



Catalyst Lessons Learned Blog Series

Catalyst for Healthy Eating and Active Living

A program of the Foundation for Health Leadership & Innovation
in partnership with the North Carolina Division of Public Health,
Community and Clinical Connections for Prevention and Health Branch

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As the Catalyst program prepared to close, we launched a blog series to share brief highlights of accomplishments and/or lessons learned. We hope you enjoy the series. Thanks for all you do as catalysts for healthy, equitable, and vibrant communities.

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The Catalyst for Healthy Eating and Active Living is a program of the [Foundation for Health Leadership & Innovation](#) in partnership with the NC Division of Public Health’s Community and Clinical Connections for Prevention and Health Branch with funding from the Kate B. Reynolds Charitable Trust.

To see our Final Program Summary and Catalyst Video, please [visit our webpage](#).

THE CATALYST FOR HEALTHY EATING AND ACTIVE LIVING PREPARES TO CLOSE

Catalyst for Healthy Eating and Active Living Prepares to Conclude December 2018

By Jamie Cousins

After six years of work with rural communities across North Carolina, the Catalyst for Healthy Eating and Active Living (Catalyst), a program of the Foundation for Health Leadership & Innovation, will draw to a close by the end of this year. As we prepare for this transition, we'd like to take a moment to celebrate our collective accomplishments and to share our thanks.

The Catalyst envisions empowered rural communities that acknowledge health inequities and advance change to improve health and wellbeing for everyone. The program has built partnerships, leveraged resources, and shaped policies, environments, and systems to make healthy foods and safe places to be active more accessible.

In 2012, the Catalyst was formed as a partnership between the Kate B. Reynolds Charitable Trust (the KBR Trust) and the NC Division of Public Health. Catalyst Coordinators have worked with eight rural counties across the state, making important connections to regional and statewide public health efforts including the Community Transformation Grant Project and the Active Routes to School Program. The Catalyst also became a vital partner in the KBR Trust's Healthy Place NC initiative. County-based Catalyst Coordinators worked alongside local leaders and community champions, weaving a stronger network to advance healthy eating and active living and to prevent chronic diseases such as heart disease, stroke, and diabetes.

The Catalyst was vital to at least 50 policy and environmental changes through 2017 and continued to build on these efforts in 2018. We worked with local partners to adapt evidence-based or promising strategies for lasting change. We are proud to say we have contributed to:

- healthy eating changes that increase and support access to healthy foods through farmers' markets, community gardens, small food stores, and countywide food inventories
- active living changes that increase and support access to safe places to be active at schools and faith facilities, at parks and playgrounds, on sidewalks and trails, and through countywide active living inventories
- initiatives to bolster these efforts through community-wide campaigns, maps, inventories, and a new local coalition

We invite you to view the [Catalyst Five Year Summary: 2012-2017](#) and [Catalyst Video](#), both of which celebrate communities and share accomplishments and lessons learned in greater detail.

As we prepare to close, we are making connections with other statewide and regional organizations who might lend support to local efforts. One of our key focuses is to share the Catalyst model and lessons for others to build on in the future.

We thank the Kate B. Reynolds Charitable Trust for funding the Catalyst and the Foundation for Health Leadership & Innovation and NC Division of Public Health, Community and Clinical Connections for Prevention and Health Branch for partnering to carry out this work.

Sincerely,

The Catalyst for Healthy Eating and Active Living Team



Catalyst Team, October 2017

THE CATALYST PROGRAM MODEL

How Philanthropy and state government partnered on a community-centric model for health improvement

By Jamie Cousins

Welcome to the first in a series of blog posts sharing lessons from the Catalyst for Healthy Eating and Active Living program (Catalyst)!

In this post, we'll reflect on the Catalyst model and the following questions:

- *WHY is partnership between philanthropy and state government so valuable?*
- *HOW do you make a program or initiative community-centric?*

First, WHY is partnership between philanthropy and state government so valuable?

It's no secret that cross-sector partnerships are valuable. Savvy philanthropies looking to make an impact in communities should consider strategic partnerships with state government. The Catalyst was created to leverage the resources of philanthropy and state government. The results included notable changes for Catalyst communities and valuable lessons shared with state public health.

In 2012, the Kate B. Reynolds Charitable Trust provided funding for the Catalyst program which was delivered in partnership with the NC Division of Public Health. The Catalyst implemented proven and promising strategies to support community changes for healthy eating and active living in eight North Carolina counties. A few benefits from this strategic investment and partnership were:

- As the Catalyst program manager, I was housed at the NC Division of Public Health alongside experts in healthy eating and active living. This positioning allowed me to build collaboration

with state health department programs that extended to the county-based Catalyst Coordinators.

- Catalyst Coordinators were regularly invited to participate in state public health trainings where they made important connections with statewide and regional public health experts. They also gained skills which they shared with local partners and infused directly in their community work.
- The Catalyst enjoyed a reciprocal relationship with the state health department that leveraged state resources for Catalyst communities and also provided important insights from communities to inform statewide initiatives and accelerate training on equity.

Second, HOW do you make a program or initiative community-centric?

Partnerships between philanthropy and government are not inherently focused on community level change. The Catalyst program was designed to be community-centric— to maintain a steady focus on listening to and working with communities to advance their vision for health. Rooted in an asset-based community development approach, the Catalyst program used the following (and many more) practices to keep the community at the center of the work:

- Catalyst began its work with communities by first calling and then convening local partners across organizations and engaging them in decision making about the program. These partners determined where the Catalyst coordinator would be housed locally, and they were instrumental in recruiting and vetting candidates for their local Catalyst coordinator position. Staff work plans for the Catalyst Coordinators included building collaboration, communication, and community engagement. Training and team culture reinforced a focus on understanding the local context, facilitating greater inclusion, and embedding approaches for health equity.
- Catalyst Coordinators worked (and most lived) right in their communities. They have a deep knowledge of the area's geography, history, and values. Catalyst Coordinators developed trust with local partners who they knew would keep community interests at the fore. They were also

instrumental in facilitating introductions between local and statewide/regional partners who offered limited time services or programs to the community.

The Catalyst aimed to understand, empower, and build capacity within communities so they could continue making changes to improve health and vitality for everyone. Our unique placement within the NC Division of Public Health supercharged our abilities to leverage partnerships and resources for communities. Our community-centric design allowed us to serve communities and lift up valuable voices and lessons to inform statewide public health. For philanthropies considering ways to maximize their investments, partnering with state public health can be strategic in making local change and informing statewide efforts.



From 2012 through 2018, the Catalyst team regularly participated in trainings and educational opportunities offered by state partners, such as the 2017 Move More, Walk Now Summit.

Above, Catalyst evaluator ShaCoria Winston rides the bus with NC State Cooperative Extension agent Jayne McBurney, Faithful Families Thriving Communities associate Julia Yao, and other health advocates. Participants were transported to neighborhoods for hands-on training to assess walkability and discuss ways to improve walking routes to shopping, schools, etc. This event was hosted by Eat Smart, Move More NC with support from the NC Division of Public Health, Community and Clinical Connections for Prevention and Health (CCCPH) Branch.

Below, former Halifax County Catalyst Coordinator Erin Carson comments on health equity at the Move More, Walk Now Summit.



To learn more about the role of the Catalyst Coordinator, stay tuned for our next blog - *The Art of Being a Catalyst*.

THE ART OF BEING A CATALYST:

Unique Perspectives from the Catalyst Coordinators

By ShaCoria Winston, Tammy Bass, *Erin Carson, Derrick Haskins, and Emily Roberts

**former Halifax County Catalyst Coordinator*

The Catalyst for Healthy Eating and Active Living program provides a dedicated coordinator in each of the eight participating counties. Many coordinators live right in the community in which they work, which allows them to understand the local context and provide important continuity for their communities.

In this work, no two days are alike. Some days are more eventful than others. Some days offer challenges, some offer success, but each day offers opportunity. The Catalyst's work is driven by the needs of the community and the people who make up that community, and those needs change. In order to build partnerships, leverage resources, and shape policies, environments, and systems to empower communities, Catalyst coordinators are an integral part of the communities we support on the ground every day.

I interviewed Catalyst Coordinators Tammy Bass, Cleveland County; Derrick Haskins, Edgecombe & Nash Counties; Emily Roberts, McDowell County; and former Halifax County Catalyst Coordinator, Erin Carson to gather some insight on the uniqueness of their role and how others can work well in community. Here's what they had to say:

What makes the Catalyst Coordinator position unique?

Emily Roberts: As a Catalyst Coordinator, I provide a unique vantage point to communities, funders, and resource partners alike by serving in an autonomous position in the county in which I live. I have had the opportunity to become well-versed in a broad range of healthy eating and active living best practices, resources, and programs, as well as techniques to provide capacity building, technical assistance, facilitation, and thought partnership to communities through boots-on-the-ground work and professional development. I serve as a connector and conduit between communities and regional

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and statewide organizations, with whom I have the opportunity to build lasting, meaningful relationships. In this way, I serve as a broker of trust for all partners involved in the work. Finally, I have found myself in the unique position to engage in work that is directed and lead by community need (as long as they fall in to Catalyst program strategies) rather than be tied to implementing prescribed programs.

What makes the role of Catalyst Coordinator effective? What are key challenges of the role?

Emily Roberts: It can be difficult to describe my role as a Catalyst Coordinator because of its uniqueness. It is an autonomous role that is responsive to community need and interest. The flexibility to participate in community-driven and community-lead efforts and programs rather than bringing prescribed programs to community is an effective way to engage in work that builds capacity and is sustainable regardless of the presence of a Catalyst Coordinator. My role and work as a Coordinator is place-based in work and focus, which is important for empowering communities to try new things. One thing that made the Catalyst Coordinator role so effective was the fact that I served my community consistently for several years. While other programs and people came and went, I was fortunate to be a steady face and resource, and I built a great deal of trust with my community by showing up and sticking around.



Cleveland County Catalyst Coordinator, Tammy Bass and small business owner, Mary Renfer working toward "Good Food for All"



Twin Counties Catalyst Coordinator, Derrick Haskins showcases Wayfinding signage located in the historic downtown in the Town of Tarboro

What does it mean to you to engage marginalized communities? (priority populations) Why is it important to engage priority populations?

Tammy Bass and Erin Carson: As a program, the Catalyst is committed to embedding equity in our work to ensure that everyone has access to the things they need to live a good, healthy life. We do this by allowing the community's voice to be heard when we are building movements and making decisions. It is understood that even if we open seats at the table, not everyone will be in a position to get to the table or feel comfortable and confident once sitting down. We can help remind organizations to involve the people who are most impacted by the issues these organizations are trying to address in their communities. Our efforts are much better informed and more compassionate when we work "with" people rather than doing "for" people. We have the resources to get people ready to be ready, particularly the most marginalized, and that's when we do our best work and make the deepest impact.

What is special about working in your community every day?

Tammy Bass, Erin Carson, and Derrick Haskins: Being a Catalyst Coordinator has been a great avenue to strengthen and serve our communities. On any given day, we set aside time to respond to partner communications, engage community leaders and elected officials, attend strategic planning meetings, assist in board development, research initiatives, and position ourselves in frequented community venues in hopes of connecting with hard to reach partners, all before lunch. The role of the Catalyst Coordinator often involves getting our hands dirty to participate in a community garden or playground build, creating and distributing surveys, as well as reviewing notes and preparing talking points to attend and facilitate a neighborhood listening session in the evening. We connect healthy eating and active living efforts with intersecting topical areas by attending events focused on affordable housing, access to transportation and health care, among others.

The nature of the communities in which the Catalyst serves requires many hats to be worn to accomplish change, but we are also positioned in communities with tremendous opportunity, energy, and heart. We are privileged to work with people from various backgrounds that bring their unique experiences and wisdom to build the strength of a rich tapestry of community. We can all agree that we love the work we get to be a part of and the dedicated people with which we get to do it.



Former Halifax County Catalyst Coordinator, Erin Carson Helps build raised garden beds for a local community Garden



McDowell County Catalyst Coordinator, Emily Roberts poses with Keeping it Fresh Community Garden volunteer

To learn more about how we've intentionally embedded equity into our work, stay tuned for our next blog, *Living up to your Commitment to Health Equity*.

LIVING UP TO YOUR COMMITMENT TO HEALTH EQUITY:

Lessons from the Catalyst

By Jamie Cousins and ShaCoria Winston

According to the National Academies of Medicine, health equity is the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance. Many organizations recognize the importance of eliminating health inequities and have committed to optimizing the conditions in which people are born, grow, live, work, learn and age.

The Catalyst for Healthy Eating and Active Living (Catalyst) program identified health equity as a priority and revised our vision statement and strategies to explicitly articulate our focus on equity. In this blog, we share three key ways that we embedded a health equity focus into our work.

1. Training & Practice

The Catalyst began participating in training to gain a deeper understanding of systemic inequities. All team members completed two-day workshops facilitated by the Racial Equity Institute (REI). Additionally, Rural Forward NC assisted us with training and technical assistance on diversity, equity and inclusion (DEI) including sessions at team retreats and on monthly calls and the formation of an internal working group (discussed below). We began to build common language and gained a deeper understanding of history, power, privilege and systemic oppression and what this means in relation to our work. During team meetings and retreats, we were intentional about bringing health equity to the forefront as well as incorporating staff-led discussions on topics of equity. We practiced discussing current events and issues of inequities that impact the communities we serve and the broader nation. This helped us grow stronger in our abilities to engage community partners in dialogue and efforts to increase diversity, equity, and inclusion.

2. Leadership & Change Team

The Catalyst formed a “Change Team” - a subset of our full team with the charge to keep diversity, equity and inclusion front of mind for us all. A key accomplishment of this team was creating and implementing an internal self-assessment in collaboration with Rural Forward NC. The assessment results informed a Catalyst action plan addressed both our internal capacity to advance health equity and our external practices for supporting health equity in communities. While leading these efforts, the Change Team was mindful of engaging all staff and emphasizing that advancing health equity was everyone’s work. Change Team members also bridged with other groups, including the Foundation for Health Leadership and Innovation’s Equity Leadership Team and the NC Division of Public Health, Chronic Disease and Injury Section’s Health Equity Community of Practice. The leadership of the Change Team was instrumental in building and sustaining momentum in our work for health equity and in connecting with other groups to share, learn and grow together.

3. Structure & Culture

The Catalyst eventually reshaped our practices and operations in concrete ways to address health equity. For example, when considering whether to use our funding for local projects, a key question was how the project would benefit priority populations. In 2017, the Catalyst began a process of revisiting our primary healthy eating and active living strategies. This process included engagement of both subject matter experts at the state health department and Catalyst staff with expertise working in communities to implement the strategies. By involving both groups, we were able to vet proven strategies while staying focused on practical approaches for health equity in our communities. Through this process we developed logic models with specific activities to advance health equity. The logic models were packaged in a Catalyst HEAL Strategy Guide that included health equity guidance from the Centers for Disease Control and Prevention. As a result of this work, our program model and practices more clearly reflected and reinforced our commitment to health equity.

The Catalyst team created an internal culture that reflected our values of diversity, equity and inclusion. When new staff joined the team, they participated in REI training so that all staff had some common framework. By learning together, we gradually increased trust with each other,

allowing us to go deeper into conversations of DEI. Our progress was measured but steady. By 2017 we revised our vision statement to more clearly address health equity:

“The Catalyst envisions empowered rural communities that acknowledge health inequities and advance change to improve health and wellbeing for everyone.”

The new vision statement was more than a change in words. It came after a careful analysis of our values and after several years of growth in understanding health equity in relation to our own lives as well as our work.

While we know it’s not perfect, this was a marker of progress for us and a part of our journey - a journey we are grateful to be on alongside many partners and allies in this work.



Cleveland County Catalyst Coordinator, Tammy Bass and members of the Common Ground café Board pose for a picture during a meeting.



Twin Counties Catalyst Coordinator, Shoneca Kent, and Cedar Grove Elementary School staff record measurements for a walking track located at the school.

Stay tuned for our next blog about *Evaluation*.

CATALYST EVALUATION:

Baby steps in measuring health equity and systems change

By ShaCoria Winston

No matter your role in community-based programming, it's likely that you have given some thought about evaluation. How do I show impact? What are the outcomes that best tell the story? How do I involve stakeholders in the process and actually incorporate their feedback? Or you may be wondering, how can I ensure that my data collection tool is measuring all the appropriate indicators? If this is you, please know that you are not alone. The field of evaluation is continually evolving as we learn new ways to collect data, focus our outcomes and respond to directives.

Evaluation of the Catalyst for Healthy Eating and Active Living program has greatly evolved since 2012. We have come a long way from painstakingly reporting and compiling data in Microsoft Word. As the Catalyst expanded, we transitioned to using an online survey platform for data collection. In 2015, the Catalyst team was trained in Results Based Accountability which shifted our evaluation plan and the way we created action plans for our work in community. We clarified our evaluation measures, collected data more consistently across counties, and began to add measures related to health equity.

In 2017, we created new logic models that embed health equity approaches into our work and more clearly strive toward systems changes for long-term outcomes. (See our previous blog, [health equity lessons](#), to read about the process for creating the logic models.)

A logic model is a simplified picture or roadmap of a program. It shows logical relationships among resources invested, activities and changes that results. Simply put, it is a way of thinking! We utilized logic models to assist in evaluation efforts in the following ways:

1. Embedding health equity

With guidance from the [CDC's Practitioner's Guide for Advancing Health Equity](#), along with insight from our work experience incorporating equity into program strategies, we selected approaches that would drive towards eliminating disparities and achieving health equity. We were able to identify approaches for each strategy by gathering feedback from Catalyst Coordinators working in community. We ensured that the approaches were both replicable and measurable in the communities that we serve. For example, when planning for community gardens, a measurable health equity approach would be to partner with trusted organizations to identify residents to serve as community liaisons.

2. Measuring activities and outputs

We considered activities that would contribute best to the long-term goals of our program. Activities within the logic models were organized to include community supports that drove towards our main functions. The categories included activities that contributed towards a) plans/policies, b) environments and/or collaboration and c) programming/promotion. As a part of the evaluation of each strategy, we hoped to identify common activities and trace their connection to outcomes.

3. Systems change

In each logic model we identified a clear connection between our healthy eating and active living activities and three types of long-term outcomes; a) sustainable policy and environmental changes for healthy eating and active living, b) changes in healthy eating and active living-related behavior and status, and c) equitable food, recreation, and active transportation systems. We did this by including achievable activities and outcomes that fed into each other. Without a clear connection between inputs, activities, outputs and outcomes, it is difficult to understand what leads to long-term change.

While the Catalyst program is ending, we learned some important lessons in evaluation. If we were moving forward, we would have built a real-time database to constantly capture data for constant monitoring and feedback.

Evaluation is an iterative process. It will evolve as your program evolves. Community-based programs are dynamic - so it's important to involve the community when developing your program's evaluation plan. Be open to learning throughout the process knowing it's okay if you don't get everything right at first. You'll be happy with the results you are able to achieve from an intentional and engaged process!



Catalyst team members strategizing at team retreats.

Stay tuned for our next blog Catalyst Always: Celebrations, Transitions, and Thanks.

CATALYST ALWAYS:

Celebrations, Transitions, and Thanks

By Jamie Cousins

“Every new beginning comes from some other beginning’s end”
-Lucius Annaeus Seneca

We begin with **thanks**. Thanks to the communities we’ve had the honor to work with over the past 6 years to make changes for health. Thanks to the statewide and regional partners who have worked alongside us and taught us. Thanks to the organizations who hosted our program and our local Catalyst Coordinators. And thanks to the Kate B. Reynolds Charitable Trust which provided funding for the Catalyst.

In our final months, the Catalyst program maintained a clear focus on three objectives.

- Wherever possible, we worked to *connect* our communities with other technical assistance to support them moving forward.
- We spent time *sharing* what we’ve learned through presentations, a webinar, these blog posts, and more. For example, the Catalyst team presented insights on a webinar for local health departments across North Carolina, and we gave presentations at the Southern Obesity Summit in West Virginia in October.
- And we made time to *celebrate* accomplishments with the communities, our host organizations, and our partners. This is, after all, an important piece of acknowledging progress and building momentum.

The Catalyst Coordinators did not slow for a minute! Through December, they continued supporting community meetings, assisted with strategic planning, and even attended the opening of a new Story Walk and a new adaptive playground - both of which were co-funded by the Catalyst program. We are proud to share an updated [Final Summary](#) of accomplishments and lessons from our work.

For six years, we've embodied the name of "Catalyst" and sought to be a resource to our partners to spark change in communities and within our own organizations. It has been dynamic work, as transformation is no small task. It has also been tremendously rewarding and even life-changing for some of us. As the Catalyst closes and we move forward to new endeavors, we remain grateful for the opportunity to have done this work alongside you.

We also remain committed to the belief in communities and inspired by their strength, creativity, and heart. We wish you all the best and look forward to the days when our paths meet again. Until then, catalyze on!

In gratitude,
Jamie



Burke County Tour of Thanks visit and recognition of host site, Western Piedmont Community College.



Halifax County Tour of Thanks visit and recognition of partner, Roanoke Valley Community Health Initiative.



The Catalyst team hosts a partner open house bringing numerous partners together to share gratitude.

THANKS & ACKNOWLEDGEMENTS



Special acknowledgement of our current and past local host sites:

Beaufort County Cooperative Extension

Beaufort County Community College

Cleveland County Cooperative Extension

Edgecombe Community College

Halifax County Cooperative Extension

McDowell County Health Department

Nash Community College

Rockingham Community College

Rockingham County Business and Technology Center

Reidsville Area Foundation

Western Piedmont Community College

Cover Photo: Catalyst Team with Anne Thomas, President/CEO, Foundation for Health Leadership & Innovation, September 2018.