



ALR AWARD WINNER CASE STUDY

Active Living Research: 2013 Translating Research to Policy Award

Award Recipients:

Model Communities Initiative of Suburban Cook County, Illinois

The Model Communities program focuses on changing policies and environments to help make the healthy choice the easier choice for individuals and families in suburban Cook County, Illinois. As part of the overall Communities Putting Prevention to Work (CPPW) approach, the Cook County Department of Public Health and its partner, the Public Health Institute of Metropolitan Chicago, awarded \$4 million in Model Communities grant funds to 38 local governments, community organizations and school districts throughout suburban Cook County. Using proven strategies, grant recipients aimed to transform communities and school environments to promote healthy eating and active living.

In addition to the organizations below, the success of the Model Communities program funded by CPPW would not have been possible without the commitment of CPPW program staff and other technical assistance partners that included the American Heart Association, Midwest Affiliate; AgeOptions; Alliance for a Healthier Generation; The Center for Faith and Community Health Transformation; Delta Institute; Health Connect One; Illinois Chapter American Academy of Pediatrics; and Seven Generations Ahead.

Active Transportation Alliance

The mission of the Active Transportation Alliance (Active Trans) is to make walking, bicycling and public transit so safe, convenient and fun that we will achieve a significant shift from environmentally harmful, sedentary travel to clean, active travel. Founded in 1987, Active Trans advocates for transportation that encourages and promotes safety, physical activity, health, recreation, social interaction, equity, environmental stewardship, and resource conservation. Active Trans' role in the transformational suburban Cook County CPPW initiative represented one of the organization's most wide-ranging projects, supporting 25 suburban communities with technical assistance in 9 different transportation policy areas as part of the Model Communities program. For more information about Active Trans, visit www.activetrans.org.

Consortium to Lower Obesity in Chicago Children

The Consortium to Lower Obesity in Chicago Children (CLOCC) is a nationally recognized childhood obesity prevention program. CLOCC's mission is to confront the childhood obesity epidemic by promoting healthy and active lifestyles for children throughout the Chicago metropolitan area. For the suburban Cook CPPW initiative, CLOCC served as lead evaluator and worked collaboratively with the MidAmerica Center for Public Health Practice to evaluate the Model Communities program. For more information about CLOCC, visit www.clocc.net.



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Cook County Department of Public Health

The Cook County Department of Public Health (CCDPH) is the state certified public health agency for nearly all of suburban Cook County (SCC), Illinois and serves nearly 2.5 million residents in 129 municipalities. CCDPH is one of seven affiliate agencies of the Cook County Health and Hospital System, the 3rd largest public healthcare provider in the nation. With a staff of almost 300 employees, CCDPH strives to meet the public health needs of our region through effective and efficient disease prevention and health promotion activities. In collaboration with the Public Health Institute of Metropolitan Chicago and numerous partner organizations, CCDPH provided overall strategic direction and leadership to the CPPW initiative in SCC, which included the Model Communities program that resulted in 200 policy and environmental changes, promoting healthy eating and active living in 127 schools and 73 communities across the region, reaching almost two-thirds of our population. For more information about CCDPH, visit www.cookcountypublichealth.org.

MidAmerica Center for Public Health Practice

Located at the University of Illinois at Chicago School of Public Health, the MidAmerica Center for Public Health Practice's (MCPHP) mission is to build individual and organizational capacity to improve health by:

- Working with partners to creatively address public health practice issues;
- Translating public health research into practical resources; and
- Providing professional development, planning, and evaluation services.

For the suburban Cook County Communities Putting Prevention to Work initiative, MCPHP developed the Model Communities (MC) proposal and selection process, conducted the Change Institute (a year-long leadership institute for MC grantees) and supported other capacity building initiatives, partnered with CLOCC on the MC evaluation, and built an online platform for communication across grantees. For more information about MCPHP, visit www.midamericacphp.com.

Public Health Institute of Metropolitan Chicago

The Public Health Institute of Metropolitan Chicago (PHIMC) is a nonprofit organization that works in collaboration with public health agencies and non-governmental organizations to enhance the health of communities in the greater Chicago Metropolitan area by building effective public health capacity. PHIMC is committed to dynamic support of organizations dedicated to solving public health challenges. Through its partnership with the Cook County Department of Public Health in working on the suburban Cook County CPPW initiative, including the Model Communities (MC) program, PHIMC provided fiscal administration, personnel management, program planning and implementation, and technical assistance to MC grantees. For more information about PHIMC, visit www.phimc.org.



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Model Communities: A Vital Strategy to Implementing Policy and Environmental Change for Active Living and Addressing Health Equity in Suburban Cook County, Illinois

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The Problem

Chronic diseases are the major cause of morbidity and mortality in suburban Cook County (SCC), Illinois with striking disparities among racial and ethnic minorities and people living in poverty.¹ Contributing to this health burden is the prevalence of obesity, poor nutrition, and physical inactivity among SCC residents. Almost 63% of adults are currently overweight or obese - a rate which has increased by nearly 10% from 1998-2007.² The rate among youth is just as alarming, with over 25% of high school students being overweight or obese.³ Moreover, 42% of 6th graders and 33% of kindergarteners are overweight, and 23.8% and 17.9%, respectively, are obese.⁴ This is not surprising, as data indicate that both adults and youth have unhealthy diets and do not meet recommended standards for physical activity²⁻³.

The disparities in health status across SCC are largely connected to the conditions under which people live, work and play. For physical activity, community design plays a key role in promoting sedentary lifestyles and automobile dependency⁵ --- especially in municipalities with low-income or minority populations in which inadequate infrastructure (e.g., lack jobs, sidewalks, identified bikeways, and violence) exists¹. Given the resources, needs, and barriers in SCC, the Cook County Department of Public Health (CCDPH) with several community leaders developed a bold vision to facilitate and sustain a culture shift towards healthy living and health equity. Advancement towards this vision was then made possible when CCDPH in collaboration with the Public Health Institute of Metropolitan Chicago (PHIMC) was awarded nearly \$16 million in March 2010 to address obesity as part of the federal Communities Putting Prevention to Work (CPPW) initiative administered by the Centers for Disease Control and Prevention and grounded in implementation of interventions leading to policy, systems and environmental (PSE) changes that made healthy living easier.⁶ Through this opportunity, a comprehensive, multi-level approach was employed that integrated systems thinking and community organizing principles to advance PSE change across multiple sectors that was far reaching and sustainable.

The Context

Suburban Cook County is a geopolitically complex region, which covers a total of 700 square miles; encompasses more than 130 municipalities with nearly 2.5 million people; and is home to numerous stakeholders (e.g., 140+ school districts). To meet the unique needs of SCC, assure linkage with county, state and national initiatives, and sustain efforts, the Model Communities (MC) program was designed and implemented by CCDPH, PHIMC and technical expert organizations (TA partners) listed on following page, as a key health promotion strategy within the overall CPPW approach. The program aimed to transform localities with an emphasis on reducing health inequities and cultivating partnerships to maximize impact beyond the CPPW project period. Through this program, local governments, school districts, and community-based institutions were provided with resources and tools to advance PSE changes supporting healthy eating and active living. Up to \$4 million was awarded to 38 entities serving SCC communities, many of whom promoted active living by creating convenient, safe places to be active and increasing opportunities for physical activity before, during and after the school day.



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The theoretical underpinning of the MC program encompassed three primary elements:

- 1) building constituency support through local grassroots coalitions and participation in a county-wide chronic disease prevention collaborative (Alliance for Healthy and Active Communities - AHAC);
- 2) enhancing organizational and community capacity via MC-wide trainings coordinated by the Mid America Center for Public Health Practice (MCPHP) and one-on-one technical assistance provided by SCC CPPW staff and one of nine TA Partners including: Active Transportation Alliance; American Heart Association, Midwest Affiliate; AgeOptions; Alliance for a Healthier Generation; The Center for Faith and Community Health Transformation; Delta Institute; Health Connect One; Illinois Chapter American Academy of Pediatrics; and Seven Generations Ahead; and
- 3) using communication strategies to support change initiatives. The success of this program required intensive coordination and communication between CCDPH, PHIMC leadership and staff, SCC CPPW team members, TA partners, and evaluators from the Consortium to Lower Obesity Among Chicago's Children and MCPHP. Success also hinged upon the grant recipients' ability to take necessary steps, including mobilizing local leaders, partners and stakeholders within their respective organization, school system or municipality, to instill PSE change in suburban settings that sought to turn the tide on obesity.

Working toward Solutions

Based on the literature, it was anticipated that the combination of the three primary elements described above would lead to increased organizational and community capacity by providing key individuals the knowledge, skills and resources to successfully complete goal setting, strategy development, and communication needed to effectively advance PSE change. The menu of MC interventions leading to PSE changes were thought to promote positive population behaviors that would eventually impact health outcomes, particularly in under resourced communities and schools which made up 71% of MC grantees.

Research was used to help in the change process. For example, grantees were required to participate in the Change Institute, which was comprised of three in-person and two web-based trainings. Data collected on grantees' level of collaboration and competencies, aligned with PSE change for the evaluation, were used to tailor the trainings at the Change Institute and AHAC quarterly meetings and other technical assistance provided by SCC CPPW staff and TA partners. Evaluation results indicated grantees improved their self-assessed abilities to identify PSE change targets, build support for PSE change and used data and information to engage in PSE change. Results also showed increased alliances for PSE change including: growth in healthy lifestyles coalition membership, attendance in coalition meetings, leadership roles in coalitions, working informally with other organizations, collaboration to form shared PSE goals, data and analysis sharing, holding joint events, co-drafting legislation/policies and providing testimony support other organization's PSE change efforts.

The MC grant program resulted in 200 PSE changes in 127 schools and 73 communities across the region, impacting 1.6 million people. In particular, active living PSE initiatives were most successful among MC grantees. Eleven municipalities adopted Complete Streets policies, Safe Park Zones ordinances, installed bike signage, or developed an active transportation plan. Alone, these changes have the potential to impact up to 124,212 SCC residents. Schools also had great success with PSE changes to increase opportunities for students and staff to be physically active. Passage occurred in a total of 85 schools, impacting 47,099 staff and students and included increased after-school opportunities and institutionalized physical activity during the school day. In addition, 37 schools completed a Safe Routes to School travel plan to increase the number of students who bike and walk to/from school.

Lessons Learned

Overall, evaluation of the MC program proved to be useful in modifying MC-wide trainings and resources to the grantees, identifying facilitators and barriers to the PSE change process (via case studies),



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determining future adjustments to the program's theoretical underpinning and future implementation, and validating the potential value for this strategy.

Despite these benefits, evaluating PSE change work proved to be challenging because strategies for achieving these types of changes are built incrementally and are initiated in response to many contextual factors. Further, because the impact of these change efforts often goes beyond the immediate PSE change itself, there can be multiple outcomes to assess. In recognition of the many ways in which achievement can be characterized in PSE change work, CCDPH, SCC CPPW team members and the evaluators collaboratively developed a theory of change, identified performance measures and an evaluation plan that applied mixed methods.

Many lessons were learned, including:

- 1) A need for data earlier and more frequently to support change processes, which would allow for more effective tailoring of individualized support activities or collaboration opportunities that met organizations and communities where they were;
- 2) Being clear on how capacity building is defined, implemented and evaluated. We learned that grantees engaged more in events and activities that provided them with knowledge and skills than those that offered opportunities for collaboration. Increased capacities and competencies reflected in the data can be misleading due to limitations in consistency of who participated in the evaluation from each MC organization, and that MCs with less capacity and infrastructure struggled, regardless of all capacity building opportunities;
- 3) Progress and successes need to be shared more effectively across SCC to continue to garner cross-sector buy-in; and
- 4) Long-term follow up is required to track capacity as it relates to the impact of PSE changes on health behaviors and ultimately health outcomes.

The MC program is a long term development strategy that aims to address health issues in a complex region marked by fragmented government, diverse populations with varying needs and growing health disparities. The program provided opportunities for collaborating across boundaries while also customizing support for organizations and communities. Other complex regions may benefit from this account, both in identifying strategy components and in shaping outcome expectations.

¹ Cook County Department of Public Health. (2011). WePLAN 2015, Suburban Cook County Community Health Assessment and Plan. Available from: <http://www.cookcountypublichealth.org/files/pdf/weplan-2015.pdf>. Accessed on August 30, 2012.

² Illinois Department of Public Health. (2008). Illinois Behavioral Risk Factor Surveillance System. Available at: www.app.idph.state.il.us/brfss/statedata.asp?area=cook. Accessed on August 28, 2012.

³ Cook County Department of Public Health. (2010). Youth Risk Behavior Survey [Survey Summary]. Available at: <http://www.cookcountypublichealth.org/files/pdf/yrbs-2010/2010CUAHSurveySummary.pdf>. Accessed on August 28, 2012.

⁴ Consortium to Lower Obesity in Chicago's Children, Ann and Robert H Lurie Children's Hospital. (Unpublished Data). Weight Status in Suburban Cook County Youth 2011-2012. Internal Document.

⁵ American Public Health Association. (2010). The Hidden Health Costs of Transportation. Available at: <http://www.apha.org/NR/rdonlyres/F84640FD-13CF-47EA-8267-E767A1099239/0/HiddenHealthCostsofTransportationShortFinal.pdf>. Accessed on August 30, 2012.

⁶ Bunnell et al. (2012). Fifty Communities Putting Prevention to Work: Accelerating Chronic Disease Prevention Through Policy, Systems and Environmental Change. *J Comm Hlth*. DOI 10.1007/s10900-012-9542-3.