

Community-Coalition Based  
Wellness Efforts: Evaluation of  
Policy, Systems, and Environmental  
Changes Through an Academic-  
Community Partnership

Author: Vicki Simpson, Assistant Professor,  
Purdue University

Libbi Smith, Program Coordinator,  
HCCCC

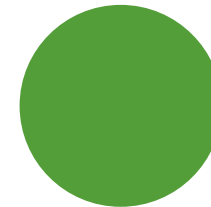
Lorra Archibald, Director, HCCCC

Conflict of Interest: The authors declare no  
conflict of interest.

This project was supported by the Indiana  
Clinical and Translational Sciences Institute,  
funded in part by grant # TR001107 from the  
National Institute of Health, National Center for  
Advancing Translational Sciences and the  
Indiana Department of Health.

---

## Disclosures



# Learner Objectives

## Describe

Describe use of the CDC CHANGE tool to evaluate policy, systems and environment changes in communities.

## Discuss


Discuss the use of academic-practice partnerships to support evaluation of PSE changes secondary to a community-based wellness program

## Describe

Describe implications for nursing practice and community-based wellness.



## Purpose

- The purpose of this study was to describe policy, systems, and environmental changes (PSE) occurring in a poor, underserved largely Hispanic Midwest county secondary to community coalition provided wellness screening, education and support.
- 

# Academic-Practice Partnership

- An academic-community partnership was created to collect information concerning individual lifestyle behavior and PSE changes secondary to a community-based wellness program.
  - Support use of approaches which equitably involve community partners in research (Viswanathan et al., 2004; Minkler & Wallerstein, 2013).
  - Useful in rural settings; sharing power throughout the research process equalizes power dynamics (Young-Lorion et al., 2013; Belone et al., 2016).



# Partners



School of Nursing  
COLLEGE OF HEALTH AND HUMAN SCIENCES



# Clinton County, Indiana



- Located in central Indiana
- Population 33,224
- Ranked 58/92 counties overall by RWJF County Health Rankings and Roadmaps 2018
  - Ranked 68<sup>th</sup> in Clinical Care

# Wellness Program

Monthly health screenings

Education

Direct referrals to local resources

Multiple sites:

- manufacturing,
- low-income housing,
- service,
- faith-based organizations



# Research Design

- A mixed-methods approach was used to evaluate PSE changes.
  - CDC Community Health Evaluation and Group Assessment (CHANGE) tool
  - Monthly structured logs maintained by program staff documenting PSE changes

# Community Change Process



# CDC CHANGE Tool Description

- Identifies and monitors important policy, systems, and environmental changes (PSE) over time at a variety of community-based sites
- Policy and environment scores are summarized for five sectors:
  - physical activity
  - nutrition
  - tobacco use
  - chronic disease management
  - leadership

# CDC CHANGE Tool

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

To what extent does the community:	Policy Response #	Environment Response #
1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?	1	1
2. Participate in the public policy process to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?	1	1
3. Finance public shared-use paths or trails (by passing bonds, passing millages, levying taxes or getting grants)?	1	1
4. Finance public recreation facilities (by passing bonds, passing millages, levying taxes or getting grants)?	1	1
5. Finance public parks or greenways (by passing bonds, passing millages, levying taxes or getting grants)?	1	1
6. Finance public sports facilities (by passing bonds, passing millages, levying taxes or getting grants)?	1	1
7. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements)?	1	1
8. Finance bicycle enhancements (e.g., bike lanes, bike parking, road diets)?	1	1
9. Address the community's operating budget to make walking, bicycling, or other physical activities a priority?	1	1
10. Promote mixed land use through regulation or other incentives?	1	1
11. Institute a management program to improve safety within the transportation	1	1

As an example, these are the questions asked in the leadership module. The following pages list all questions asked in all modules of the Community-At-Large sector.

- Community-At-Large
- Community Institution/Organization
- Health Care
- School(s)
- Work Site(s)

C  
H  
A  
N  
G  
E  
  
T  
O  
O  
L  
  
R  
E  
S  
U  
L  
T  
S

<b>SITE/SECTOR</b>	<b>Physical Activity</b>	<b>Nutrition</b>	<b>Tobacco Use</b>	<b>Chronic Disease</b>	<b>Leadership</b>
<b>Worksite 1</b>	% Change	% Change	% Change	% Change	% Change
Policy	12.73	6.67	0.00	20.00	24.61
Environment	12.73	5.33	0.00	8.18	8.46
<b>Worksite 2</b>					
Policy	17.64	25.34	20.00	16.36	23.08
Environment	17.64	25.34	30.00	12.73	23.01
<b>Worksite 3</b>					
Policy	14.54	4.00	4.00	1.81	4.61
Environment	3.63	4.00	4.00	1.81	0.84
<b>Community 1</b>					
Policy	44.73	1.22	11.43	20.00	56.00
Environment	44.73	1.16	11.43	20.00	56.00
<b>Community 2</b>					
Policy	22.08	0.00	10.00	40.00	24.00
Environment	21.74	0.00	10.00	37.50	24.00

# PSE Changes

---

## **Policy**

---

Instituted a tobacco free campus policy

---

Created a recreation ministry

---

## **Systems**

---

Created a weekly exercise program

---

Began offering a free diabetes prevention program

---

## **Environment**

---

Decreased price of healthy food options

---

Installed bike rack to encourage individuals to bike to programming

# Summary of Results



- Greatest impact on Leadership related to policy and environment
- Support for chronic disease management also increased
- Nutrition policy and environment changes smaller but significant
- Minimal change in tobacco policies and environment
  - Most sites had fairly strict policies already in place



## Conclusions

- This program is reaching vulnerable populations and creating PSE changes which support healthy policies across all sites and the community, thereby maximizing health outcomes and encouraging the community to enhance efforts to sustain and continue such changes.



# Implications for Practice

Community-based wellness programming can enhance awareness of the need for PSE changes to support the health of the populations served.

Provision of feedback by coalition staff to leadership at wellness sites concerning health outcomes being observed and participant reports of impediments and barriers to healthy lifestyles can provide the data necessary to encourage and support such changes.

# References

- Centers for Disease Control and Prevention (2010). Community Health Assessment and Group Evaluation (CHANGE) Action Guide. Atlanta: US Department of Health and Human Services
- Balazs, C.L., Morello-Frosch, R. (2013). The three Rs: How community-based participatory research strengthens the rigor, relevance, and reach of science. *Journal of Environmental Justice*, 6(1), 9-16.
- Minkler, M., Wallerstein, N. (Eds.). (2013). *Community-based participatory research for health: From process to outcomes* (2nd ed.). San Francisco: John Wiley & Sons
- Simpson, V., Price, C., Archibald, L., & Smith, L. (2017). Know your numbers 46041: an academic-practice partnership to enhance and evaluate a community-based wellness program. Manuscript submitted for publication,
- World Health Organization (2017). Noncommunicable diseases. Retrieved from <http://www.who.int/mediacentre/factsheets/fs355/en/>
- Viswanathan, M., Ammerman, A., Eng, E., Gartlehner, G., Lohr, K. N., Griffith, D., ... Whitener, L. (2004). *Community-based participatory research: Assessing the evidence* (Summary, Evidence Report/Technology Assessment No. 99, AHRQ Publication 04-E022-1). Rockville, MD: Agency for Healthcare Research and Quality.
- Young-Lorion, J., Davis, M. M., Kirks, N., Hsu, A., Slater, J. K., Rollins, N., ... McGinnis, P. (2013). Rural Oregon community perspectives: introducing community-based participatory research into a community health coalition. *Progress in Community Health Partnerships*, 7(3),313-322.