



Blue Cross of Idaho Foundation for Health

High Five Community Transformation Grant Evaluation

Cohorts 1 and 2

Prepared by FSG

October 4, 2019



About FSG

FSG is a mission-driven consulting firm supporting leaders in creating large-scale, lasting social change. Through strategy, evaluation, and research we help many types of actors—individually and collectively—make progress against the world’s toughest problems.

Our teams work across all sectors by partnering with leading foundations, businesses, nonprofits, and governments in every region of the globe. We seek to reimagine social change by identifying ways to maximize the impact of existing resources, amplifying the work of others to help advance knowledge and practice, and inspiring change agents around the world to achieve greater impact.

As part of our nonprofit mission, FSG also directly supports learning communities, such as the Collective Impact Forum, Shared Value Initiative, and Talent Rewire to provide the tools and relationships that change agents need to be successful.

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Executive Summary

In 2013, the Blue Cross of Idaho Foundation for Health (the Foundation) adopted a novel approach to grant making as part of its efforts to address childhood obesity. Rather than dispersing funding in small amounts across the state, the Foundation chose instead to work with a few select communities who participated in a three-year Community Transformation Grant (CTG) program. In each community, the Foundation brought together a group of individuals – including city, school, and other leaders – to learn about the childhood obesity epidemic and then identify how to distribute an allotted sum of grant dollars to support childhood obesity related efforts in their community. By working with community leaders in this way, the Foundation sought to not only ensure that its grant decisions were informed by community perspective but also to hopefully catalyze meaningful engagement and collaboration around community health.

In the summer of 2019, the Foundation commissioned FSG to evaluate the CTG program in the seven Idaho communities that had participated in the first two CTG cohorts. Because the Foundation is interesting in creating systems change, it sought to understand the extent to which the CTG had impacted mental models, power dynamics, relationships, policies, practices, and resources flows related to childhood obesity in each community. To determine this, FSG conducted interviews and surveys with individuals who participated on the CTG community leadership groups (i.e., Impact Teams) across all seven communities.

Evaluation findings described in this report show that by inviting community members to participate in the grant making process, the CTG program had an impact on communities that went beyond the impact of the grants themselves. The CTGs resulted in the following systems changes:

- **Mental models** shifted to be more supportive of community-focused efforts to address the root causes of childhood obesity. Impact team members and others in the community shifted their beliefs about the role that their community needs to play in addressing childhood obesity after participating in the CTG.
- The CTG moved people with positional **power** to use their influence and authority to address childhood obesity. Some communities showed there is room to further strengthen collaborative efforts by gathering input and insights from a wider group of community members with more diverse experiences related to healthy eating and active living.
- The CTG process strengthened **relationships** between individuals and organizations. Some communities' experiences offer insights about what factors can help sustain collaborations and partnerships beyond the grant timeline.
- The CTG influenced local city and school **policies** to better support physical activity and healthy eating and their experiences offer insights about what types of policies are most feasible in Idaho's political context, and how community collaboratives can best support policy change.

- The CTG funding appears to have had a catalytic effect, and helping communities attract other private and public **resources** to address childhood obesity. In some cases, the CTG helped spur innovation by providing grant funding for pilot programs that were later taken on and supported by city governments.
- Organizations involved in CTG, and sometimes others in the community changed **practices** to better support health eating and active living. Schools and city government were the most likely – though not the only places – to see organizational practices changes as a result of the CTG.

The following report details the changes that happened across seven communities that participated in the CTG as well as suggestions about opportunities to enhance similar efforts in the future. This report concludes with a list of principles for how funders and communities who together strive to advance community collaboration in health may deepen the impact of their efforts.

Around the country, an increasing number of Foundations are recognizing the importance of community engagement and are exploring participatory grant-making methods. Few foundations, however, have gone so far as the Foundation does in the CTG program in giving community members power to come together and decide which opportunities most warrant grant funding.

Introduction

Overview of the Community Transformation Grant Program

In 2013, the Blue Cross of Idaho Foundation for Health (hereafter, the Foundation) decided to take a novel approach to grant making to address childhood obesity. Through its High Five Community Transformation Grant (CTG) initiative, the Foundation worked with elected officials to catalyze community collaboration to address childhood obesity. Thus, unlike more traditional approaches in which a foundation selects individual nonprofit organizations and funds particular programs in its geographic catchment areas, the Foundation has opted to instead work in-depth with a few select communities and let a group of community members join a strategic planning process and decide what programs the Foundation will fund. In each selected community, the Foundation convened a team of elected officials and other community leaders to better understand the causes and impact of childhood obesity in their area. After this learning and planning period, the Foundation asked this team of local leaders to collaboratively decide how to use approximately \$250,000 per community in funding provided by the Foundation to address these challenges.

The CTG in each community was a three year process, including two distinct phases of work:

- Phase 1, Planning: During the first year, communities established a leadership group (referred to as the CTG Impact Team), clarified community assets and needs, and developed a grant strategy
- Phase 2, Funding and Execution: During the second and third years, communities implemented their strategy by making grant decisions

The first cohort of CTG included four communities: Kuna, Lapwai, Middleton, and Nampa. The second cohort included three communities: Bonners Ferry, Sandpoint, and Rexburg. In 2019, the Foundation selected Orofino and Twin Falls to participate in a third cohort of the CTGs.

This report describes evaluation finding for the seven communities that participated in the CTG initiative in Cohorts 1 and 2. These communities had completed or were just about to complete the three year grant period during summer 2019 when this evaluation took place.

Evaluation Approach

Having gathered experience using this approach to community change for seven years, the Foundation commissioned this evaluation to understand the extent to which the CTGs created community conditions that support healthy eating and physical activity, and what facilitated or inhibited those changes. This study includes observations from seven communities that participated in the grant (Cohorts 1 and 2). This evaluation is intended to help guide (i) communities who aim to collaboratively

address health challenges and (ii) the Foundation and other funders in their efforts to foster community-led collaboration and change.

Given that the purpose of this evaluation was to understand how community leaders can come together to create change, our inquiry focuses on understanding the extent to which the CTGs shifted community conditions around obesity (rather than studying the rates of obesity, which are slow to change).

Informed by FSG¹ and other's research about the conditions that hold persistent social problems in place, the Foundation sought to understand the extent to which the CTGs created change in areas described below, some of which are more visible and others that invisible:

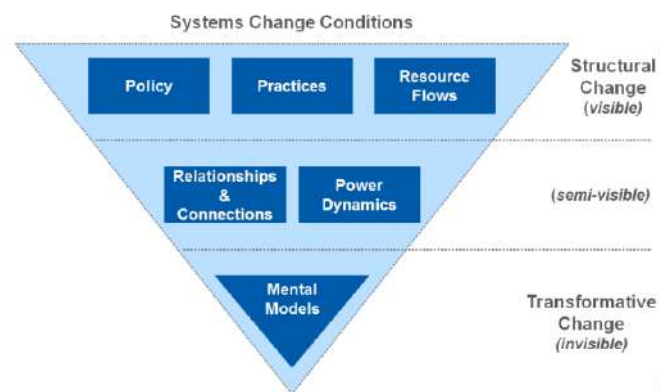


Figure 1: Systems Change Conditions

1. **Mental Models:** *Our habits of thought – deeply held beliefs, assumptions, and ways of operating that influence how we think, what we do, and how we talk.*
2. **Power Dynamics:** *The distribution of decision-making power, authority, as well as both formal and informal influence among individuals and organizations.*
3. **Relationships and Connections:** *Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints.*
4. **Policies:** *Government, institutional and organizational rules, regulations, and priorities that guide the entity's own and others' actions.*
5. **Resource Flows:** *How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed.*

¹Kania, J., M. Kramer, and P. Senge. "The water of systems change." (2018).

6. **Practices:** *Espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that comprise their work.*

The evaluation used both interviews (n=17) and surveys (n=35) with CTG Impact Team members across sites to answer a set of questions:

1. To what extent and how did individuals exposed to the CTGs process change their attitudes, beliefs, and **mental models** about the causes of and solutions to addressing childhood obesity?
2. How did **power dynamics** impact the functioning of initiatives? To what extent and in what ways were community members and grantees able to shape the priorities of the initiative? How could power dynamics continue to shift and change to improve commitment to, or functioning of the initiatives?
3. To what extent and how did **relationships** and connections change between organizations and individuals within each site?
4. To what extent and how did the CTGs catalyze changes **policies**?
5. To what extent did CTGs influence public or private **resource flows**?
6. To what extent and how did CTGs contribute to organizations and individuals changing their **practice**? What are we learning about what it takes to change norms for various professionals?

Findings

Mental Models

“Our mental models shape the meaning we assign to external data and events and guide our participation in public discourse. At the same time, external information and public discourse can bring to the fore one or more of the many different mental models each of us holds.”² Individual mental models and broader public narratives are closely linked and influence the way we think, talk, and act. They influence how we respond to and engage with important social issues, including what policies we support, what organizations think should receive grants, and what ways we see that our own organization to change its practices. Therefore, shifting a system requires understanding existing mental models related to the issue you are working to address and figuring out how to gently nudge models that may inhibit change.³ If a community effort does not consider and address mental models, changes at other levels of the systems change triangle (see Figure 2) – such as policies or practices – may not be sustained. By changing the mental models that community leaders and the general public have about health in their communities, and whether and how health can be improved through community action, the CTG aimed to lay the groundwork for other changes to support children in healthy eating and physical activity.

In working to address childhood obesity at the community level, there are various mental models that individuals may hold that can inhibit progress. The Frameworks Institute has identified three common mental models that prohibit change on major social issues in the US⁴ -- individualism, us versus them,

Findings snapshot: Mental models

- Even though at baseline the CTG Impact Team members were more likely than other groups to believe that community efforts are required to address childhood obesity, the CTG experience deepened their beliefs
- The CTG Impact Team felt the strongest shifts in mental models were among local government officials’ and city leaders’, particularly in Cohort 2
- CTG Impact Team members reported that community members held the most individualistic mental models about childhood obesity both before and after the community had a CTG
- CTG Impact Team members highlighted several insights about how data, experiential learning, and framing governments’ role as partners can change mental models in their communities

²Kania, J., M. Kramer, and P. Senge. "The water of systems change." (2018).

³Kania, John. "Collective Impact Forum Blog." *Collective Impact Forum Blog (blog)*. Collective Impact Forum, August 30, 2019. <https://www.collectiveimpactforum.org/blogs/51306/unsticking-stuck-mental-models-adventures-systems-change>

⁴Presentation by Julie Sweetland, Vice President for Strategy and Innovation, Frameworks Institute on Webinar "Shifting Mental Models to Advance Systems Change." June 2019. Accessed September 2019.

https://www.collectiveimpactforum.org/resources/shifting-mental-models-advance-systems-change-webinar?utm_source=newsletter&utm_medium=email&utm_content=recording&utm_campaign=CIFJune2019MindsetWebinarVideo.

and fatalism.⁵ We sought to understand whether people viewed the problem of childhood issue through a lens of individualism – the belief that problems, solutions, and consequences happen at the individual level rather than systems level – and whether that changed over the grant period. We also sought to understand how much individuals felt a sense of urgency to address childhood obesity. To identify changes in mental models, survey respondents were asked to share the extent to which they agreed with a set of statements about their own mental models before the grant started and at the time of the survey (“now”).⁶

Even though at baseline the CTG Impact Team members were more likely than other groups to believe that community efforts are required to address childhood obesity, the CTG experience deepened their beliefs

Overall, CTG Impact Team members indicated high levels of agreement that the CTG changed their personal mental models about childhood obesity, notably shifting beliefs away from individualism. This finding was supported by both quantitative and qualitative data. When asked about their attitudes and beliefs about childhood obesity after having participated in the CTG, over 90% of survey respondents in both cohorts agreed with statements about the importance of community action.

The greatest changes in mental models among CTG Impact Team members over the course of the CTG were an increase in the belief that the community needs to work together to address childhood obesity (31 percentage point increase), that childhood obesity requires more than just individual change (23 percentage point increase), and that the challenge was urgent (24 percentage point increase). These mental model shifts were supported by qualitative findings in both Cohort 1 and Cohort 2. Several interviewees described shifts in the way they viewed the causes and solutions to childhood obesity, away from individualism toward a more complex, systems-oriented perspective. One CTG Impact Team member commented:

“[What changed was] the preconceived idea that obesity is just kids who are not active enough and they have bad parenting and they just eat crap food [...]. When you're really looking at systems change, it's not as easy as just saying, 'Yeah, you know, we can just attribute this all to personal behavior.' So I think that was one thing that really shifted, was being able to have a more science-based conversation around the complexity [of the issue].”

⁵Individualism is the belief that problems, solutions, and consequences happen at the individual level; us vs them is the belief that that another social group is distinct, different, or problematic; is the belief that problems are too big or too difficult to fix.

⁶For those in Cohort 1, the grant period began roughly seven years ago, and concluded four years ago, whereas for Cohort 2, the grant period began roughly three years ago and was coming to a close shortly after data collection.

The CTG Impact Team felt the strongest shifts in mental models were among local government officials' and city leaders', particularly in Cohort 2

Overall, interviews suggest that the most significant shifts in mental models that took place over the course of the CTG were among local government officials and city leaders who were not involved in the CTG Impact Team. Interviewees reported that while government officials and city leaders continued to hold slightly more individualistic mental models than they personally did, more than twice as many survey respondents reported that government officials would agree with statement about the importance of community action after the CTG relative to the beginning of the grant. For instance, at baseline only 32% of respondents said local government officials would agree that society and environment influenced health along with individual behavior but 82% felt that was true at the time of the survey. In some cases, they saw change in practices as evidence of shifting mental models. In one example, a CTG Impact Team member explained, "I thought that [an expensive splash pad] was going to be really difficult for City Council to buy into, and there really was very little discussion about it. Everyone thought it was a good plan. So, I think there was more of a willingness for City Council to invest those dollars for childhood activity."

Though both cohorts indicated similar levels of agreement at baseline, Cohort 2 seemed to have observed more change within their city governments and local leaders after the grant. For example, at the time of the survey, respondents in Cohort 2 were more likely than their counterparts in Cohort 1 to indicate that government officials and city leaders agreed that childhood obesity was a challenge that required community effort to address, not just individual behavior change (91% compared to 50%), and that society and environment influenced health, along with individual behavior (95% vs. 58%). In terms of the work being done to combat childhood obesity, Cohort 2 respondents indicated that government officials and city leaders felt more urgency to do something about the issue (91% vs. 46%) and that the community needed to work together to address health at the individual and community levels at the time of the survey (91% vs. 62%). One possible explanation for the difference between cohorts was a difference in local government buy-in and engagement.

CTG Impact Team members highlighted several insights about how data, experiential learning, and framing governments' role can change mental models in their communities

In interviews, CTG Impact Team members highlighted several factors either supporting or inhibiting shifts in mindset. These factors included:

- **Several interviewees highlighted the value of exposure to relevant data:** One interviewee who experienced a change in her mental model described an "ah-ha" moment when seeing community data. She said, "Boy, [the data] really opens your eyes, you know? When you can make decisions based on data that shows it right there in front of you in black and white [...], when you see the data and you see where we're going and what's going to happen [...] you're just like, 'Whoa, that's a real problem.'"
- **Several interviewees also highlighted the value of Mark Fenton's session, pointing to the importance of experiential learning:** One CTG member described how Mark's presentation

drove home how cities play a role in public health issues and have a responsibility to address them. He explained, “[Mark’s presentation] was phenomenal, like an eye-opening experience, to talk about community design and design of food system management. I think in the planning world, we get stuck in streets and buildings and parks that it was like, okay, how can we design a community around encouraging movement or encouraging access to healthy foods?”

- **Several also noted that mandating or requiring change is not an effective way to shift mindsets:** Participants noted that community members need to be brought along in the process and supported in shifting mental models. Requiring change was not an effective approach. One CTG member stated, “You start having those conversations so that people realize this needs to be our own decision [...], so it's not really the government telling us what to do.”
- **One also highlighted the importance of framing, particularly when advocating for policy change because of resistance to government overreach:** Related to the sense that community members are resistant to mandates, one CTG Impact Team member explained that many are sensitive to government overreach. Rather than talking about policy change, it was important to frame the conversation as being about partnership. She commented, “We are super against government oversight [...]. So, ‘policy’ is a terrible word here [...]. But if we talk about, ‘Here’s what we can do as a partner’, [it’s a] way to become a partner and an advocate versus being perceived as adversarial [...].”

Power and Influence

To address childhood obesity there may need to be shifts in power in a community. For example, shifts in the voices and perspectives represented in decisions, different types of public support, or more institutions and leaders putting their weight behind this issue. With the CTGs, the Foundation sought to influence two (of the many) aspects of power – first, the extent to which and how those with institutional power in the community thought about and prioritized children’s healthy eating and physical activity, and second, the extent to which and how the grant spurred community engagement and input into decisions related to healthy eating and physical activity for children. ⁷

The CTG brought institutional power holders into the discussion about childhood obesity

When asked to describe the team she was a part of, one CTG Impact Team member said it was a “group of people who make decisions in the community and have budgets.” According to her, this was important in the community since having individuals who occupied positions of power and influence on the CTG Impact Team meant they were more likely to be able to implement the agreed upon strategies. CTG Impact Team members across communities indicated that members occupied positions of power and authority within their communities, while also noting that their teams had credibility and trust from the community, held the ability to influence decision makers in their communities and that they worked with people and institution with resources to advance healthy eating and physical activity.

Findings snapshot: Power and influence

- The CTG brought institutional power holders into the discussion about childhood obesity
- CTG efforts struggled to influence and mobilize the community at large around childhood obesity
- Many felt the CTG Impact Teams were not representative of their communities, though they had differing opinions about whether shifting membership on the Impact Team was the best way to include community voice in their work
- In communities where the CTG intentionally created processes and structures for community engagement, CTG Impact Team members felt community input helped them make better grant funding decisions strengthened the collaborative overall

⁷For the purposes of this section, we use a frame developed by Innovation Network to describe types of power. **Institutional power** is the power to influence and change the who, how, and what of visible decision-making. **People power** is the power to build, mobilize, and sustain large scale public support. **Influencer power** is the power to develop, maintain, and leverage relationships with people and institutions with influence over and access to critical social, cultural, or financial resources. **Narrative power** is the ability to transform and hold public narratives and ideologies and limit the influence of opposing narratives. Source: Innovation Network. “Social Movement Theory of Change.” n.d. https://www.innonet.org/media/Social_Movements_TOC.pdf

CTG efforts struggled to influence and mobilize the community at large around childhood obesity

Fewer CTG Impact Team members agreed they had been able to mobilize the members of their community at large to support the team's efforts, or to influence how issues related to healthy eating and active living were talked about in their communities. For example, only 50% of survey respondents agreed that their work had influenced how the public talks and thinks about childhood obesity.

Across both cohorts, many CTG Impact Team members believed it was too soon in their timelines – either three or seven years since the grant began – to realize a change in public perception. As a Cohort 1 survey respondent wrote, “Influencing public perception will take years.” Another Cohort 2 participant shared: “Since some of the projects that were funded are still in the process of being implemented, it is hard to measure how much they have influenced the public's awareness of children's nutrition and physical activity. That will be able to be determined over time.” One Cohort 2 survey respondent shared that in his community, though not yet pervasive, conversations about childhood obesity were expanding saying, “The conversation about childhood obesity has migrated deeper into a variety of segments in the community.”

In communities where the CTG intentionally created processes and structures for community engagement, CTG Impact Team members felt community input helped them make better grant funding decisions and strengthened the collaborative overall

The Foundation asked that community surveys and focus groups were conducted early in the CTG process during Phase I. The means by which these data were collected varied between communities. In some locations, the CTG Impact Team designed and administered a survey, while others hired firms to gather community input using CTG funding. Focus groups, facilitated by a third party consultant used throughout the CTG, had varying levels of CTG Impact Team member participation.

While for some CTG Impact Teams, this grant-supported data collection was their main vehicle for hearing from their community members a number of sites intentionally sought to engage community members throughout the grant period. Data collection activities included:

- Opening CTG Impact Team meetings to the public;
- Hosting community events and town halls at varying rates, including once, annually, and several times a year;
- Creating a community advisory board to provide input on proposed projects;
- Initiating one on one or small group discussions to hear community opinions;
- Identifying leaders of marginalized groups and reaching out to them specifically;
- Inviting community members to submit proposals for funding early on;
- Reaching out to contacts within schools, nonprofits, and other relevant organizations; and

- Leveraging social media presence and other communication channels to collect information and invite community members to meetings.

Although not all of these approaches were successful when used, sites that offered multipronged approaches to community engagement generally saw increased community input. For example, one interviewee noted how greater community attendance at meetings coupled with increased willingness of the CTG Impact Team to seek input outside of meetings, led to stronger projects being approved and funded as time progressed.

“Early on our committee was not representative, but the group expanded more and more. We had diverse viewpoints at the table, so later on in the grant the projects that we were funding got better and better. The more willing people were to go back out of their own little areas and talk to more and more people... got other ideas from outside of the group.”

“The group expanded more and more. We had diverse viewpoints at the table, so later on in the grant the projects that we were funding got better and better.”

Relationships

One of the ways that the Foundation hoped that the CTG would have lasting impact on a community was by forging and deepening relationships.

The CTG process strengthened existing relationships leading to deeper, more aligned collaboration among the CTG Impact Team members and their organizations

While CTG Impact Team members reported existing, positive relationships at the start of the grant, they also indicated that those relationships strengthened over the course of the CTG and resulted in deeper, more strategically aligned, collaboration. One interviewee described the experience as having led to “more intimate and more forged relationships.” Another shared a similar sentiment saying, “[Over time,] we got to know each other better, understand different viewpoints [...]. I think it strengthened ties we already had.”

While one community reflected that though it wasn’t always easy, a shared goal of addressing childhood obesity brought groups together. An interviewee highlighted this when he described how the CTG changed his community:

“The Blue Cross High Five! was a huge catalyst in even getting the community going all in the same direction... it established a base [from various organization] to get together, figure out what's best for the community, figure out who's going to take the lead on it, and then move forward.”

“This work is hard and it's heavy lift, it can be really frustrating but I think we have different conversations in that community now because Blue Cross of Idaho Foundation for Health took a chance.”

The CTG helped bring organizations represented on the CTG Impact Team – some of whom had not worked intentionally with one another before – together around a common goal, which built trust. The CTG also changed the conversation and supported greater impact by aligning strategy and providing opportunities for “cross-pollination” between organizations. We heard this very clearly from four of the seven communities. One CTG Impact Team member explained, “I think the grant was effective because it brought us together more, and it made us more aware of what's already happening in our community, and then also it just created more cohesion amongst the leadership group that was already focused in various areas of public health.”

Findings snapshot: Relationships

- The CTG process strengthened existing relationships leading to deeper, more aligned collaboration among the CTG Impact Team members and their organizations
- Additional collaboration among entities external to the CTG also developed as a result of the grant
- Sustained collaboration had three characteristics: a common agenda to address a community health need, champions to lead the work, and additional funding

This model of collaboration was unique for these communities, and it was a model they saw value in replicating. As one interviewee shared, they are using the model in other areas, “[It brought us together in] a way that we've been able to replicate in other opportunities ever since.”

Additional collaboration among entities external to the CTG also developed as a result of the grant

Two unique examples of collaboration between entities, in which at least one organization was not part of the CTG, emerged as a result of the grant. Similar to the relationships within the CTG Impact Team, these organizations connected around their common goals. In the first example, grant applicants and potential co-funders all met at a public meeting where the applicants presented their proposals to the CTG Impact Team. An example of one of these connections was that a land trust and cross country ski club came together and began developing recreational ski spaces further. Other examples described the new connections between local nonprofits. An interview from this community was delighted by the unexpected connection:

“A pleasant surprise for all of us was that these groups ended up getting together after that experience because again, they were often not aware of each other, and what they were working on, and that they had common interest, and real potential for collaboration. A lot of those groups that were submitting ended up partnering together and having I think a far greater impact and a more sustainable one than they would've had otherwise.”

In the other example, the city of the CTG Impact Team internalized the value of reaching out for collaboration and recently connected with a nearby city within the same county to see how they might build partnership to help kids succeed.

Sustained collaboration had three characteristics: a common agenda to address a community health need, champions to lead the work, and additional funding

Two of the four Cohort 1 communities continued their collaboration after the grant period ended, both of which were active as of August 2019. Of the three CTG Impact Teams in Cohort 2, one CTG Impact Team's members consistently believed they would continue collaboration, one community expressed mixed perspectives, and the third did not indicate a strong likelihood of continued collaboration. We looked for what differentiated the communities that sustained, or expected to sustain collaboration, and found they had evolved the initial CTG goals around healthy eating and physical activity into a broader health-oriented common agenda that addressed a community health need and was based on community input, cultivated champions to lead the work moving forward, and had secured additional funding.

Modified common agenda based on priority community needs

In both Cohort 1 communities that were still collaborating, their teams evolved to include a similar subset of individuals that were part of the CTG Impact Team. These communities heard from community

members throughout the funding period. Through this ongoing community engagement, there was a critical shift in the extent to which community members' voices helped shape a community vision.

Champions to lead the work

Communities in both cohorts that had continued or hoped to continue their collaboration saw the need for a champion to lead the work in the future, without which a shared agenda and additional resources were not meaningful. Interviewees shared that the champion(s) needed to be passionate about the work, rather than going through the motions like a "job duty." An apt description of this potential leader was shared by one interviewee admiringly describing his coalition's leader and concluding, "It's really about the people. If you have people in leadership that are not passionate, things don't happen. You've got to have people that are passionate that are in a leadership role that can make a difference."

Sustained funding

Cohort 1 communities agreed that financial resources were necessary for continued collaboration and more importantly a shared vision empowered them to access new funding sources. As the CTG funding period came to an end in one community, the city proactively sought and received two additional state grants, and they were currently seeking to formalize the structure of the collaborative. The other community established a coalition within the city and added a number of participants from the CTG Impact Team. The coalition was leveraging financial and non-financial resources of partners to address their community needs.

Policies

The CTG aimed to change policies to create enabling environments for children’s healthy eating and physical activity. This was happening during a time when there was increasing attention at federal and state levels on how to use policy to address childhood obesity

The CTG influenced local city and school policies to better support physical activity and healthy eating

CTG Impact Team members shared examples of local policies that had changed to better support physical activity and healthy eating. Importantly, the policies skewed toward supporting physical activity. As one city employee explained, “It’s a lot easier to address the physical part than it is the nutrition part.”

Findings snapshot: Policy

- The CTGs influenced local city and school policies to better support physical activity and healthy eating
- Policy wins tended to expand healthy food options and opportunities for physical activity, not restrict unhealthy food options or mandate physical activity
- The CTGs contributed to policy change in the seven communities by initiating conversations and increasing awareness
- State policy was described as a rollercoaster for those implementing programs in the CTG communities

Within city government, these policy changes tended to occur through the parks and recreation departments, city ordinances, or transportation plans. A list of policy changes that were supported by the CTG are included below.

Local level healthy eating policies

- Community gardens were established and maintained (in some cases, zoning policy)
- Community classes enabling healthy eating were established and/or continued (e.g., cooking, canning and preserving classes; budget policy)
- City parks added barbequing equipment and provided children free summer lunches (budget policy)
- School wellness policies were revised (at district and school board levels), which included healthy eating policies related to:
 - School gardens and teaching about healthy foods
 - School lunch, snack, and food program nutrition standards
 - Native food identification and preparation
- Nutrition standards were established for local nonprofits and food programs serving children

Local level physical activity policies

- City planning and zoning policies and plans were put in place to enable access to schools and recreational spaces and support multimodal transportation, including walking and cycling
- Parks and recreation departments planned for and expanded opportunities for physical activity, such as:
 - New activity equipment and facilities, e.g., a skate park, an ice rink, and splash pads
 - Expanded trail systems
 - Youth sports
 - Year-round opportunities for physical activity
- School wellness policies were revised (at district and school board levels), which included physical activity policies such as:
 - Physical activity equipment availability and accessibility during the school day and outside of school hours
 - Greater requirements for physical education in schools

Policy wins tended to expand healthy food options and opportunities for physical activity, not restrict unhealthy food options or mandate physical activity

The evaluation team repeatedly heard that people living in Idaho were resistant to using policy as a means to address childhood obesity. An interviewee explained, “We are super ‘no government oversight’ and for individual freedom.” In some cases, however, policy changes did occur, and those policy changes created greater opportunity for healthy eating and physical activity, such as the creation of city ordinances to allow for farmers markets and bike lanes.

The CTGs contributed to policy change in the seven communities by initiating conversations and increasing awareness

A majority of respondents attributed increases in local government officials’ and city leaders’ awareness of the importance of children’s healthy eating and physical activity to the CTG to a great degree. However, when asked to what extent changes in awareness among the community more broadly could be attributed to the CTG, responses were more muted (only 36% said they would attribute it to the CTG to a great degree). When asked to reflect on the extent to which the CTG Impact Team contributed to the policy changes made since the grant and related to children’s healthy eating and physical activity, eight in ten said at least “to some degree”

Several interviewees noted that the CTG process started conversations and raised awareness, which later prompted policy reviews. For instance, one CTG Impact Team’s focus groups with children raised the school district’s awareness that school lunches were important to kids.

“The school district’s nutrition policy is being looked at again this year, and I think that part of the reason is because of some conversations that we were having with this grant when we

surveyed kids and had focus groups of kids. They wanted to talk about school lunches. And I know they're now reviewing school district policy around school lunches."

In another instance, a CTG Impact Team member learned that elementary school gardens were going unused due to a lack of policies to ensure safe use, so she changed school policies to help ensure kids could grow and eat locally grown food.

"Prior to this [grant], some of the elementary schools had gardens, but they weren't using them in the food system because they didn't have appropriate things like fencing, and established policies for who handles the food. There's now appropriate fencing to prevent animals from getting in, and the kids are allowed to harvest the food. But then they go to the food service people for proper washing and all of that. Some specific policies came about for the school district as a result of this work."

In a similar vein, several conversations at CTG Impact Team meetings sparked changes in city planning, ordinances, or municipal code. For example, an interviewee explained that the CTG's goals were "easy to tie into our city strategies" and create a "healthy environment for all," but doing so necessitated the city having "a good strategy in place, with annual reviews, that create[d] something that's actionable and sustainable." Fortunately, the interviewee's city had such policies in place. However, another city leader found herself in a different situation and detailed the frustrating process of implementing policy change to enable healthy eating and physical activity through land use and zoning.

"Right now, we've spent a ton of time going through ordinances, and our code, and our future land use planning map. It's massive. It is very, very time-consuming, and it's hard. And you don't [go through this process] very often. So for cities that already have something really awesome in place, that is great. We didn't. Trying to get things in place is not easy."

Across all of these examples, the CTG process increased awareness of the importance of healthy eating and physical activity among CTG Impact Team members, who took strides to spread this messaging and build support for policy change with key leaders and institutions they worked for or with. Notably, policy change did not appear driven by community members with greater awareness and support for addressing children's healthy eating and active living, but rather through actions of the CTG Impact Team members themselves.

Resource Flows

The Foundation hoped that its funding of childhood obesity efforts in the CTG communities might be catalytic, helping attract other private and public resources in support of healthy eating and physical activity among children. Thus, we examined the extent to which financial and nonfinancial resources dedicated to childhood obesity changed over the course of the grant.

The CTG funding increased the overall level of resources flowing into communities, though slightly more resources were brought in for physical activity than healthy eating

We found that the CTG funding catalyzed additional resources – both financial and nonfinancial – in communities. Survey respondents perceived a higher-level of resources being directed toward healthy eating, physical activity, or other factors that affect childhood obesity in their communities. There appeared to be a slightly greater increase in the amount of financial resources going to physical activity compared to healthy eating. This could be due to the fact that the CTG has historically focused more on physical activity education and awareness raising (e.g., with the Mark Fenton visits), that the CTG Impact Team members were personally more interested in physical activity, or community leaders and elected officials found physical activity more universally or politically favorable.

CTG funding signaled to other funders that the programs and projects were worth investment, increasing financial resources from other sources

CTG Impact Team members reported higher levels of financial and non-financial resources from individual donors, external grants, community organizations, businesses, and local government. Interviewees from multiple communities shared how many of these additional resources resulted from their intentional efforts to seek matching funds for CTG-funded projects, programs, and activities. They were able to leverage CTG funding to seek matching funds from a variety of sources, such as: local businesses, the National Realtor's Association, the federal government, and other foundations.

Findings snapshot: resource flows

- The CTG funding increased the overall level of resources flowing into communities, though slightly more resources were brought in for physical activity than healthy eating
- CTG funding signaled to other funders that the programs and projects were worth investment, increasing financial resources from other sources
- Cities sustained funding for successful programs piloted with CTG funding

Cities sustained funding for successful programs piloted with CTG funding

About three-quarters of survey respondents said that financial resources from local government were higher compared to before the grant. The new financial resources from local government appeared to focus on sustaining successful programs piloted with CTG funding. The Nampa community's traveling playgrounds program was one such example. Furthermore, another interviewee reflected that being able to pilot programs and demonstrate that they worked made seeking funding from local government easier, "I think [the main difference the grant made] was the ability to have access to funding to begin programs that enabled continuation long past the grant. It gave us time to implement programs, see if they were going to work, and then engage with our council and our mayor to continue funding."

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Practices

The Foundation hoped to see evidence that individual organizations in each community changed their practices related to healthy eating and active living. The hope was that CTG Impact Team members would be more equipped to understand how institutions, including those with which they worked, influence childhood obesity and create changes in how different community organizations (e.g., schools, employers, higher education organizations) went about their daily work.

CTG Impact Team members reported moderate practice changes supportive of healthy eating and physical activity within their organizations; school systems had the most dramatic practice changes

When asked to reflect on their organizations' practices around children's healthy eating and physical activity, more than three-quarters of CTG Impact Team members reported more frequently discussing and making appropriate changes to organizational activities and collaborating on activities with other organizations to increase children's healthy eating and physical activity compared to before the grant period. In the

same vein, more than half reported more frequently promoting and making strategy changes related to supporting healthy eating and physical activity

In interviews, CTG Impact Team members described examples of these changes, ranging from altered school policies, realigned strategies of anchor institutions, and workplace changes.

- **Schools:** Across most communities, schools and school districts had meaningful shifts in practice that often flowed from changes in school policies and new resources, from the CTG or elsewhere. Notable practice changes included building and using community gardens, offering healthier foods in school, increasing physical activity among students during the school day, and introducing students to new forms of physical activity. In **Box 4** there are four examples of practice changes in schools from various communities.
- **Strategy shifts:** In another community, a hospital dramatically shifted how they approached children's health. An interviewee described how the hospital had changed its engagement to be less clinically focused and more community focused, enabling it to enter partnerships with other community stakeholders, such as schools, to promote health, including healthy eating and physical activity. By changing its strategy, this hospital also changed the types of activities they

Findings snapshot: Practice change

- **CTG Impact Team members reported moderate practice changes supportive of healthy eating and physical activity within their organizations; school systems had the most dramatic practice changes**
- **There were a few examples of organizations tangential to the CTG making practice changes that changed food environments for children as a result of the CTG's work**
Organizational practice and environmental change influenced individual behavior in ways that supported healthy eating and active living

funded through community outreach. Notably, the interviewee shared that this change was not due to the CTG alone, but rather the CTG was one of many impetuses contributing to the hospital changing its organizational practices. However, the interviewee went on to share that the CTG offered a space where the hospital could interact with other community groups, saying, “The [communication channels] started to become a lot easier to navigate because we were aligned and had a regular seat at the table.”

- **Workplace changes:** While not directly focused on children, workplace changes encouraged healthy eating and physical activity practices among their employees, which some argued could have effects on children indirectly by changing parents’ habits. Examples of these workplace changes included: a change in food choices at office lunches or opportunities to work in the community garden.

Box 1: School-based practice change examples

- **Walking at school:** The installation of tracks at schools, funded in part through the CTG, led to regularly walking on the tracks and logging miles in a friendly competition. An interviewee noted the energy students have around these walking tracks saying, “Going to the schools at the end of the year and seeing the kids that walked ... and the awards that they're given. They're so excited, and they're motivated.” He also noted that it wasn't just children using the tracks, teachers and other community members used the tracks outside of school hours as well.
- **Accessing ski slopes:** In one community, the school district identified inequitable access among their students to the nearby ski slopes, which the CTG funding helped address. An interviewee expressed shock at this realization, “I'd talk to kids and find out that there were kids that lived in [the community] for their whole life, and who had never even been up to the mountain, never put snow shoes on, never skied.” The CTG supported the construction of a ski lodge structure and mountain top yurt, and the school decided to take third graders to the slopes as part of the curriculum.
- **Applying for funding to eat better:** A school district leader that participated in the CTG Impact Team initiated an organizational practice change of seeking out additional resources from the state to provide children. These grants enabled the elementary schools to offer more fruits and vegetables and expand free meals to all students for breakfast and lunch, as well as dinner for afterschool students. Moreover, they're working to make meals more protein heavy.
- **Teaching with school gardens:** In one school district, elementary schools had community gardens that were not in use because of policy challenges. Once they were addressed, teachers began using the community gardens in their lesson plans and the cafeteria began to use the food grown. An interviewee excitedly explained what this looked like: “[The school community gardens are] pretty cool. Part of their curriculum was going out and pulling the vegetables, eating them, talking about them, and some of the schools they were actually utilizing them in their lunch program.”

There were a few examples of organizations tangential to the CTG making practice changes that changed food environments for children as a result of the CTG's work

We heard a few stories about organizations not represented on the CTG making practice changes. These tended to be organizations that were recipients of CTG funding or approached by CTG Impact Team members and community.

A frequent example of practice change was within food-related programs, such as backpack programs, 4H, food banks, and even libraries. These organizations shifted their focus from “sufficient calories,” to also include a focus on nutritious food. One interviewee shared, “In the past those [food] programs only handed out food, but they are now starting to incorporate some nutrition, and learning about nutrition, into their program as a result of the grant.”

In another example, a grocery store deli, the equivalent of a fast food restaurant in this particular community, began to offer a salad bar and healthier made-to-order options, providing a unique example of organizational practice change. Interviewees offered a couple perspectives on what brought about this change. The first recalled that members of the CTG Impact Team had approached the store owner about adding healthier options to the menu, and the store believed those options would be popular and sell, so he installed a salad bar. The second recalled that community members whose awareness had changed as a result of the CTG were using their purchasing power to demand healthier options at the store. One CTG Impact Team member explained, “As people came in and as they became more educated and more aware, their demands of the store changed.” These two perspectives showed the multiple means of influence that the CTG held in order to influence the practices of a local food provider.

Organizational practice and environmental change influenced individual behavior in ways that supported healthy eating and active living

When asked how childhood obesity looked different in their communities today, interviewees described the changes they saw in children's activities, particularly physical activity, that often stemmed from CTG-funded projects and programs. We heard about numerous instances of increased physical activity that the outdoor, public spaces shaped by the CTG enabled, including ice skating rinks, skateboard parks, walking tracks and trails, sidewalks, splash pads, ski slopes, playgrounds, etc. Impressed by the change in her community, one interviewee noted the change in use of their park saying, “There's a skate park, farmer's market, and splash pad, and that is our absolutely busiest park in the city. In the summertime,

“That has been really cool to see him come home and take interest in being involved in the kitchen, and eating things that he may not have otherwise just because he knows how to cut a vegetable now.”

it's always busy. There's no less than, I'm going to say, 200 kids in that park on an ongoing basis that normally would not have anything to do. It's absolutely fabulous.”

Interviewees reflected on how people in their communities reacted to shifts in

organizational practice or behavior. In the grocery store deli example, people began eating from the

salad bar and purchasing other non-fried foods, enabling the owner to continue offering those products. Other interviewees observed community gardens, after being newly built or revitalized, being planted and cared for, children eating healthier in school, and families enrolled in cooking classes. An interviewee described her experience, “That has been really cool to see him come home and take interest in being involved in the kitchen, and eating things that he may not have otherwise just because he knows how to cut a vegetable now.”

Being part of the CTG Impact Team did not necessarily position or equip members to advocate for practice changes that support children’s healthy eating and physical activity within their organizations

We asked CTG Impact Team members to what extent the CTG helped them advocate or lead change within their organization. Less than half felt the CTG enabled them to do this to a great degree. While this was not an explicit goal of the CTG, some individuals may have found it difficult to influence their organizations in ways that supported healthy eating and physical activity.