practices in each domain. As shown, the organizations have much room to improve in worksite health and wellness.

Fifty-four percent (54%) shared the ScoreCard results with management and created a plan to address their identified needs. Twenty-three (23%) percent shared the results with employees.

Table 2 – CDC ScoreCard Results (N=14)

2014	Size*	PA** (24)	Nut (21)	WM (12)	Tob (19)	BP (17)	Chol (15)	Dia (15)	Total Chronic Disease Domains (123)	Total All Domains (264)
Coplin (Wirt) HS	138 Small	0	2	0	18	5	5	5	35	115
Kanawha-Charleston H.D.	37 Very Small	5	2	4	6	3	3	6	29	83
McDowell County Comm. on Aging	70 Very Small	14	7	0	3	15	0	0	39	77
Work4WV Region 1	30 Very Small	4	4	0	19	0	0	0	27	34
Mean Score		5.75	3.75	1.00	11.5	5.75	2.00	2.75	32.50	77.25
2019	Size	PA (22)	Nut (24)	WM (8)	Tob (18)	BP (16)	Chol (13)	Dia (15)	Total Chronic Disease Domains (116)	Total All Domains (294)
Beckley Sanitary Board	43 Very Small	12	7	4	10	13	10	9	65	164
Cabell-Huntington HD	41 Very Small	10	2	1	16	1	0	10	40	88
Cabin Creek-Kanawha City HS	28 Very small	1	4	0	18	9	4	6	42	127
Conservation Legacy	21 Very Small	11	3	0	1	3	3	2	23	80
Fairmont State U	500 Medium	5	2	0	10	3	3	2	25	64
Mid-Ohio Valley HD	75 Very Small	4	3	2	16	7	4	3	39	107
New River Community- Tech	130 Small	12	7	3	18	13	6	11	70	159
Stonewall Jackson Hospital	452 Medium	19	14	8	13	13	13	15	95	251
Summers County Schools	373 Medium	-	-	-	-	-	-	-	-	57
WVSU	2500 Large	10	1	2	10	6	6	5	40	87
Mean Score		9.33	4.78	2.22	12.44	7.56	5.44	7.00	48.78	118.40

**Employer Size, per CDC Definition – Very Small: 10-99 employees; Small: 100-249 employees; Medium: 250-749 employees; Large: ≥750 employees
Number of ASWV Worksites by Size – Very Small: 8 (57.14%); Small – 2 (14.28%); Medium – 3 (21.42%); Large – 1 (7.14%)*

***Abbreviations: PA = physical activity; Nut = nutrition; WM = weight management; Tob = tobacco; BP = blood pressure; Chol = cholesterol; Dia = pre-diabetes and diabetes; HD = health department; HS = health systems; U = university; Comm. = commission; Tech = technical; - = missing; WVSU = West Virginia State University*

In addition to the Work@Health certifications and CDC ScoreCards, ASWV grant recipients also completed a year-end Qualtrics survey that consisted of questions and prompts about their mini-grant activities. The survey collected information about grant objectives, program reach, local financial impact, 5 Asks (PSE changes, Good Example Contracts, engagement with WV Health Connection, efforts to ensure health equity, and sustainability), and ASWV Success stories. The questions are included below as bullet points where appropriate.

Grant Objectives

- Please identify the areas that you planned (in your application) to impact with your project and provide the related evaluation data (outcomes).

Common objectives chosen were physical activity, fruit and vegetable intake, and water intake (Table 3). Others included increased steps during the period assessed, reductions in sugar-sweetened beverages, and changes put in writing in order to increase access to healthy foods and opportunities to be more active and less sedentary.

Table 3 – Objectives Selected by ASWV Mini-Grant Recipients

Mini-Grant Objectives	Number of Grant Recipients Selecting Objective
Increase fruit and vegetable consumption	7
Increase walking steps during period assessed	9
Drink more water	8
Reduced sugar sweetened beverages	7
Increase physical activity during the workday	13
Make at least one change in writing or practice to expand access to healthy eating	4
Make at least one change in writing or practice to expand access to physical activity or reduced sedentary behavior	2

Program Reach

- How many total employees participated in these activities? If none, please enter N/A.
- Beyond your employees, did other people (family members, students, visitors) benefit from any of these activities? If yes, please specifically list them.
- What was the potential indirect reach? Please estimate the number of people other than employees that benefitted.

Table 4 shows the number of employees across all the worksites that received funding by ASWV, the number of employees who participated in offered activities, and the potential indirect reach resulting from these efforts. The total reported number of employees that participated in offered activities was 498, with a possible indirect reach of 520 individuals including family, friends, and other community members.

Table 4 – Program Reach for ASWV Grant Recipients

Organization	Number of Employees	Number of Employees Reached (%)	Potential Indirect Reach
Beckley Sanitary Board	43	13 (30.2%)	30
Cabell-Huntington Health Department	41	45* N/A	15
Cabin Creek-Kanawha City	28	20 (71.4%)	5
Conservation Legacy	21	9 (42.9%)	7
Coplin Health Systems	138	138 (100%)	3
Fairmont State University	500+	Not Reported	0
Kanawha-Charleston Health Department	37	24 (64.9%)	0
McDowell County Commission on Aging, Inc.	70	20 (28.6%)	20
Mid-Ohio Valley Health Department	75	35 (46.7%)	50
New River Community and Technical College	130	Not Reported	0
Stonewall Jackson Memorial Hospital	452	154 (34.1%)	300
Summers County Schools	374	Not Reported	0
WVSU	2500	85 (3.4%)	30
Work4WV Region 1 Inc.	30	32* N/A	60
Total	4,439	498 (11.3%)	520

*Note: * These were the numbers entered into Qualtrics by the representatives from these organizations. However, the numbers appear to have been reported in error, and were excluded from the total.*

Local Financial Impact

- About how much of the mini-grant funds were spent in West Virginia? Please respond in a dollar amount.
- Were local (community, country, regional) vendors used to purchase goods and services?

The reported total of ASWV mini-grant funds spent in West Virginia was \$6,339.67. Of the 14 mini-grant recipients, 11 organizations used local vendors to purchase goods and services.

Policy, Systems, and Environmental (PSE) Changes

The mini-grant recipients reported which policy, systems, and environmental (PSE) changes resulted from their efforts. PSE changes go beyond individual impact by addressing policies in

workplaces, schools and community organizations to create a system where making a healthy choice is easy for large numbers of individuals. These may include laws, ordinances, mandates, resolutions or changes to the built environment designed to accelerate the adoption or implementation of existing infrastructures (e.g., access to trails). Systems changes affect rules within an organization and may include creating activity breaks during the workday, Lunch and Learn events, and Good Example Contracts.

Tables 5 - 7 below summarize the PSE changes proposed and implemented respectively for food and beverage intake, tobacco control, and other areas across all grant recipients. Generally, all mini-grant recipients who proposed policies on sugar-sweetened beverages achieved these goals. Systems changes that included educational programs and health promotion efforts in worksites were also widely implemented for those recipients who indicated these as goals. For clarity, the information in Tables 5 - 7 represents the number of organizations that reported these PSE foci in their report to the WVPRC, so these values would not necessarily add up to 14. Figures 2 - 4 show the number of proposed, implemented, and unplanned but implemented policy changes for ASWV grant recipients for food and beverage, tobacco control, and other areas.

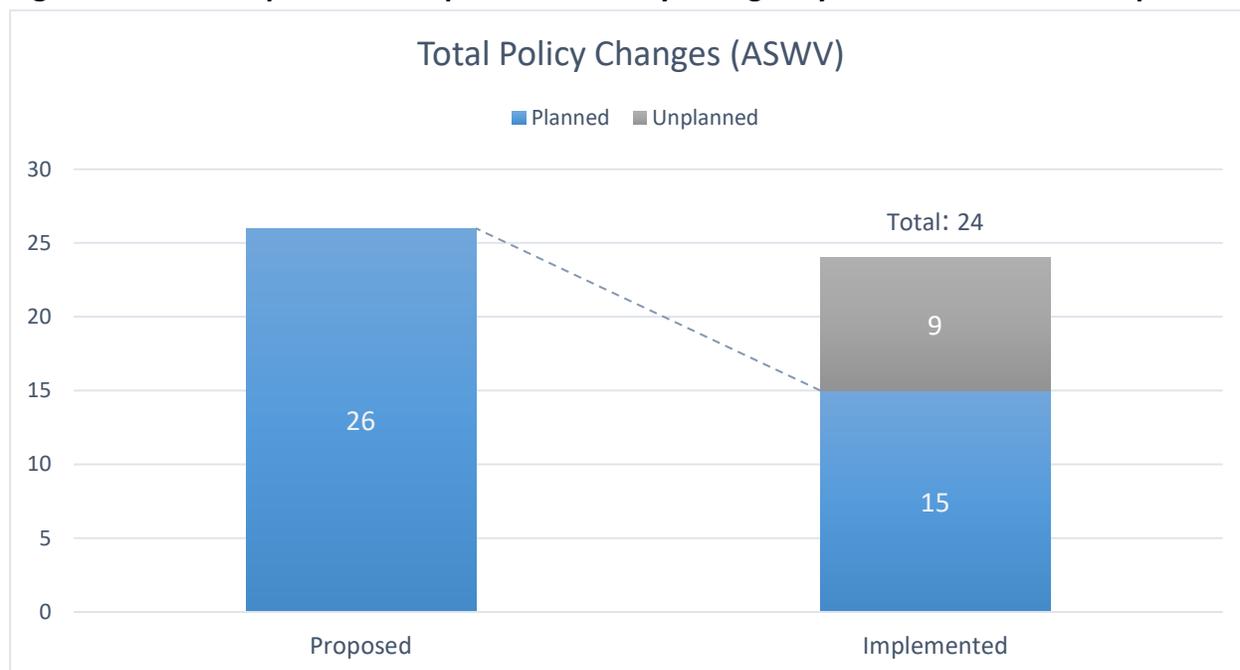
Policy Changes

- Please identify which policy changes you selected to implement with your project in the first column and not if those changes occurred in the second column. Also note if additional policy changes were implemented, although not planned.

Table 5 – ASWV Proposed and Implemented Policy Changes

Policy Changes	Proposed	Implemented: Planned	Implemented: Unplanned	Implemented: Total
Policies for no sugar sweetened beverage for meetings	5	3 (60%)	3	6
Policies to improve access to healthier foods for meetings	10	7 (70%)	1	8
Policies to improve access to physical activity or reduced sedentary	9	4 (44%)	0	4
Policies to support flexible work scheduling	Not selected	Not selected	4	4
Policies that ban tobacco use in all forms	1	1 (100%)	1	2
Other: Informal policy changes across local agencies and building	1	0	0	0
Total Policy Changes	26	15 (58%)	9	24

Figure 2 – Total Proposed and Implemented Policy Changes by ASWV Mini-Grant Recipients



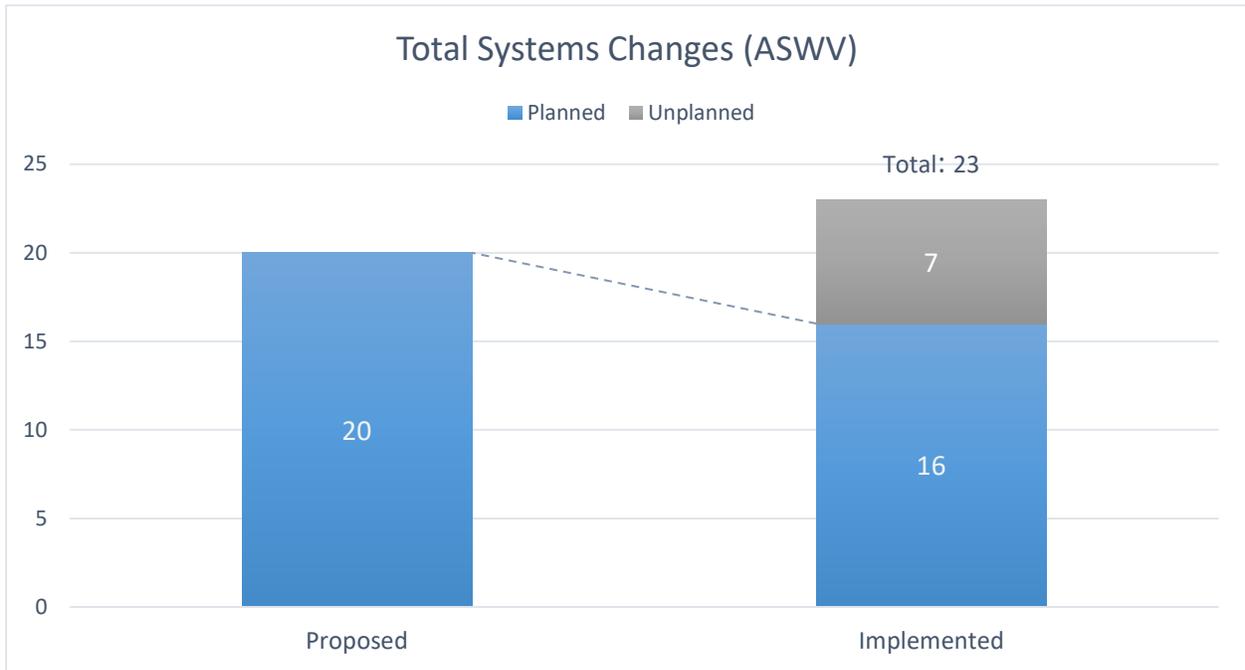
Systems Changes

- Please identify which systems changes you selected to implement with your project in the first column and note if those changes occurred in the second column. Also note, if additional systems changes were implemented although not planned.

Table 6 – Proposed, Implemented and Unplanned Systems Changes

Systems Changes	Proposed	Implemented: Planned	Implemented: Unplanned	Implemented: Total
Implement educational programming to improve health care consumerism	5	3 (60%)	0	3
Educate employees about preventive services and benefits covered by their health insurance plan.	7	7 (100%)	1	8
Make some or all company-specific health promotion programs available to family members.	4	4 (100%)	3	7
Use WV Health Connection to refer employees to lifestyle change programs in area	4	2 (50%)	3	5
Total Systems Changes	20	16 (80%)	7	23

Figure 3 – Total Proposed and Implemented Systems Changes by ASWV Mini-grant Recipients



Environmental Changes

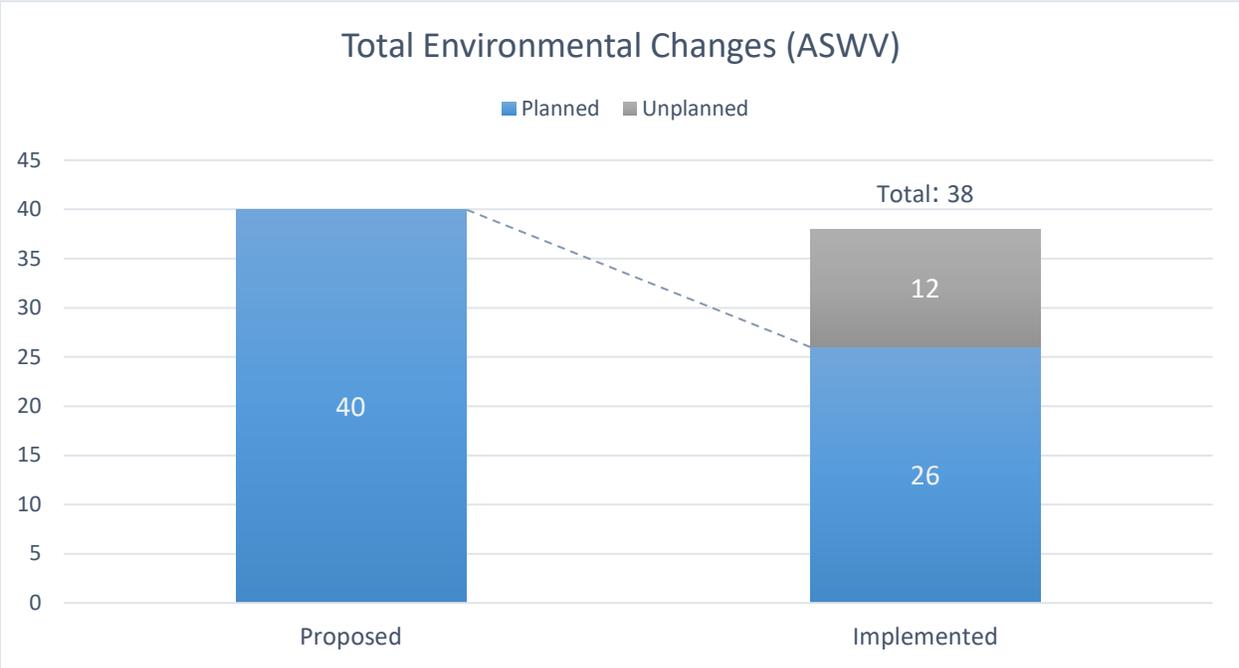
- Please identify which environmental changes you selected to implement with your project in the first column and note if those changes were implemented.

Table 7 – Proposed and Implemented Environmental Changes

Environmental Changes	Proposed	Implemented: Planned	Implemented: Unplanned	Implemented: Total
Promote and provide access for increased water consumption (Re-Think Your Drink)	11	6 (55%)	0	6
Post signs to promote healthy eating, stairwell usage, parking further away, lunch walks, walking meetings, walk or bike to work.	10	6 (60%)	3	9
Post signs to promote tobacco cessation and prevention.	4	4 (100%)	2	6
Carpeted room designated for onsite classes for physical activity, health food/weight management or tobacco cessation.	4	3 (75%)	2	5

Offer or promote an onsite or nearby farmers market or other arrangement where fresh fruits and vegetables are sold?	1	1 (100%)	4	5
Onsite exercise facilities or walking trails, bike racks.	6	4 (66%)	1	5
Lactation room, diabetes test station, self-monitoring blood pressure stations.	2	1 (50%)	0	1
Other: Free access to physical activity in locations close to worksites and homes; provide and promote physical activity opportunities near workplace	2	1 (50%)	0	1
Total Environmental Changes	40	26 (65%)	12	38

Figure 4 – Total Proposed and Implemented Environmental Changes by ASWV Mini-grant Recipients



Good Example Contracts

Tables 8 - 10 below show grant recipients’ reported use of Good Example Contracts focused on food and beverage intake, physical activity, and tobacco control respectively. Data from Work4WV Region 1 Inc. were not included in the final count, due to inconsistencies in their responses.

Food and Beverage Intake

The table below summarizes the commitments organizations made with their employees to follow good examples and best practices in food and beverage intake. As shown, these commitments focused on alternatives to sugar-sweetened drinks, access to healthy foods, educational classes, promotion of local foods, and written policies or formal/informal agreements to make healthy foods available to employees. It is noteworthy that many of the grant recipients reported prior use of Good Example Contracts.

Table 8 – Good Example Contracts for Food and Beverage Intake across ASWV Mini-grant Recipients

Good Example Commitments	Doing Before Mini-grant Funding	Committed in Application	Implemented
Provide healthy alternative to sugary drinks, processed packaged food, and fried food at events, celebrations, and meetings	4	6	8
Find ways to offer healthy food and drink to our staff and guests.	1	7	5
Provide healthy food through our vending machines and, or other special food projects.	3	2	3
Participate in, or provide educational seminars, workshops, or classes in nutrition.	3	7	4
Promote and/or participate in our nearby farmer’s market.	3	3	3
Have a written policy or communication that makes healthier food and beverage choices available in vending machines, cafeterias, or snack bars	3	2	3
Total	17	27	25

Note: Values do not equal 14 because respondents could select multiple options

Physical Activity

Table 9 shows the numbers of Good Example Contracts focused on physical activity that mini-grant recipients already completed, committed to in the application, and actually implemented. These contracts centered around signage in local communities and stairwells, physical activity events, shared use agreements and programming, and exercise programs for staff and community members. Like the data related to food and beverage intake, many of the grant recipients reported using Good Example Contracts prior to receiving mini-grant funding.

Table 9 – Good Example Contracts for Physical Activity

Good Example Commitments	Doing Before Min-grant Funding	Committed in Application	Implemented
Have physical activity breaks during meetings, every half hour or so.	2	3	2
Post signs to promote stairwell usages, parking further away, lunch, walks, walking meeting, etc.	6	7	4
Provide environmental supports for recreation or physical activity	5	3	2
Help organize at least one local event that promotes physical activity in our community.	2	5	4
Organize or support a free exercise program for our staff, community, or partners	1	5	5
Partner with schools and/or community to increase physical activity through Shared Use programming.	Not selected	2	3
Total	16	25	20

Tobacco Prevention and Control

Table 10 shows Good Example Contract information for tobacco prevention and control. As shown, most of the organizations had tobacco contracts already in place prior to receiving funding from ASWV.

Table 10 – Good Example Contracts for Tobacco Prevention and Control

Good Example Commitments	Doing Before Min-grant Funding	Committed in Application	Implemented
Have a written policy banning tobacco use at your location	10	1	0
Actively enforce a written policy banning tobacco use.	8	1	0
Display signs (including 'no smoking' signs) with information about your tobacco-use policy.	8	2	0
Refer tobacco users to a state or other tobacco cessation telephone quit line.	9	0	1
Provide health insurance coverage with no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement.	10	0	0

Provide health insurance coverage with no or low out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products.	10	0	0
Provide or promote free or subsidized tobacco cessation counseling.	9	2	2
Inform employees about health insurance coverage or programs that include tobacco cessation medication and counseling.	10	0	0
Provide incentives for being a current nonuser of tobacco and for current tobacco users that are currently involved in a cessation class or actively quitting.	7	0	1
Do not allow sale of tobacco products on company property.	11	0	0
Total	92	6	4

Engagement with West Virginia Health Connection (WVHC)

- Have you had the opportunity to engage with West Virginia Health Connection (WVHC)? If yes, can you describe how you have used WVHC.

Eight organizations (61%) engaged with WVHC, whereas five (39%) did not. WVHC engagement typically occurred through telephone calls, training, and using their website (wvhealthconnection.com). For instance, Cabell-Huntington Health Department had several phone conversations with WVHC staff to learn how to promote their wellness programs related to diabetes prevention and tobacco education and cessation services. Other grant recipients also participated in training (Coplin, Fairmont State University) or spent time reviewing the WVHC website (Work4WV Region 1). Finally, seven of the grant recipients (53%) responded they did not want additional support from WVHC, whereas six (47%) did want additional engagement.

Efforts to Ensure Health Equity

- What efforts have you made to reach or impact disadvantaged employees in your workplace (e.g., lower income, racial and ethnic minorities, rural, people with disabilities)?

The mini-grant recipients were expected to promote healthy equity in their efforts. Our analysis of these efforts showed that many of their proposed activities were intended for all members of the community regardless of race, class, ethnicity, or other demographic characteristics known to experience health disparities (e.g., age and disability, rurality, income, LGBTQ,

educational attainment). Issues of health equity should be considered a top priority area for improvement and engagement for grant applicants in the next round of funding.

Sustainability

Program Sustainability and Support from Upper Management

- Please describe your efforts to continue or maintain the work you have started with your mini-grant funding.
- Did you feel supported by upper management in implementing the mini-grant activities?

This question was open-ended and allowed respondents to elaborate on how they plan to maintain the program once funding from their mini-grants was spent. A variety of planned efforts for sustainability were proposed, including wellness teams to re-evaluate employees in the future, continued bi-annual health screenings and activities with Work@Health certified employees (Cabell-Huntington Health Department), policy and systems changes that will remain in place (Coplin), maintenance of equipment purchased (Conservation Legacy and BSB), continued student engagement (FSU), wellness challenges (McDowell Commission on Aging), and continued and Lunch and Learn events (Stonewall Jackson). Nine organizations (69%) felt supported by upper management in the implementation of their mini-grant activities while four felt somewhat supported (31%).

Matching Funds

- Did you receive any in-kind or matching funds or resources from other sources to implement your project? If so, explain.

This evaluation question assessed whether organizations received in-kind or matching funds; we present highlights here. Beckley Sanitary Board received a rain barrel donation from Piney Creek Watershed Association, and pledged use of city property for their community garden. Cabell-Huntington received in-kind support from Marshall University Dietetics students and Huntington Physical Therapy. Coplin Health System received financial support to pay for employees receiving Work@Health certification and will use staff from their organization to cover costs of health screenings. Stonewall Jackson also received added funding for exercise equipment and \$5,000 to pay for signs and food during their program events from the hospital.

ASWV Success Stories

- Please provide a short summary of your greatest success during this past funding period.

Despite challenges due to COVID-19, many of the funded organizations found ways to overcome barriers and shared important highlights. A consistent theme in reporting was engagement with students and adults in the communities. For instance, the Beckley Sanitation Board conducted a survey about plants under consideration in their community garden and completed a design for this project. They also brought together diverse groups from the community including members from WVU Technical College Gardening Club, engaged WVU Extension Agents in planning, and secured land from the City of Beckley. Overall, “Project Seedbed” generated a lot of excitement and enthusiasm in Beckley. Cabell-Huntington Health Department completed wellness workshops with local back care specialists. They also conducted on-site cooking demonstrations by engaging Dietetics students from Marshall University. Coplin Health Systems reported tremendous enthusiasm and support from their community, as evident by engagement on social media. Fairmont State University brought together students from diverse departments to create a walkability map and to hang posters around campus with reminders to drink more water and be active during the workday. The following quote highlights successes at Fairmont State University:

“The walkability portion of the project was completed by the Urban Geography class...Instead of creating maps using 'feet on the ground' methods, students designed the Walkability Guide that is shared with the campus community through LibGuides (an online resource that is available for viewing by the campus community and the large community).”

West Virginia State University indicated that they had increased digital communications after COVID-19 disruptions as shown by their response to the request for a success story: *“We adjusted well by increasing our digital communications and providing access to at home workout ideas and YouTube videos.”*

It was also noteworthy that many of the organizations completed workshops and Lunch and Learn events before COVID-19 disruptions. For instance, McDowell County Commission on Aging reported that 28% of their employees participated in the Rethink Your Drink challenge. Stonewall Jackson Memorial Hospital completed a Winter Snowball walk/run event. West Virginia State University reported an 18.4% increase in participants who met their daily step goals across a 10-week wellness challenge, and a 14.5% increase in those reporting meeting daily physical activity recommendations of 150 minutes or more of regular physical activity.

CAWV

CAWV mini-grant recipients focused on health behaviors and policies related to diet, exercise and overall wellness in various community, clinical and educational settings. Mini-grant programs across 11 grant recipients reported targeted populations that included children (4), families (5), adults (3), older adults (3), healthcare providers (2), school teachers (1), and 4 recipients indicated all age groups. What follows are discussions about the impact of COVID-19 on grant recipients, along with highlights by the CAWV mini-grant recipients.

Disruptions Due to COVID-19

- Did the COVID-19 pandemic create any disruptions in your project? If so, how was the project impacted and what adjustments were made.
- Did you have any barriers/challenges aside from COVID-19 that impacted your ability to complete all proposed activities according to your project timeline? Please explain.

COVID-19 greatly impacted proposed objectives and activities. Mini-grant recipients reported similar but also distinct challenges related to COVID-19. Staffing disruptions, delays or shortages in required materials, and school closings were commonly reported disruptions. One health system reported decreased patients at their site (i.e., Shenandoah Community Health Foundation) while other clinical programs experienced shifting responsibilities (e.g., Walk with a Future Doc, Healthy Berkeley). Like reports by ASWV grant recipients, adjustments included Zoom meetings, digital newsletters, rescheduled events, and increased use and engagement on social media.

Funding Purposes and Highlights of CAWV Grant Recipients

City of Buckhannon

The City of Buckhannon was funded to increase physical activity in Buckhannon Path through “The Physically Active Transport Hub (PATH)” project. The PATH project proposed to map at least two popular activity routes of 5 kilometers, identify routes with signage and distance markers, and create kiosks on these routes. This information will be shared electronically with the community, clinics, and on social media. Due to COVID-19, these activities have not been accomplished at the time of publishing this report.

City of Wheeling

The City of Wheeling proposed a project to improve biking infrastructure in Wheeling by re-installing bike lane pavement markers on the East Wheeling Trail Connector. The entire scope

of the project includes replacing 63 markers in order to restore the bike route. Due to COVID-19 disruptions, these activities have not yet begun as of this report.

Kanawha State Forest Foundation (KSFF)

KSFF received funding to support ongoing projects to create a wheelchair accessible playground and equipment near the Spotted Salamander Trail. KSFF plans to install a wheelchair platform on a solid rubber foundation and a braille activity board next to the trail entrance. Major portions of this project are shown below.



KSSF Installation of Braille Storyboards



KSSF Installation of Adapted Playground

Monongahela River Trails Conservancy (MHTC)

The MHTC was funded to connect the town of Reedsville to the Deckers Creek trail near mile 17.5. This will involve constructing a 10-12-foot compacted stone surface to allow stroller and bikes access to the trail. The project scope also includes signs and other updates to this part of the trail. Much of this project has been completed as shown below, and the MHTC reported an immediate increase in the number of trail users.



MHTC Trail Connector



MHTC Signage

Ohio County Schools

Ohio County Schools was funded to install a bike rack at Warwood School, which is located along Wheeling Heritage Trail. The project will also fund bike helmets and locks for students who cannot afford these items. School closures due to COVID-19 have prevented this project from getting underway as of this report.

Shenandoah Community Health Foundation (SCHF)

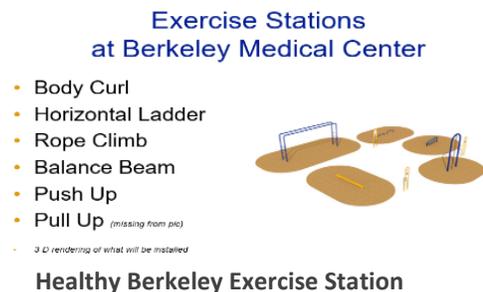
The SCHF was funded to reinstall a walking path that was installed in 2006 along the Shenandoah Community Health facility, in order to increase employee and patient wellness. This organization will also conduct regular “Walk with the Provider” events on this path. The SCHF reported increased use of the walking path by staff.

Sistersville General Hospital (SGH)

SGH, in partnership with the City of Sistersville, was funded to repair a walking trail in town and install exercise equipment along the trail. SGH reported that mini-grant funding was used to purchase outdoor exercise equipment, but installation has not taken place as of this report.

Healthy Berkeley

Healthy Berkeley was funded to increase awareness of existing trails in Berkeley County and purchase exercise equipment along the trail. This effort was part of a larger health challenge. A Healthy Berkeley trail challenge was scheduled for July 15 to August 15 with over 200 people signed up.



Walk with a Future Doc



Walk with a Future Doc

This project was intended to introduce medical students from the West Virginia University School of Medicine (WVU SOM) to community members, and to promote monthly discussions on health topics and walking events. The first walk had 18 participants, and the second virtual walk had 23 participants from four West Virginia counties and seven different states.

Potomac Valley Hospital of West Virginia

The purpose of this mini-grant was to construct a community track and offer organized activities for employees, their families, and the community. Unfortunately, the construction of the track was delayed due to COVID-19. Potomac Valley Hospital did report the development of a wellness zone, use of weekly exercise sessions on Facebook Live, and wellness walks during the summer months.

Williamson Health and Wellness Center, Inc.

Funding for this project was intended to support student-led efforts to improve signs and establish a “storybook walking trail” in Williamson, West Virginia. Health ambassadors from 5th to 8th grade were trained and briefed on the social determinants of health and the walking trail storyboard was created.



WHWC Storyboard



WHWC Ambassadors

Major Results

CAWV grant recipients completed a year-end Qualtrics survey that consisted of questions and prompts about their mini-grant activities. The survey collected information about objectives and evaluation indicators, communication outreach, local financial impact, PSE changes, WV Health Connection, health equity, program sustainability, and CAWV Success stories. The questions and prompts are included below as bullet points where appropriate.

Objectives and Evaluation Indicators

- Please identify the areas that you planned to impact with your project (in your application) and provide the related evaluation data (numerical outcomes).

Increased physical Activity throughout the School Day

- Increase physical activity opportunities for children throughout the school day and beyond.

Table 11 shows results from the organizations that proposed activities to increase physical activity throughout the school day. Again, many of the proposed activities in schools were deeply impacted by COVID-19.

Table 11 – Outcome Measures Related to Increased Physical Activity throughout the School Day

Outcome Measure	Number of Organizations Selecting Outcome Measure
Number of teachers that are trained to integrate physical activity during the school day	1
Number of school policy changes made to implement physical activity programs	1
Number of evidence-based programs that are implemented in the school	3

Improved Pedestrian and Bike Infrastructure - Objectives

- Increase and/or improve pedestrian and bike infrastructure within West Virginia.

Table 12 shows the number of organizations that aimed to improve pedestrian and bike infrastructures in their communities.

Table 12 – Outcomes Related to Pedestrian and Bike Infrastructure

Outcome Measure	Number of Organizations Selecting Outcome Measure	Outcomes
Number of participants that have increased access to physical activity as determined by surveys	2	225 Participants
Number of policy changes made	Not selected	Not selected
Distance of trails improved (portion of mile, or miles)	4	6.3 Miles
Number of signs improved on bicycle or walking routes	3	316 Signs
Number of community sites connected by walkable/ bikeable routes	2	6 Community Sites

Pedestrian and Bike Infrastructure – Evaluation Indicators

- Describe actions you took to achieve the outcomes.

While many of these projects are still in progress, there were some important successes. As discussed in the highlights section above, the Kanawha State Forest Foundation, installed braille signs and a wheelchair accessible playground as part of a larger accessibility improvement project. The City of Buckhannon electronically mapped the routes for improvements in bike lanes. The Shenandoah Community Health Foundation completed their walking trail restoration in January 2020, and Healthy Berkeley made trail improvements.

- Please provide details about how outcome measures were tracked/collected.

Outcomes were tracked using traffic counters and surveillance photos (Kanawha State Forest Foundation and Williamson Health and Wellness Center), using Twitter (Monongahela River Trails Conservancy). For school-based programs, surveys will be administered when conditions allow.

Clinical Practice and Community Outreach - Objectives

- Implement programming and/or create opportunities for physical activity through clinical practice and community outreach.

Table 13 shows the number of organizations reporting clinical outcomes. It should not be surprising that clinical outcomes were not widely chosen, giving the nature of this program and the amount of funding available. The Walk with the Doc program could possibly report clinical outcomes, but they did not elaborate on specific clinical measures being tracked for this report.

Table 13 – Clinical-related Outcomes

Outcome Measure	Number of Organizations Selecting Outcome Measure
Number of clinics where a prescription program is created	1
Number of patients referred to physical activity and health education classes as documented in EHR self-management goals	1
Number of healthcare providers trained to provide physical activity prescriptions	1

Clinical Practice and Community Outreach – Evaluation Indicators

- Describe actions to achieve the outcomes.

Reported actions included sharing information in brochures and on social media (City of Buckhannon, Potomac Valley Hospital, Walk with a Future Doc), and documenting clinical referrals (Shenandoah Community Health Foundation, Healthy Berkeley).

- Please provide details about how outcomes were tracked and collected.

Shenandoah Community Health Foundation and Healthy Berkeley reported tracking outcomes through the documentation of clinical referrals in the electronic health records (EHR) system. Other groups reported tracking social media engagement (Walk with a Future Doc, Potomac Valley Hospital).

Communication Outreach

- Describe your communication outreach (e.g., Facebook, Twitter, etc.) efforts with your mini-grant. How many people were reached through these efforts.

The City of Buckhannon reported engaging 661 individuals through their social media efforts. Kanawha State Forest Foundation stated they “sent dozens of emails to potential donors,” and received news coverage in the Charleston Gazette, WVU Today, and local television. Monongahela River Trails Conservancy reported reaching 3,360 people on social media, 22 shares on Facebook, and 238 followers on Twitter regarding their efforts. Ohio Country schools reported that 400 people were reached with their project. Shenandoah General Hospital reported reaching 500 people on their website. Sistersville General Hospital had 896 engagements on Facebook that reached 14,056 individuals. Walk with a Future Doc had 26 followers on their Facebook page. Williamson Health and Wellness Inc. reported over 1,000 followers on their Facebook page.

Local Financial Impact

- About how much of the mini-grant funds were spent in West Virginia?
- Were local (community, county, regional) vendors used to purchase goods and services? Please list and describe the vendors.

Because of challenges related to COVID-19, not all mini-grant recipients responded to these questions. Our initial analysis showed that 7 of the grant recipients reported spending a total of \$22,625.67 in funds in West Virginia. Because some of these projects were funded from multiple streams, additional analysis will be required to determine exact figures. The costs covered by funding included purchases from retail outlets, consultant costs, and services in West Virginia.

Policy, Systems, and Environmental (PSE) Changes

As with ASWV, the mini-grant recipients reported which policy, systems, and environmental (PSE) changes resulted from their efforts.

Tables 14 - 16 below show proposed, implemented, and unplanned policy, systems and environmental changes reported by the CAWV mini-grant recipients. Policy changes included access to physical activity opportunities in schools, clinical practice, and community advocacy ([Table 14](#)). Systems changes included referrals as previously discussed by clinical entities ([Table 15](#)). Environmental changes involved pedestrian advocacy groups in local governments. There were more proposed environmental changes than proposed policy and systems changes combined. In a community setting, the most efficient way to increase physical activity is to create an environment that promotes physical activity opportunities. [Table 16](#) provides a breakdown of environmental changes, which included bike and pedestrian walkways, access to trails, and the purchase of exercise equipment. Figures 5 – 7 visually shows the number of proposed, implemented, and unplanned policy, systems, and environmental changes.

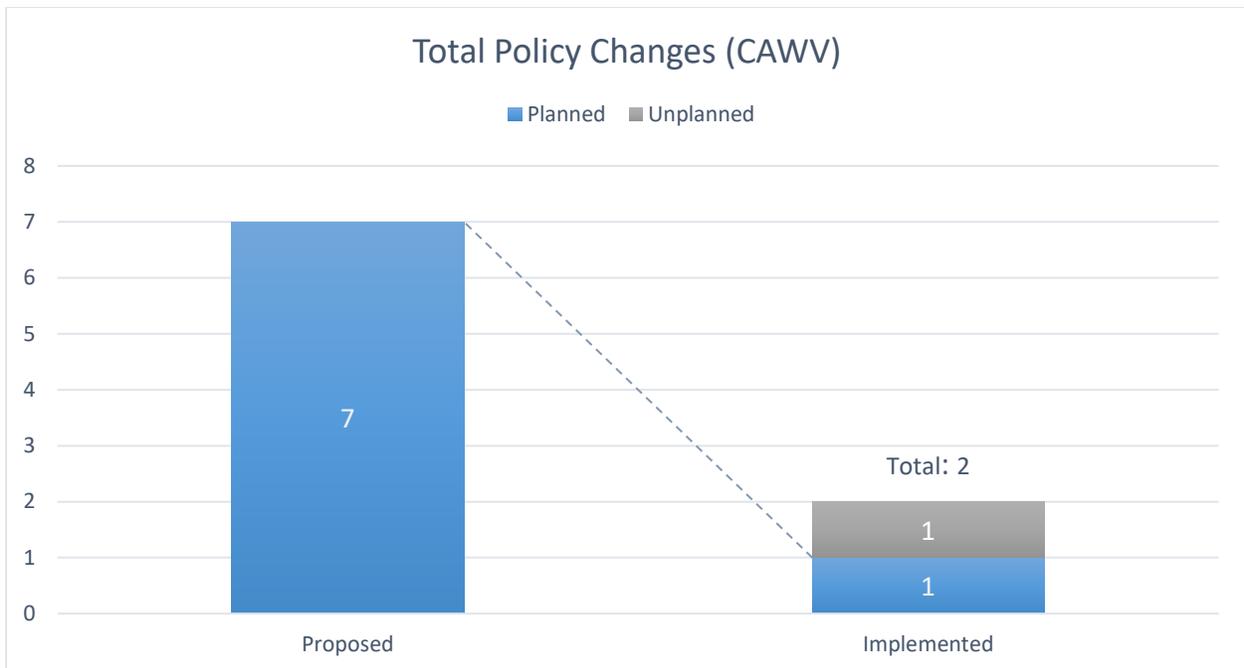
Policy Changes

- Please identify which policy changes you selected to implement with your project in the second column and note if those changes occurred in the third column. Also note, if additional policy changes were implemented although not planned.

Table 14 – Total Proposed and Implemented Policy Changes by CAWV Recipients

Policy Changes	Proposed	Implemented: Planned	Implemented: Unplanned	Implemented: Total
Improve access to physical activity or reduced sedentary behavior during the school day	3	0 (0%)	1	1
Improve access to physical activity through clinical practice	3	1 (33%)	0	1
Establishing a pedestrian or bicycle advocacy board in local government	1	0 (0%)	0	0
Total Policy Changes	7	1 (14%)	1	2

Figure 5 – Total Policy Changes for Physical Activity by CAWV Mini-grant Recipients



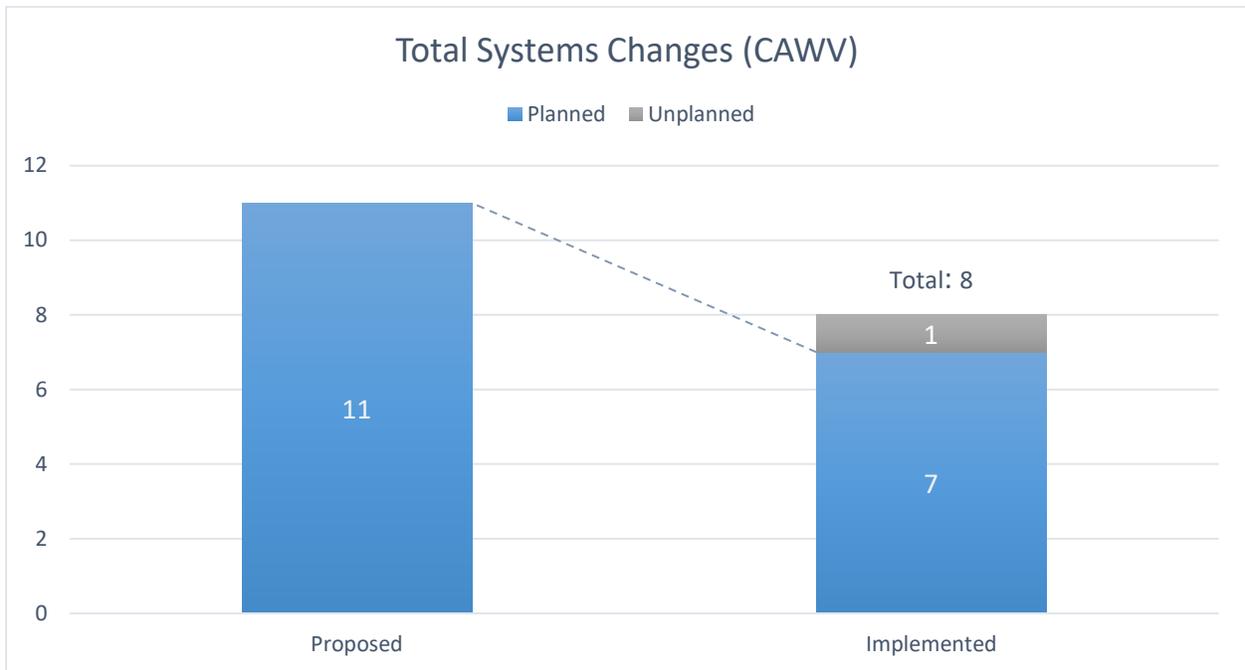
Systems Changes

- Please identify which systems changes you selected to implement with your project in the second column and note if those changes occurred in the third column. Also note, if additional systems changes were implemented although not planned.

Table 15 – Total Proposed and Implemented Systems Changes by CAWV Recipients

Systems Changes	Proposed	Implemented: Planned	Implemented: Unplanned	Implemented: Total
Referrals of patients to opportunities in the community to be physically active.	7	4 (57%)	0	4
Creating a culture of health through structured programming.	4	3 (75%)	1	4
Total Systems Changes	11	7 (64%)	1	8

Figure 6 – Total Systems Changes for Physical Activity by CAWV Mini-grant Recipients



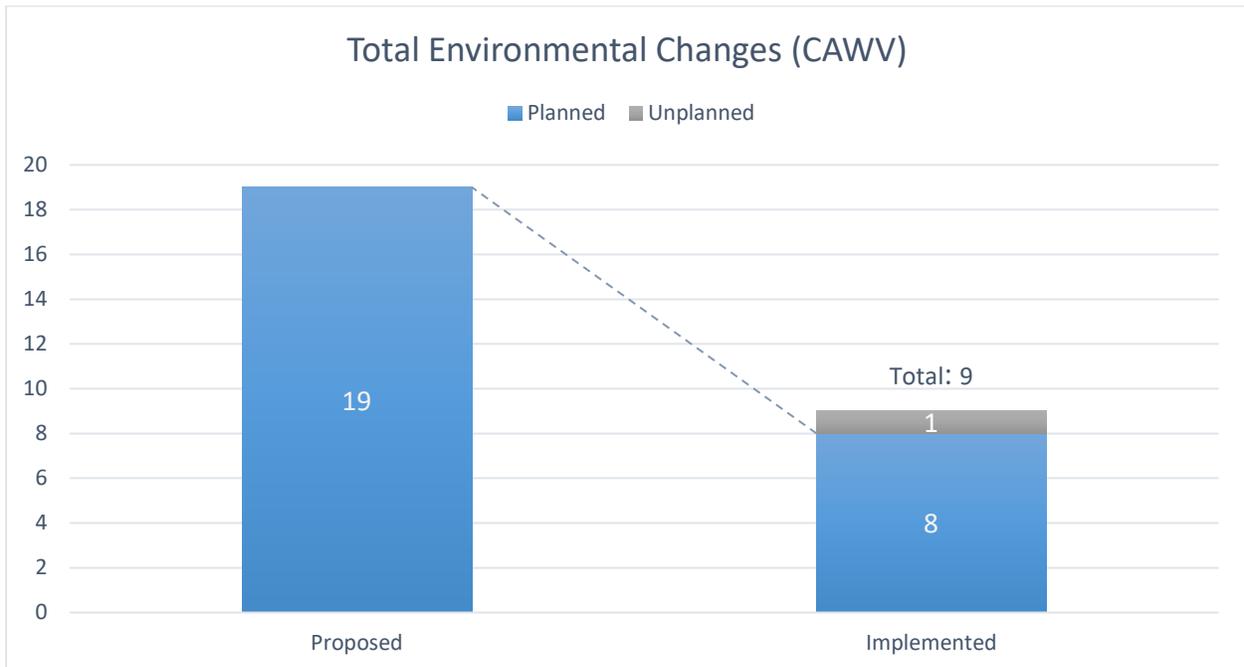
Environmental Changes

- Please identify which environmental changes you selected to implement with your project in the second column and note if those changes occurred in the third column. Also note, if additional environmental changes were implemented although not planned.

Table 16 – Total Proposed and Implemented Environmental Changes by CAWV Recipients

Environmental Changes	Proposed	Implemented: Planned	Implemented: Unplanned	Implemented: Total
Improvement in bicycle/pedestrian infrastructure	6	2 (33%)	1	3
Create a new walking or biking trail that connects two or more destinations.	4	2 (50%)	0	2
Installing equipment to enhance or improve physical activity (ex. exercise equipment, playground equipment, and bike racks and repair equipment).	6	2 (33%)	0	2
Install way-finding signs to pedestrian and bike.	2	1 (50%)	0	1
Other: Trail signage	1	1 (100%)	0	1
Total Environmental Changes	19	8 (42%)	1	9

Figure 7 - Total Environmental Changes in Physical Activity by CAWV Mini-grant Recipients



West Virginia Health Connection (WVHC)

- Is your organization enrolled in WVHC?
- Have you had the opportunity to engage with WVHC?
- Can you explain your last response?
- Would you like additional support with the partnership with WVHC?

Three organizations reported enrolling in WVHC. Two organizations did not enroll, though both expressed interest in learning more about this database. The three organizations that enrolled (Shenandoah Community Health Foundation, Healthy Berkeley and Potomac) participated in webinars or signed formal agreements with WVHC.

Health Equity

- What efforts have you made to reach or impact disadvantaged community members with your mini-grant (e.g., lower income, racial and ethnic minorities, rural, people with disabilities)?

Most organizations reported that their PSE changes were not explicitly intended for lower income or other disadvantaged groups, or that they were designed for all individuals. However, there were some exceptions. The City of Buckhannon reported that their trail redesigns were already ADA compliant. Kanawha State Forest Foundation's project explicitly addressed needs of individuals with disabilities. The Shenandoah Community Health Foundation specifically focused on low-income groups in their project. Despite these efforts, health equity is clearly an area of concern for future development in the HPCD Mini-Grant Program.

Sustainability

- Please describe your efforts to continue or maintain the work you started with your mini-grant funding.

Sustainability efforts included maintenance of the future project by the City of Buckhannon's Streets and Parks budget. The City of Wheeling's dedication to bicycle infrastructure was demonstrated with their Bronze Award from the League of American Cyclists. The Kanawha State Forest Foundation will continue to maintain their trails, signage, and equipment. The Monongahela River Trails Conservancy is working with the Town of Reedsville on further enhancements related to their project. Many of the other organizations that have not started their projects indicated they would maintain efforts in the future.

Matching Funding

- Did you receive any in-kind or matching funds or resources? If so, explain.

There were several CAWV funded projects that received in-kind contributions or matching funds. The City of Buckhannon reported receiving personnel support from Streets and Parks staff for labor, and from the City's Information Coordinator who dedicated time to provide information on their website. The City of Wheeling received matching funds from a bicycle organization. The Kanawha State Forest Foundation reported receiving generous donations of \$1,000 or more from five organizations and several individuals. The Monongahela River Trails Conservancy reported receiving matching funds that totaled \$13,950 and approximately 50 hours of volunteer time on various tasks. Finally, the Shenandoah Community Health Foundation received a \$2,000 grant from the Eastern Area Health Education Center.

CAWV Success Stories

- Please provide a success story related to your mini-grant.

Mini-grant recipients funded by CAWV reported various successes, including attention from news outlets, enthusiasm from local residents and volunteers, collaboration with multiple stakeholders, increased usage of trails, engagement with residents during events, and increased awareness of the importance of physical activity for overall health.

Ohio Country Schools reported that simply receiving the grant was a success story because middle school students led the project. The City of Buckhannon reported increased physical activity in a recent survey administered to residents. The Kanawha State Forest Foundation received support and recognition from the President of the National Federation of the Blind of West Virginia. The Monongahela River Trails Conservancy had multiple collaborations with city government, Parks and Recreation, and residents. Likewise, Healthy Berkeley reported multiple collaborations with Martinsburg-Berkeley County Parks and Recreation, a disc golf course developer, a mountain bike trail developer, and Hersick + Webster Creative Partners. The Shenandoah Community Health Foundation reported the development of video clips focused on health promotion and patient engagement. Walk with a Future Doc program's virtual Zoom walks were largely successful, with nearly 40 participants from 7 states.

In summary, the enthusiasm generated by individuals and groups during these collaborative efforts may lay a strong foundation for sustained community development and health promotion activities in the future.

Suggestions for Improving the HPCD Mini-Grant Program

This section of the report provides suggested improvements for the HPCD Mini-Grant Program application process. The WVPRC evaluation team identified inconsistencies and means for future improvement, then presented identified concerns as part of our review of grant applications to HPCD in April 2020. This document is in [Appendix 4](#) and will not be reviewed here.

A subsequent workgroup including members of the WVPRC team took part in lengthy discussions about ways to improve the grant application and review process more broadly. Most of the grant recipients noted positive experiences with the grant application process. Figure 8 summarizes results of the revised application process to date. The workgroup continues to meet weekly to plan for the next mini-grant cycle.

Mini-grant recipients also provided input on how the application process could be improved. Notable challenges included internet connectivity challenges, and the inability to save materials in Qualtrics and return to complete and review the report. One respondent noted that they lost a copy and had to re-enter all of their responses. This issue will be addressed by the workgroup team in the future.

Figure 8 – Proposed Revised Mini-grant Application

APPLICATION	BASE SECTIONS	SPECIALIZED SECTIONS
<ul style="list-style-type: none"> - Qualtrics - One application - Branching logic 	<ul style="list-style-type: none"> - Project Information - Project Lead Information - Fiscal Agent - Project Team - Community Partners - Scope of Work - Project Plan - Health Equity Component - PSE Component - Sustainability - Good Example Contract - WV Health Connection - Dissemination 	<ul style="list-style-type: none"> - Facilitator Sections - Evaluation Plans - Budget - Affirmation of Validity of Application

General Discussion

The HPCD Mini-Grant Program provided communities, schools, and clinical settings with funds to implement projects that engaged individuals and groups throughout West Virginia to encourage health lifestyles. Considering disruptions due to COVID-19 and subsequent challenges (e.g., staffing changes, school closures, purchasing goods and services, etc.), the grant recipients did an outstanding job in their efforts to positively impact the health of their communities. The programs funded by mini-grants involved governmental, educational, clinical and community entities. This section will describe the collective impact of the HPCD Mini-Grant Program with a specific focus on projects funded by ASWV and CAWV. We frame this discussion of results around HPCD’s “5 Asks,” followed by a review of local financial impact and successes reported by mini-grant recipients. The final section will review suggestions for improving the HPCD Mini-Grant Program in the future.

Policy, Systems and Environmental Changes

There were 105 PSE changes reported across ASWV and CAWV mini-grant recipients (Figure 9). Please see [Appendix 5](#) for a more detailed infographic on PSE changes.

Figure 9 – Total Number of Policy, Systems, and Environmental (PSE) Changes Implemented by ASWV and CAWV Mini-Grant Recipients

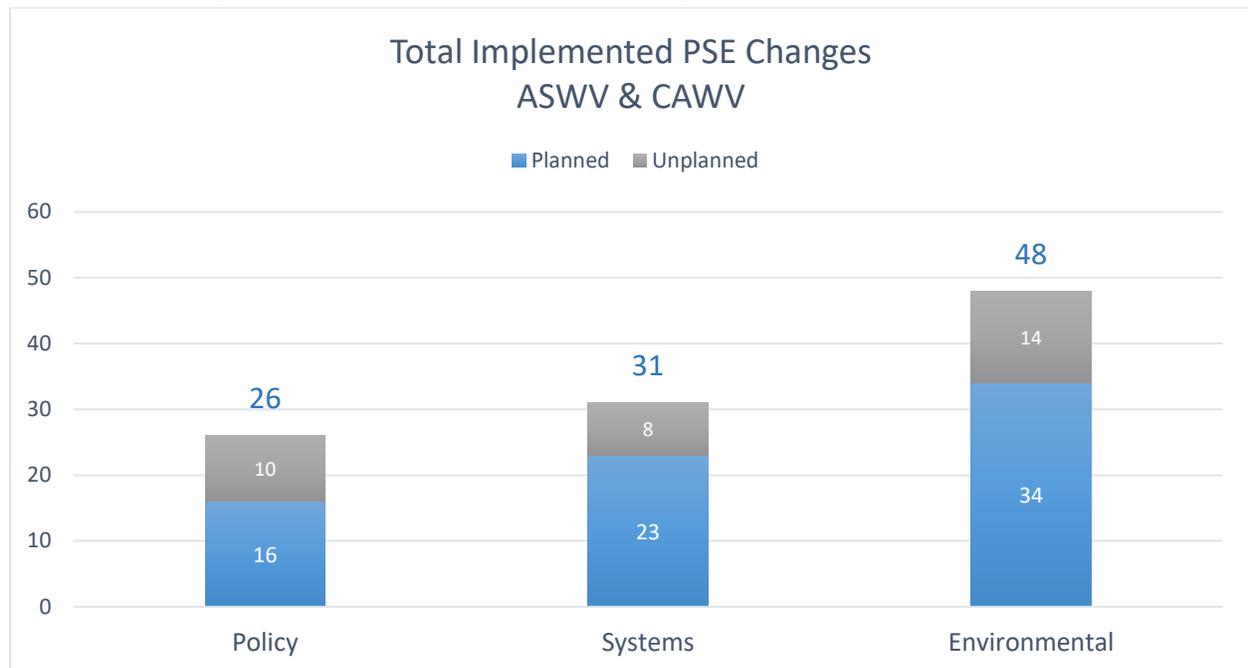


Table 17 – Breakdown of PSE Changes by Health Topic for ASWV and CAWV

	Health Promotion and Education	Nutrition	Physical Activity	Tobacco Control	TOTAL
Policy	0	14	10	2	26
Environmental	3	12	27	6	48
Systems	23	0	8	0	31
TOTAL PSE	26	26	45	8	105

Of the PSE changes that were implemented, there were significantly more environmental changes than policy or systems changes. This difference may be explained by the fact that, for community-level programs, it is easier to implement changes in the built environment than in policies or systems.

ASWV mini-grant recipients, who focused on worksites, were able to make policy, systems, and environmental changes that encourage healthy eating, stress management, and physical activity. In comparison, CAWV mini-grant recipients, who focused on community-level programs, implemented mostly environmental changes. At the community level, improving trails, bike lanes, and making other changes to the built environment are efficient and effective ways to encourage increased physical activity.

In addition to the PSE changes reported by ASWV and CAWV, WVPCA reported 21 environmental changes implemented through their ‘Rethink Your Drink’ mini-grant program.

Committing to Organizational Changes by Setting Good Example Contracts

As shown in the CDC ScoreCard results (See [Table 2](#), page 19), many of the ASWV worksites had much room for improvement in areas of worksite health and wellness. Overall composite scores were low for most worksites, except for Mid-Ohio Valley Health Department (268/294) and Stonewall Jackson Hospital (210/294). Similarly, scores for obesity and chronic disease-related topic areas were low, with some worksites scoring zero or in the low digits. We suggest that this becomes a higher priority for ongoing evaluation, with more explicit recommendations for improvements in worksite settings. We can also track progress over time, as ASWV requires its grantees to complete the assessment once a year.

All 14 ASWV worksites that received mini-grant funding had at least one employee that completed CDC Work@Health certification. Work@Health was not a focus of CAWV. Grant recipients from ASWV proposed Good Example Contracts for food and beverage intake in 27

areas and implemented them in 25 areas (See [Table 8](#) on page 26). Good Example Contracts for physical activity were proposed in 25 areas and implemented in 20 (See [Table 9](#), page 27). Finally, the vast majority of ASWV worksites already had tobacco prevention and control policies in place. As reported, Good Example Contracts for tobacco were proposed in 6 areas and actually implemented in 4 (See [Table 10](#), page 27).

CAWV mini-grant recipients were not required to submit Good Example Contracts. Therefore, the WVPRC evaluation team was unable to collect this data. As a result of discussions with HPCD, CAWV will include Good Example Contracts in next year's applications

Joining WV Health Connection: Promoting Programming and Referrals

WVHC offers a unique repository of referrals for health programs around the state and region. All mini-grant recipients were asked to engage with WVHC, by registering their organization with WVHC, participating in webinars, attending ongoing meetings, and entering formal agreements. For ASWV, eight grant recipients engaged WVHC, five did not, and six indicated they would like to have more future engagement. For CAWV, three mini-grant recipients indicated they engaged WVHC, and seven stated they would like additional support. Most remaining organizations expressed interest in learning more and engaging in future training with WVHC.

Promoting Health Equity

Health disparities and inequities are prevalent in West Virginia, disproportionately impacting vulnerable populations such as rural communities, lower socio-economic status families, disabled individuals, and racial and ethnic minority groups. Lack of knowledge on the concept of health equity may have impeded grant recipients from specifically focusing on health equity in their programs. A large majority of the organizations, with some exceptions, reported that their programs were intended for all audiences without making specific mention of underserved populations. The WVPRC team concluded the lack of knowledge or awareness about the importance of health equity may be an opportunity for education and technical assistance in the future.

Incorporating Sustainability Planning

The final request by HPCD for mini-grant facilitators and recipients was to encourage planning to sustain their projects beyond their fiscal timeline and responsibilities and to find other funding sources for their projects. This was achieved by nearly all organizations as evidenced by

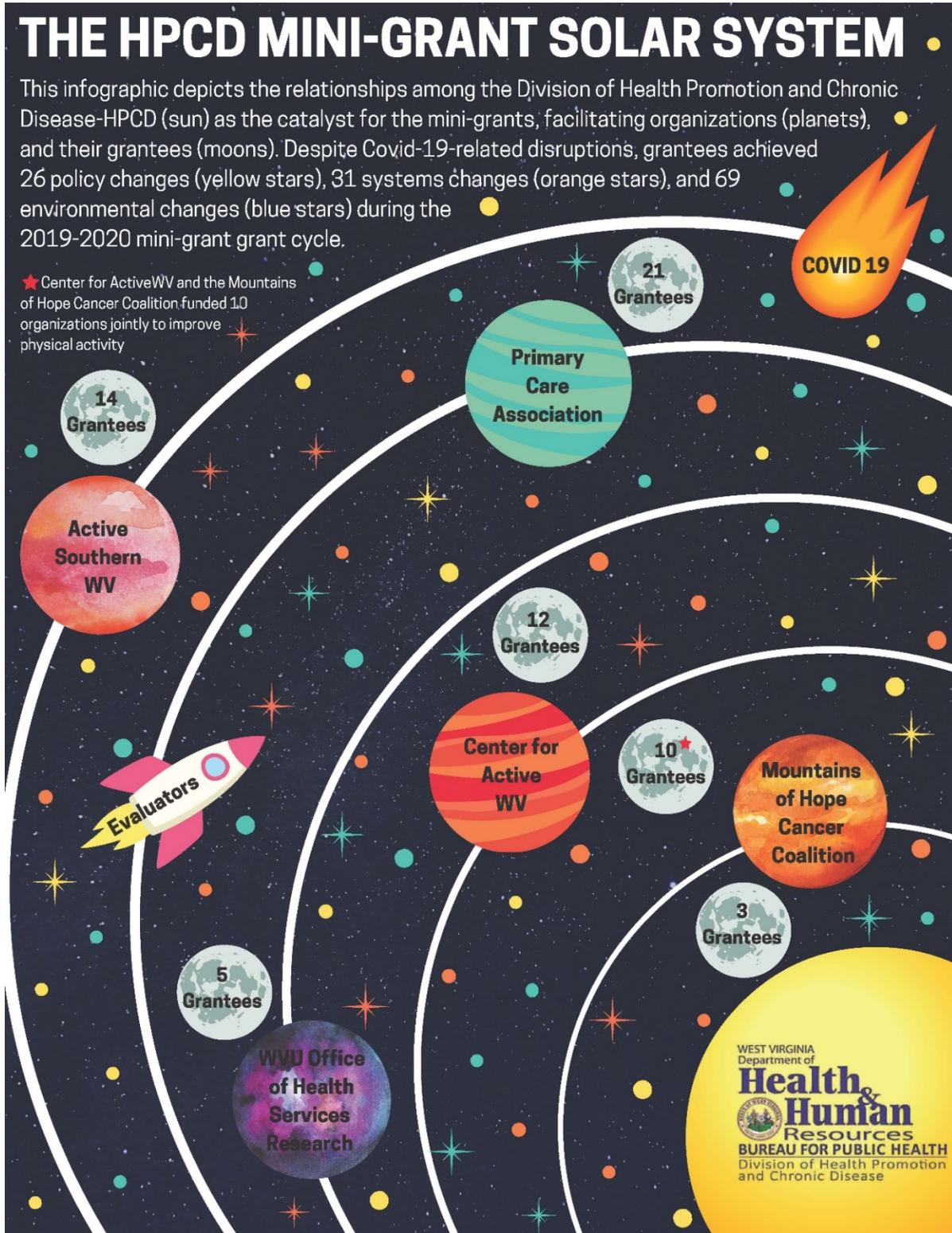
Two potent metrics of success in public health interventions are the number of agencies or sectors involved and program reach. There were 10 different sectors involved across all grant facilitating organizations (See [Table 1](#), page 12). This suggests that a diverse and wide range of people could be impacted directly or indirectly from the mini-grant programs.

In terms of program reach, mini-grant programs funded by ASWV reached 498 direct participants, with the potential to indirectly impact an additional 520 friends, family, or other community members ([Table 4](#)). The environmental changes implemented by ASWV grant recipients have the potential to impact 4,439 employees working in those organizations. The environmental changes implemented by West Virginia Primary Care Association (WVPCA) reached 7,100 students. Future evaluations of the HPCD Mini-Grant Program should involve discussion across organizations and sectors in order to continue measuring reach.

Summary

The HPCD Mini-Grant Program appears to be well poised to address its primary goals of decreasing the prevalence of obesity and improving key chronic disease indicators. HPCD should continue their efforts to streamline the application and reporting processes, so that future evaluation reports can encompass a comprehensive and standardized analysis across all mini-grant facilitating organizations. The collective impact of the HPCD Mini-Grant Program will result in improved capacity and infrastructure to address obesity and chronic disease prevention and management in West Virginia.

Appendix 1: The HPCD Mini-Grant Solar System





Mini-Grant Applicant Resource:

The 5 Asks



The **West Virginia Bureau for Public Health Division of Health Promotion and Chronic Disease (HPCD)** has several partner groups that help give mini-grant funding to schools, communities, organizations, departments, and worksites for a variety of health and wellness initiatives across the state to reach West Virginians where they live, learn, eat, work, play, and pray.

We are providing this resource guide to you as a mini-grant applicant on the HPCD 5 Asks of mini-grant applicants and awardees to promote the inclusion of the following into your application and intervention:

- Incorporate **Policy, Systems, and Environmental (PSE) Changes** into your application and intervention plan,
- Create a **Good Example Contract** for those engaged in the intervention by committing to making your internal organization a healthier place,
- Use **West Virginia Health Connection** to get information about your intervention to the people who need it most,
- Address **health equity** and help reduce health disparities as part of your intervention, and
- Focus on the **sustainability** of your intervention so you can impact the health of West Virginians in a positive way for years to come.

Ask #1: PSE Changes

Beginning in the early to mid 2000s, there was a shift in thinking about how to effectively improve health in a community. For many years, the focus has been on individual behavior via offering programs & education. This was based on the assumption that if we teach people how to be healthy - tell them what to eat/what not to eat - they will find a way to be healthy.

We now know that individual-level interventions **alone** are not as effective as population-level interventions, which address the larger context in which people live. The Health Impact Pyramid depicted to the right shows the importance of addressing this context to help make healthy choices practical and available to all community members. This is where Policy, Systems, and Environmental (PSE) Changes come into play. PSE Changes focus on providing a context for West Virginians where making a healthy decision is easier.



What is a policy change?

Changing or implementing laws, regulations, rules, ordinances, or resolutions. Policy changes can be classified as **Big Policy Changes** (changing policies at the national, state, or local governmental level or within healthcare settings, schools, communities) or **Little Policy Changes** (internal changes to organizations or groups).

EX: Clinic policy to check blood pressure on all patients 16 years or older, policy to reduce access to sugar sweetened beverages in schools.



What is a systems change?

Changing processes or practices of an organization, institution, or system to address the healthy change you are trying to make. Examples of organizations, institutions, or systems include communities, worksites, schools, health care systems.

EX: Partnering with new organizations to provide physical activity opportunities, refer patients to chronic disease self-management programs, form a health promotion committee for a worksite.



What is an environmental change?

Physical, observable changes to the built, economic, and/or social environment. These changes can take place in stores, schools, worksites, parks, rail trails, health clinics, offices, and communities.

EX: Install bike pumps along rail trails, create an educational community garden, install ADA compliant playground equipment, install water bottle filling stations, give employees under desk portable fitness pedal stations.

Taking the good work we do one step further: "We want to increase healthy eating in elementary school children"



Ask #2: Good Example Contract



The Good Example Contract helps mini-grant awardees work towards a **healthier internal organization** by committing to making policy, systems, and environmental changes to the organization to **set a "good example"** for the West Virginians, organizations, and communities that collaborate with mini-grant awardees.

The Good Example Contract lists a variety of ways mini-grant awardees can implement healthier choices, events, spaces, and policies related to nutrition, physical activity, and tobacco cessation.

From the Division of Health Promotion and Chronic Disease:

"We ask you to set a good example as you carry out your grants, by not serving unhealthy food and drink, providing physical activity and supporting tobacco free environments for employees/children/community members. The lead partner must submit a good-example contract and HPCD will be checking in with awardees to see how they have incorporated the Good Example Contract into their work. "



Make good nutrition and healthy food and beverage consumption a priority:

- Provide **healthy alternatives** to sugar sweetened beverages, processed packaged food, and fried food at events, celebration, and meetings.
- Find **tasty ways to offer healthy food and drinks** to staff and guests, including not purchasing sugar sweetened beverages, candy, potato chips, hot dogs, and other unhealthy foods to have on-hand at the workspace.
- Provide **healthy food** through vending machines and/or other special food projects.
- Participate in or provide **educational seminars, workshops, or classes** on nutrition.
- Promote and/or participate in your **nearby farmer's market** which sells fruits and vegetables. Figure out if you have a **written policy or informal/formal communication** that makes **healthier food and beverage choices available** in vending machines, cafeterias, or snack bars. If you don't have one, work to implement one!



Make physical activity a priority:

- Have **physical activity breaks** during meetings, every half an hour or so.
- **Post signs** in elevators, stairwell entrances, and/or exits in the workplace to promote stairwell usage, parking further away, lunch walks, walking meetings, etc.
- Provide **environmental supports for recreation or physical activity** (i.g. maps of walking/biking trails, bicycle racks, a basketball court, etc.).
- Help **organize at least one local event** that promotes physical activity in your community.
- Organize or support a **free exercise program** for your staff, community, or partners (i.g. running club, Zumba class, yoga, etc.).
- **Partner with schools and/or the community** to increase physical activity through Shared Use programming.



Make tobacco prevention & cessation a priority:

- Implement a written policy **banning tobacco use** at your location.
- Actively **enforce a written policy** banning tobacco use.
- **Display signs** (including "no smoking" signs) with information about your tobacco-use policy.
- Refer tobacco users to the **West Virginia Tobacco Quitline**.
- Provide **health insurance coverage** with no or low out-of-pocket costs for **prescription tobacco cessation medications** including nicotine replacement and counseling.
- Provide **health insurance coverage** with no or low out-of-pocket costs for **FDA-approved over-the-counter nicotine replacement products** and counseling.

Ask #3: WV Health Connection

West Virginia Health Connection can help you with your initiative in several ways. They specifically focus on community-clinic linkages, **connecting West Virginians with the interventions they need most** and **collecting and providing data** to make sure we know who is participating in interventions and how it helps them.

WV Health Connection can help you as a mini-grant applicant by providing technical assistance on offering a program in your community, becoming a recognized program or maintaining your accreditation, and data tracking, reporting, and participant feedback.



Connecting West Virginians and practitioners to address:



How can WV Health Connection help?

Help you set up a program in your community

- Logistics to set up program implementation
- Connecting you with partners in your local community
- Targeted participant recruitment and program promotion

For some mini-grant awardees, WV Health Connection can help with

- Registering your organization with the CDC
- Applying to become a recognized/accredited program
- Implementation based on CDC standards
- Ongoing reporting back to CDC/other accrediting body and funders

Provide technical assistance with data tracking and reporting

- Providing data entry forms to help with tracking data for program participants
- Using electronic health record data to identify and enroll target populations
- Tracking software for baseline information and individual session metrics
- Additional reporting to monitor program outcomes over time
- Ability to track referrals/interest for the program
- Development of referral model between clinics and community organizations
- Assistance with feedback process/loop for connecting with healthcare providers
- Building an inventory and mapping local resources/programs



Get in contact with WV Health Connection:

WVU Office of Health Services Research

Website: wvhealthconnection.com **Email:** wvhealthconnection@gmail.com **Facebook:** [@WVHealthConnection](https://www.facebook.com/WVHealthConnection)

Ask #4: Health Equity

Not all West Virginians equally experience the risk factors for chronic diseases or chronic diseases at the same rates. Social identities (or characteristics like income, race, disability, education, age, gender, sex, and sexuality) can influence rates of chronic disease, severity of chronic disease, and access to treatment.

As part of the mission of the CDC's National Center for Chronic Disease Prevention and Health Promotion and the West Virginia Bureau for Public Health's Division of Health Promotion and Chronic Disease (HPCD), addressing health equity is important to ending health disparities for West Virginians.



What is health equity?

Health equity can be defined as **closing the gaps between advantaged populations and marginalized or vulnerable populations** when it comes to chronic diseases (like cancer, diabetes, cardiovascular disease, respiratory illnesses) and the various risk factors for chronic disease (like physical inactivity, poor nutrition, or tobacco use).¹

What is a vulnerable population?

Vulnerable populations in West Virginia can be people of color, people with a disability, immigrants, the elderly, those in poverty, LGBTQ populations, and those with less than a high school education. It is important to realize that **people can be a part of multiple vulnerable populations at one time.**

What are some examples of health disparities in West Virginia?

19.4%

of West Virginians with an annual income of less than \$15,000 are diagnosed with diabetes; highest among all income levels²

22.8%

of West Virginians with less than a high school degree have cardiovascular issues; higher than any other educational attainment level²

31.1%

of Black West Virginians indicated poor or fair health; higher than any other racial group²

48.9%

of all cancer diagnoses in West Virginia are for people 55 or older; higher than any other age group²

How do we address health disparities & bring health equity into our work?

- ✦ **Research** the target population, or those who will partake in the initiatives we implement and include vulnerable populations in the target population
- ✦ **Ask** people in your community from vulnerable populations what they need; invite representatives from vulnerable populations to join you at the table when developing initiatives and applying for mini-grant funding
- ✦ **Reach out** to organizations that address health disparities in West Virginia and work with vulnerable populations to invite them to partake in your initiatives
- ✦ **Increase access** to tools, health screenings, preventative initiatives, and resources for West Virginia's most vulnerable populations

¹ More info on Health Equity from the CDC : <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

² More info on Health Disparities in West Virginia: : <http://www.wvdhhr.org/bph/hsc/pubs/brfss/2016/BRFSS2016.pdf>

Ask #5: Sustainability

The final ask from HPCD is consideration for the **sustainability** of your proposed intervention. Having a sustainable intervention means having a plan to ensure the **necessary human, informational/technical, organizational, and financial resources** to keep the intervention or program in place over time, after funding expires.

The intervention you are proposing will likely help any number of people in the first year of its implementation. It is crucial that plans and considerations are made to make sure projects funded via mini-grants have the **potential for long-term, larger-scale change across West Virginia** and beyond the "life" of the mini-grant. This communicates that the funding you receive will go even further than just the first year of your initiative or intervention. A focus on the sustainability of your initiative or intervention can show how you will positively impact the health of West Virginians for years to come. By showcasing the ways in which your program can last and have a much larger impact, you can highlight the strength of your planning.



How can I show sustainability in my application?

Every community and intervention is unique. Because of that, there are not always concrete ways to address sustainability across the board. However, by taking into consideration the following points, programs can plan to sustain over time.



1. What is being sustained?

Consider what part of your program is to be sustained in the long-term. Is it the entire program, or some key activity or service? By isolating the specific part of your program that ought to be sustained, barriers and facilitators to your program can more easily be identified.



2. What is the cost to sustain?

Key to sustaining your intervention is being able to account for the costs of the initiative or intervention. This includes money and alternative sources of funding after the mini-grant period, but also what other costs are required in terms of person-power. What kind of staff is required? Is any training needed to continue the program? What other non-monetary costs may be incurred over time?



3. How supportive is the operating environment?

Consider how supportive the environment is where your initiative will be implemented. Think about what organizational structures and processes are in place that can either facilitate your program, or hinder its success in both the near-term and long-term. Consider how supportive leadership, staff, community members, and other stakeholders are toward your project, and how you can put processes in place to overcome barriers during the mini-grant period to ensure a long-standing intervention.

4. You can also incorporate the various aspects of the previous 4 "Asks" to ensure the continuation of your intervention.

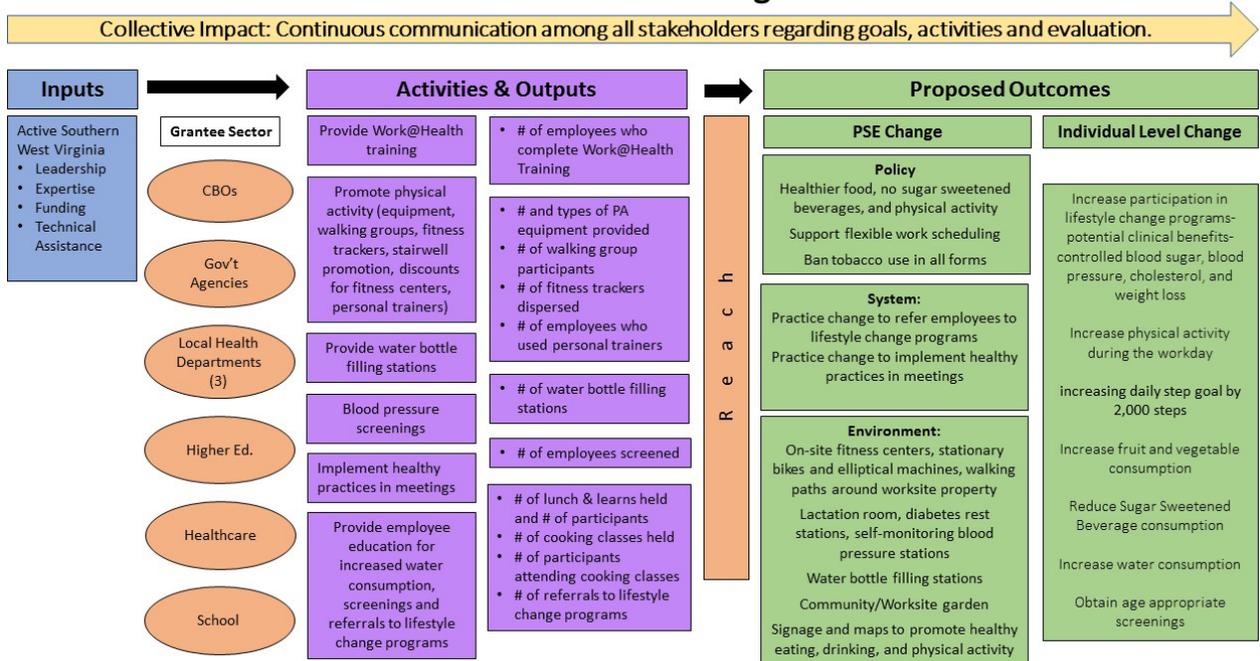
Attention and effort to **implement PSE Changes** can sustain the way your internal organization, community, county, and West Virginia as a whole views health and wellness and implements healthy choices, even if you are no longer working on the initiative or intervention you had in mind. Changing or implementing written policy can be difficult, but has a large impact. Systems changes can bring people together to discuss how to make your efforts sustainable and speak to a broader community need. PSE Changes make your work have long-lasting effects on the health and wellness of West Virginians.

You can **focus on Little Policy Changes to your organization by using the Good Example Contract** as a guide. Consider **health equity** by working to improve the health of vulnerable populations by implementing interventions that strategically focus on these vulnerable populations and their needs. This can also bring an added layer of need to your project that could help with sustainability. If you implement an intervention that infrequently occurs in the state or an intervention that could be more inclusive of all West Virginians usually, the importance of your program can help you secure future funds.

Finally, **utilize WV Health Connection**. They can help show your initiative has been successful. Careful consideration to your evaluation process can also ensure you ask participants the right information to evaluate your initiative. Having positive evaluation results that show changes in knowledge, attitude, or behavior can help you when you seek additional funding.

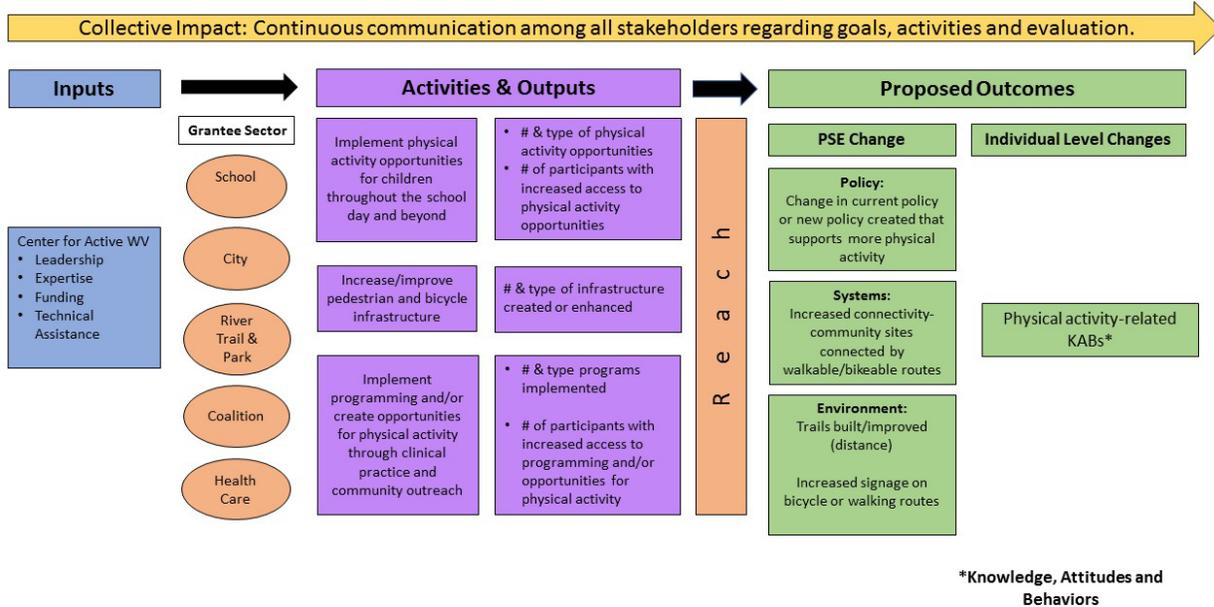
Appendix 3: Micro and Nested Logic Models

Active Southern West Virginia (ASWV) Facilitated Mini-Grants Worksite Wellness Logic Model



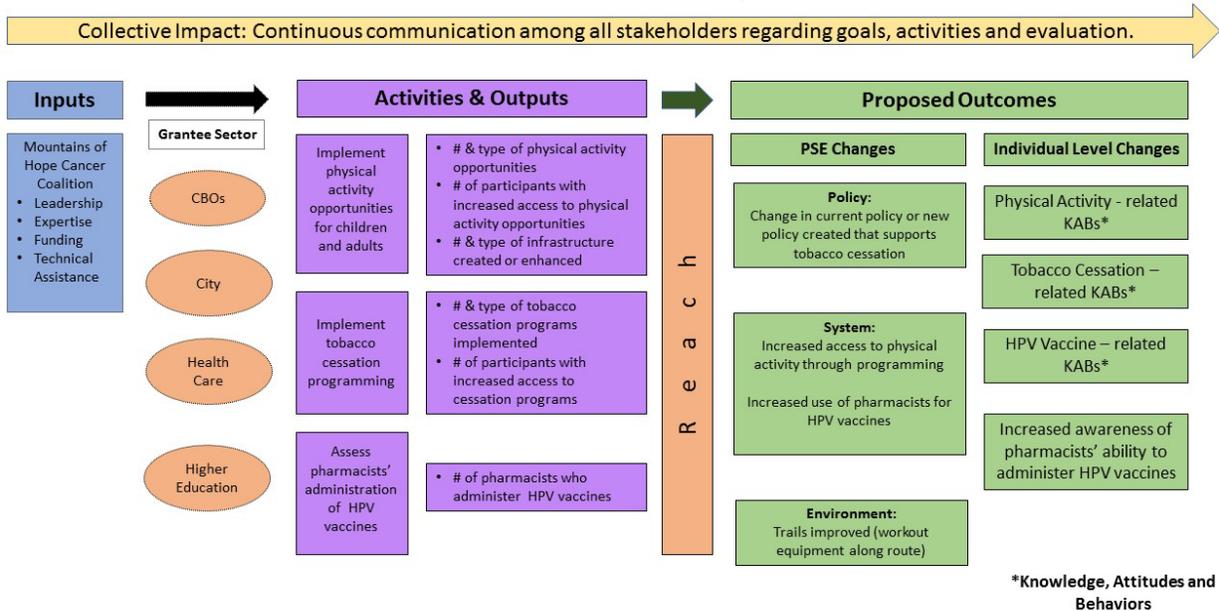
Center for Active West Virginia (CAWV) Facilitated Mini-Grants

Physical Activity Logic Model

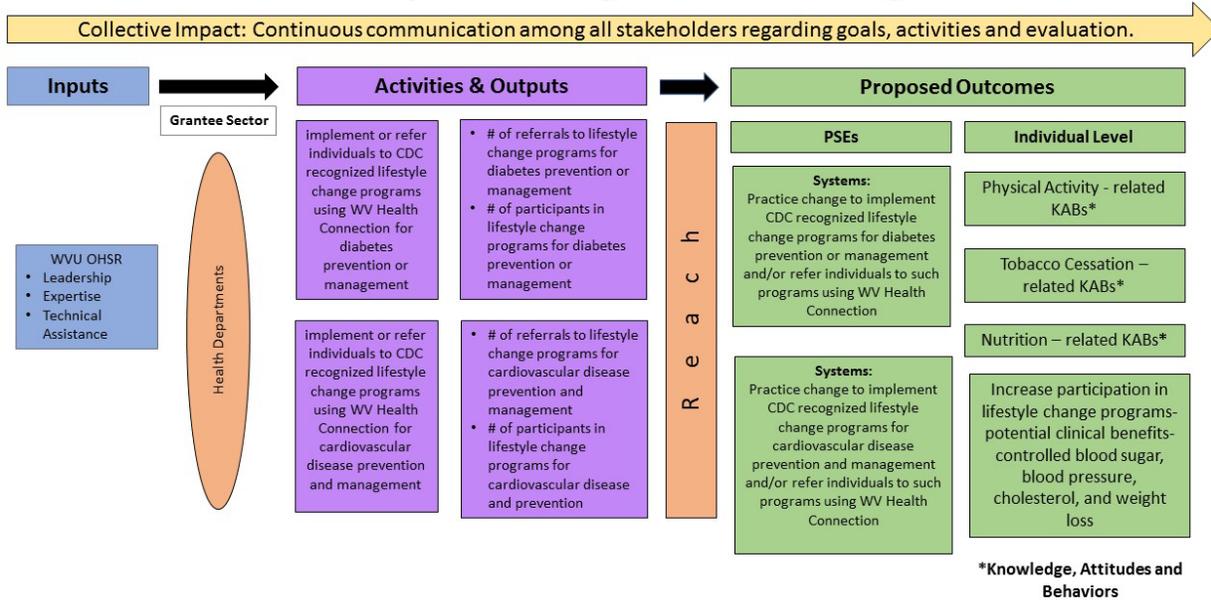


Mountains of Hope (MOH) Facilitated Mini-Grants

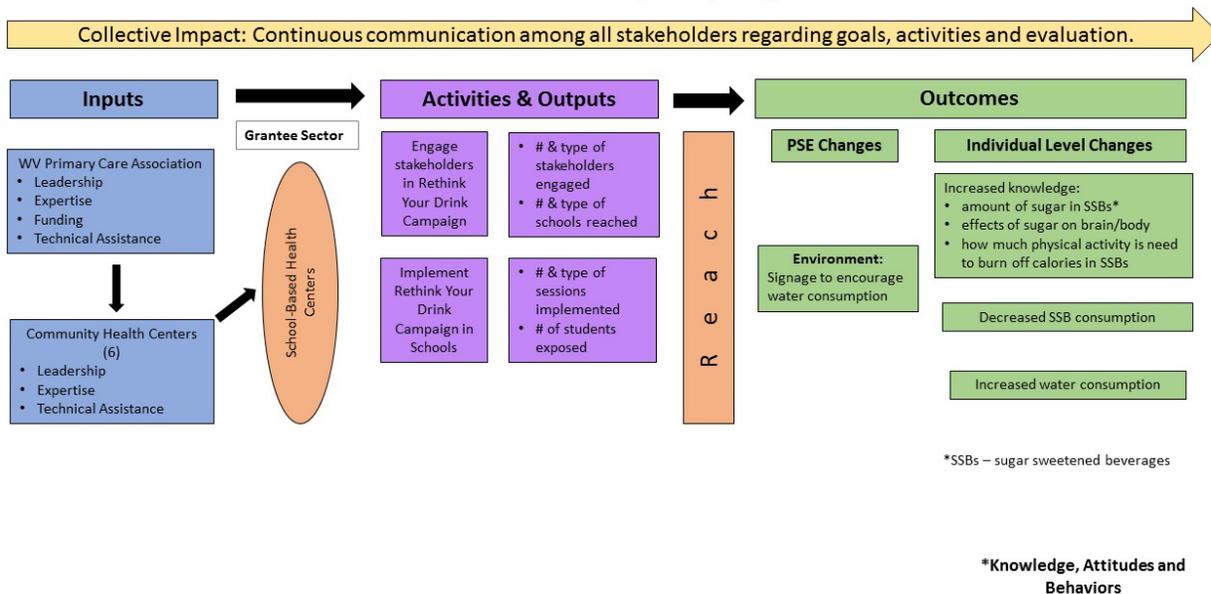
Cancer Intervention Logic Model



Office of Health Services Research (OHSR) Facilitated Mini-Grants Community Clinic Linkages Intervention Logic Model



West Virginia Primary Care Association (WVPCA) Facilitated Mini-Grants Rethink Your Drink (RYD) Logic Model



Appendix 4: Observations & Recommendations Regarding the Grant Application Process

1. Inconsistent materials in applications (some with budget justifications and others not). Some grant proposals did not have a narrative description of what they were proposing. Some embedded the narrative in the application while others had separate documents. One of my grants referred to MS Word documents that were not available to me.
 - a. Core application questions should be consistent (e.g., intervention description, evaluation questions).
 - b. There was a mismatch between selected outcomes and what they described in the narrative. Many applicants selected policy as an outcome and did not mention policy again, or, in some cases went on to say they could not address policy because they were a state institution (am assuming they didn't think they had the authority to change policy).
 - c. Applicants should be required to provide all requested information.
2. There was confusion about reach. Is this number of people served in each program or grant, or the number of possible people served? Ideally, we need both to properly define reach according to Glasgow and colleagues extensive work on this topic.
 - a. We need to operationalize reach in the following:
 - i. Worksite number of employees.
 - ii. Possible number of people reached in a community or worksite.
 - iii. Actual number of people reached in a community or worksite.
3. Evaluation approach needs to be clarified for ourselves and future call for grants. We need to think carefully about this.
 - a. Ask applicants if they will be tracking things quantitatively (surveys, attendance, miles of trail, etc.) or qualitatively (surveys, pictures of trails, quotes about change in knowledge or interest, etc.)
 - b. For the future applications, when we ask for the methods, they will use to track outcomes, include language in which we explicitly state examples of what we're looking for.
 - c. Impact on individuals versus communities needs to be specified.

Appendix 4 (Continued)

- d. All objectives should be SMART Objectives (e.g., policy, systems, environmental, individual attitudes and behaviors).
 - e. Pre/post data collection, ongoing, or one-time (post only) assessments.
 - f. How do we characterize social media responses or evaluations?
4. We also need to more clearly define outputs.
 - a. Attendance
 - b. Training
 - c. Interviews with those in attendance
 - d. Completion of trails or environmental changes
 - e. Policy or systems changes
 5. There was a lot of variability in the clarity and overall quality of the applications.
 - a. Application should require all fields get filled out.
 - b. Application was difficult to review. Information was spread out and difficult to follow.
 - c. A spreadsheet to input information by Objectives, followed by Activities
 6. It would be helpful in the future to give each applicant a template table for the applicant to fill in. This table would contain any relevant information we would want when it comes time to evaluate the applications at the end. This template could be sent out to all the applications and we instruct them to fill it out and submit it along with their application at the beginning of the process.
 7. In some ways having Qualtrics to apply for funding was less efficient and more difficult to develop cohesive workplans.

Appendix 5: HPCD Mini-Grants Impacts at a Glance

HPCD MINI-GRANTS IMPACTS AT-A-GLANCE

65 TOTAL MINI-GRANT RECIPIENTS

received a total of \$196,369 in funding from five different grant-facilitating organizations. Of this amount, 14.77% was spent in West Virginia.

RECIPIENTS BY GRANT-FACILITATING ORGANIZATIONS



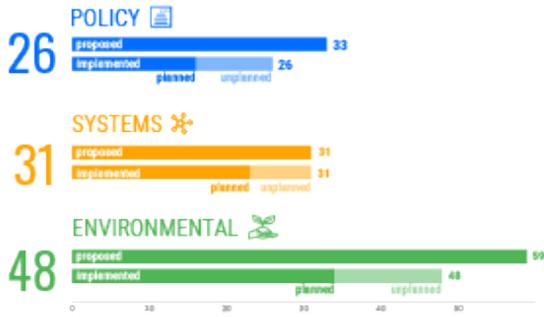
RECIPIENTS BY SECTOR



ABBREVIATIONS

HPCD - WV Division of Health Promotion and Chrono Disease
 ASWV - Active Southern West Virginia
 CAWV - Center for Active West Virginia
 MOH - Mountains of Hope
 WVPCA - WV Primary Care Association
 OHSR - WVU Office of Health Services Research

POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGES implemented by ASWV + CAWV recipients



TOTAL PSE CHANGES BY FOCUS AREA

- 45 PSE changes related to **physical activity**
- 26 PSE changes related to **nutrition**
- 08 PSE changes related to **tobacco prevention**
- 26 PSE changes related to **health promotion + education**

GOOD EXAMPLE CONTRACTS implemented by ASWV recipients



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