

Catalyst for Healthy Eating and Active Living

a program of the Foundation for Health Leadership & Innovation



Catalyst Program Model March 2012–December 2018

Accomplishments, Lessons
Learned, and Opportunities

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

The Catalyst envisions empowered rural communities that acknowledge health inequities and improve health and wellbeing for everyone.

- Catalyst Vision Statement, January 2018

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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: Students and staff from Patton High School in Burke County built the Enola Community Trail to connect two schools. Catalyst Coordinator Charlotte Eidson supported Patton and the Enola Commutniy Trail committee with planning, connections, and resources for the trail which will be available for community use.

ABOUT THIS REPORT

The Catalyst Program Model documents accomplishments and insights learned through the Catalyst for Healthy Eating and Active Living (Catalyst) program. The report describes the Catalyst program model and evaluation plan and provides insights on what has worked well, lessons learned, and opportunities ahead.

EXECUTIVE SUMMARY

The Catalyst began in 2012 as a partnership between the Kate B. Reynolds Charitable Trust, the North Carolina Division of Public Health (NCDPH), and the NC Public Health Foundation. NCDPH was on the verge of receiving a federally-funded Community Transformation Grant to advance healthy eating, active living, tobacco-free living, and community-clinical connections across the state. At the time, the Trust was launching the Healthy Places NC initiative and saw an opportunity to partner with public health.

The Catalyst was created to leverage healthy eating and active living resources of public health, including the Community Transformation Grant, to improve health in economically distressed rural counties. The Catalyst originally served Beaufort, Cleveland, Halifax, and Rockingham counties and expanded to include Burke, Edgecombe, McDowell and Nash counties by 2015. In 2017, the Catalyst became a program of the Foundation for Health Leadership and Innovation (FHLI).

From 2012 to 2018, the Catalyst provided vital connections, technical assistance, and resources to support these counties in achieving 63 policy and environmental changes. These changes have expanded access to healthy foods through, for example, farmers' markets that accept SNAP/EBT and healthier foods at corner stores. More people have access to safe places to be active due to Catalyst-supported projects that expanded opportunities for physical activity, for example, by making school walking paths and workout rooms available for community use. The Catalyst supported these changes by aligning partners and initiatives, expanding resources, engaging and energizing communities, and equipping communities for lasting change. During this time, the Catalyst developed 124 action plans involving hundreds of partners, assisted with community forums and meetings that engaged 658 organizations and provided technical assistance to 630 organizations, most of which serve or represent populations more likely to experience health inequities.

The Catalyst was adaptable and effective amid the changing public health and philanthropic landscape. The Catalyst program model has been modified, healthy eating and active living strategies vetted, and the Catalyst's role in relation to other partners has been carefully considered. A sustained, intentional focus on equity, diversity, and inclusion has also reshaped the program model since 2015.

We are pleased to share the Catalyst model. We thank communications and partnering organizations for the opportunity to partner in this work to improve health and wellbeing in the Catalyst counties and beyond.

THE CATALYST PROGRAM MODEL

Partnership with Public Health

The Catalyst was a program of the Foundation for Health Leadership & Innovation (Foundation) in partnership with the North Carolina Division of Public Health (NCDPH), Community and Clinical Connections for Prevention and Health Branch (CCCPH). As a program of the Foundation, the Catalyst benefited from relationships with programs including Rural Forward NC and dynamic leaders in public health.

The Catalyst also benefited greatly from the strong partnership with CCCPH. The Catalyst Director routinely met with CCCPH staff to identify opportunities for collaboration in support of Catalyst communities. Partners at the state health department provided office space in kind to the Catalyst Director and Evaluator who worked side-by-side with other experts in healthy eating, active living, and chronic disease prevention. This partnership facilitated access to current research, training, technical assistance, funding, existing partnerships, evaluation expertise, and resources for the entire Catalyst staff and communities. The skills and knowledge gained were transferred to partners in Catalyst communities to equip them to drive and sustain local change.

The arrangement was also beneficial to the Foundation and CCCPH. Catalyst staff shared invaluable lessons and a community-centric perspective informing state public health efforts. Catalyst staff participated in workgroups and learning communities to share their expertise and advocate for rural communities.



The Catalyst team presented at CCCPH in November 2017 and networked with the CCCPH staff.

Catalyst Coordinators in Community Every Day

The Catalyst provided a dedicated coordinator in each participating county. These Catalyst Coordinators played a critical role supporting local change for health and wellbeing. They lived and worked in their communities and understood local issues and dynamics. Catalyst Coordinators collaborated with partners to adapt strategies for healthy eating and active living to work more effectively in the local context. They also provided important continuity for their communities, making vital connections between local contacts and regional and statewide organizations that offer technical assistance or programs. Catalyst Coordinators helped regional and statewide organizations understand the community, and they also helped the community sustain activities when regional and statewide organizations left.

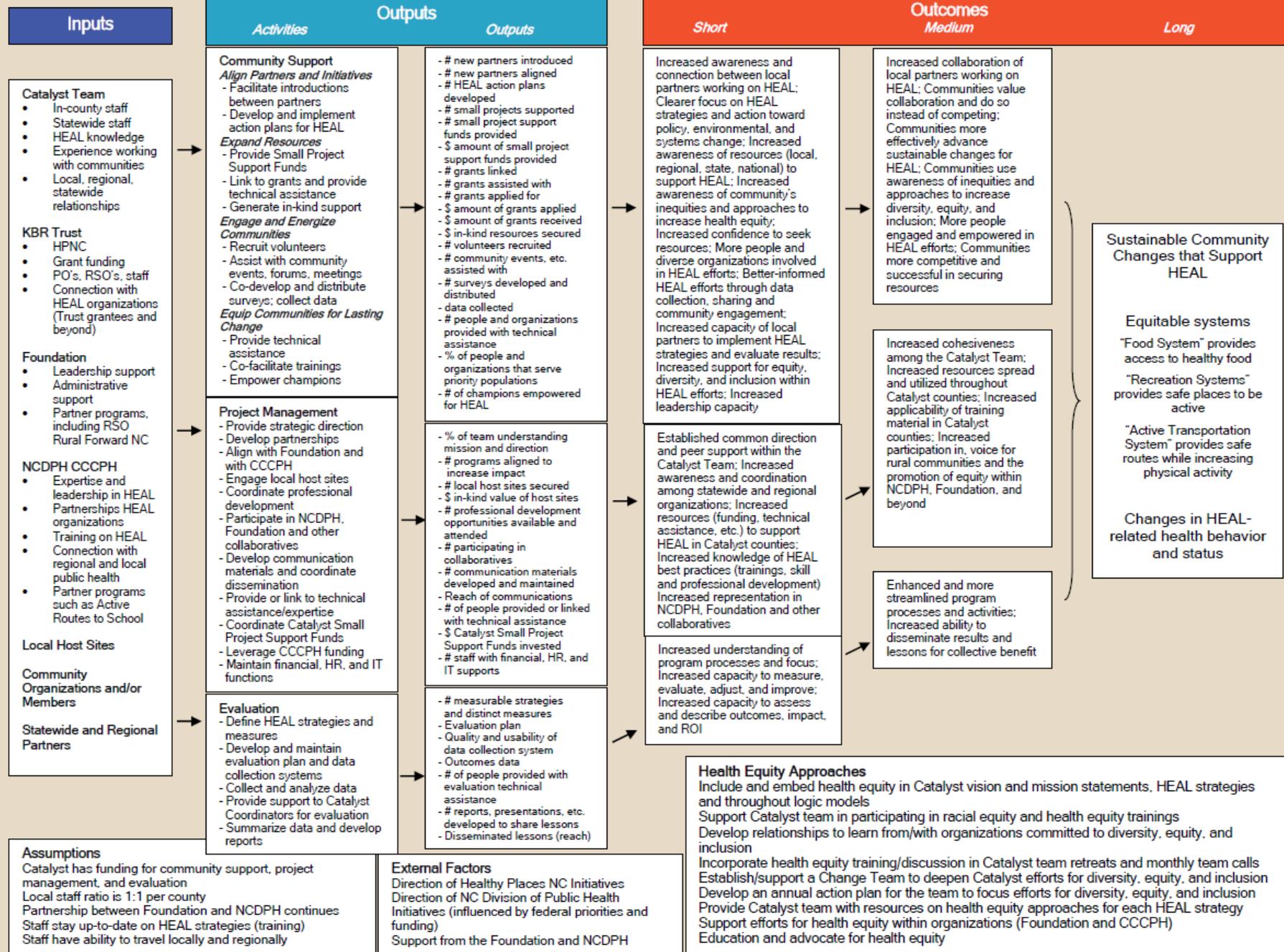
Local host sites provided Catalyst Coordinators with free office space and a home base in the county. However, the Catalyst Coordinators were not employees of local agencies. This neutrality and autonomy allowed Catalyst Coordinators to explore and engage with nontraditional groups. As a result, Catalyst Coordinators often facilitated new connections between people and/or organizations that sparked creativity and movement. With an emphasis on increasing diversity, equity, and inclusion in healthy eating and active living projects, the Catalyst Coordinators provided important connections to partners working with people most likely to experience health inequities.

Catalyst Coordinators were also uniquely positioned to call for and assist with efforts to build community engagement into healthy eating and active living projects. Local agencies may struggle with limited capacity or the inclination to engage communities. Catalyst Coordinators could provide needed education, advocacy, and support for deeper community engagement. This led to solutions better suited and more appealing to the community, making them more likely to last.

Catalyst Coordinator Derrick Haskins partnered with the Town of Tarboro, and Health Matters on a wayfinding project in Tarboro to encourage people to walk and bike to local playgrounds, parks, walking tracks, nature trails, landmarks, and businesses.



Catalyst Program Model



Suggested citation: Foundation for Health Leadership & Innovation. 2018. Catalyst for Healthy Eating and Active Living: Program Model. Cary, North Carolina.

The Catalyst Program Model

The Catalyst Program Model shows the main contributing organizations and notes key resources that each provides (inputs). It includes common activities carried out by local Catalyst staff and what these activities produce (outputs). **The Catalyst was designed to advance three overarching outcomes:**

- 1) Changes in healthy eating and active living-related behavior and status
- 2) Equitable food, recreation, and active transportation systems
- 3) Sustainable policy and environmental changes for healthy eating and active living

Catalyst HEAL Strategies



Healthy Eating (HE)

- Local Food Networks
 - Inventories and inclusion
- Farmers' Market
 - SNAP/EBT
- Community Gardens
 - Food insecurity and community development
- Healthy Food Retail



Active Living (AL)

- Safe Places to Be Active
 - Recreation plans
 - Shared use
 - Playgrounds and parks
- Active Transportation
 - Transportation plans with health focus
 - Trails and sidewalk connections
 - Wayfinding



Combined HEAL

- Faith Communities
 - Connections between
 - Policy and environmental change
 - Linked with health coalitions

HEAL Strategy Logic Models

In fall 2017, the Catalyst team vetted HEAL strategies with input from CCCPH and partners. We developed logic models that include activities to drive toward outcomes that advance health equity. Please refer to the *Catalyst Program Strategy and Logic Model Processes* on page 20 of the proceeding evaluation plan to learn about the process for which strategies were refined and logic models were created.

STRENGTHENING THE CATALYST: APPLYING WHAT WE HAVE LEARNED

Refining Strategies and the Catalyst Coordinator Role

Over time, the Catalyst expanded its support for variety of strategies for healthy eating and active living. This presented challenges, including how to keep staff trained on all relevant strategies, how to build learning across the team to improve the work, and how to measure the work collectively. To meet these challenges, the Catalyst vetted its HEAL strategies and revisited the entire program model. With collective wisdom from the Catalyst team, CCCPH, and other experts, the Catalyst refined its HEAL strategies to focus on health equity and to contribute to broader changes in the food, transportation, and recreation systems. The revised strategies reflect what has worked well based on staff experiences, expert recommendations, and where the Catalyst can be most impactful given its capacity, role in the communities and contributions in relation to broader initiatives. The Catalyst team reviewed and approved the new strategies in January 2018. Catalyst Coordinators considered the refined strategies as they updated and developed new action plans in 2018.

Embedding a Health Equity Focus and Systems Approach

The Catalyst participated in trainings to gain a deeper understanding of systemic inequities. All team members completed the Racial Equity Institute (REI) training in 2016. Team retreats in 2016, 2017, and 2018 incorporated sessions on diversity, equity, and inclusion led by Rural Forward NC. Rural Forward NC also assisted as we formed the Catalyst Change Team, an internal workgroup, to help the Catalyst maintain a focus and momentum in addressing diversity, equity, and inclusion. In 2017, the Catalyst completed an internal organizational self-assessment and began taking steps based on the assessment results. Health equity was more clearly articulated in the updated Catalyst vision statement, and HEAL strategies were revised with a focus on health equity. As HEAL strategies were refined, logic models were developed with specific activities for health equity. The logic models were designed to drive toward equitable local food systems and, broadly speaking, equitable recreation (safe places to be active) and transportation (supports for active transportation) systems. In 2018, we deepened our understanding of the Catalyst's opportunities to support changes for equitable food, recreation, and transportation systems. To learn more about ways to embed health

equity into programming see the section titled, Embedding Health Equity in the Catalyst program on page 10.

Working with Communities for Sustainability

The Catalyst was designed to infuse resources and support to assist communities in advancing their vision for their community. To this end, the Catalyst worked closely with community partners, advising on strategies for HEAL, and leveraging other resources to help local partners achieve their goals. Along the way, the Catalyst taught partners how to find and use resources for HEAL and related skills. For example, we modeled the use of results-based accountability when working with community partners. In doing so, we built their capacity to evaluate their work, which is essential in telling people what they have accomplished and garnering support. The Catalyst Coordinators learned a great deal about working with communities. In understanding the realities of community work, we changed the way we developed and used action plans, how we supported communities in learning to evaluate their work, how we determined who to work with, and much about the role funding plays in local dynamics.

Leveraging Statewide and Regional Resources

The Catalyst was originally designed as a collaboration with the Community Transformation Grant Project, a federally-funded initiative that ended in 2014. This project provided trainings, toolkits, technical assistance, and financial resources that the Catalyst leveraged for its communities. When the project ended, the Catalyst lost vital support and direction. NCDPH shifted to emphasize new strategies. As a result, the Catalyst became engaged in a number of strategies but had less support (training, tools, and resources) for this work. In 2017 and early 2018, the Catalyst worked with CCCPH and partners such as NC State University's Health Matters Project to identify new synergies.

Measuring Impact

In 2017, the Catalyst was approved to hire an evaluator that supported the Catalyst's ability to increase evaluation capacity. We began shifting our focus from primarily process evaluation to measures that will provide insight into the Catalyst's impact. The Catalyst Evaluator worked with the team to refine strategies for HEAL and to develop key measures for each strategy that can be tracked across all Catalyst counties. Although the program closed before the new evaluation plan was put into motion, the process of engaging the team and partners to create the plan proved itself to be fruitful in planning for systems change and incorporating health

equity. To learn more about the Catalyst plan for evaluation, see the section titled, Evaluation Plan on page 13.



Erin Carson, Halifax County Catalyst Coordinator, comments on health equity at the Move More, Walk Now Summit in 2017.

Embedding Health Equity in the Catalyst Program

This handout was shared at a 2018 NCDPH Community of Practice, Health Equity, to exchange ideas with other DPH programs on ways to embed a health equity focus throughout a program. Consider the following points for embedding health equity into a program.

1. Context

- a. Why is health equity important in the work?
- b. What are our organizations / partners doing?

2. Training

- a. Offer a variety of training opportunities. Make sure new staff are trained quickly.
- b. Build common language and framework... e.g., understanding power, privilege, oppression
- c. Ongoing training, discussions, and application through regular meetings and staff retreats

3. Focused Workgroup

- a. Form a workgroup- a subset of the larger team -whose purpose is to maintain a consistent focus on diversity, equity, and inclusion
- b. Develop an action plan for the entire team
- c. Keep the whole team informed and engaged throughout

4. Self-Assessment

- a. Begin with an internal assessment of the team. Begin by doing your internal work first to do the external work better.
- b. Use the self-assessment to inform priorities, an action plan, future training, etc.

5. Vision & Mission

- a. Align your vision and mission to explicitly focus on health equity
- b. Develop this together (very valuable discussions)
- c. Keep this front and center... on your door, communications materials, monthly agendas

6. Embed Health Equity Approaches

- a. Embed health equity approaches (e.g., recommended in CDC's Health Equity Toolkit) into evidence-based strategies
- b. Use a process that engages both strong subject matter experts and implementers of the strategies to balance evidence-based strategies and practical health equity approaches
- c. Develop or revise your logic model(s) to embed health equity approaches and drive toward systems change

7. Leadership

- a. Look for opportunities for team members to lead conversations about health equity and support them in doing so

8. Applying Health Equity Approaches in Communities

- a. Incorporate aspects of health equity into planning tools / action plan templates
 - i. For example, Health Equity toolkit developed by [NCDPH Women's Health Branch](#), [NC Child](#), and others
- b. Consider how funding can support health equity
- c. Collect data focused on health equity (process and outcome)

EVALUATION OF THE CATALYST PROGRAM

Catalyst Evaluation Plan

The Catalyst evaluation plan was developed in 2018 with the intention to establish measures and revamp a data collection system that drives towards systems change and health equity. The plan was created before notification that the program would close and was never implemented. We share the following information as it may be useful for programming.

Program Overview: The Catalyst for Healthy Eating and Active Living (Catalyst) is a program of the Foundation for Health Leadership & Innovation and works with several rural communities across North Carolina to make healthy living easier. The program proudly partners with the local organizations and champions who are improving access to healthy food and safe places to be active in their neighborhoods, schools, faith communities, and beyond.

The Catalyst was created in partnership between the Kate B. Reynolds Charitable Trust and the North Carolina Division of Public Health to support communities in realizing their visions for health. Through this partnership, the Catalyst aligns with statewide and regional public health efforts to support our communities. Additionally, the Catalyst is unique in that we support coordinators who live and work right in the communities we serve.

Mission: The Catalyst mission is to build partnerships, leverage resources, and shape policies, environments and systems to empower communities to make healthy foods and safe places to be active for everyone

Vision: The Catalyst envisions empowered rural communities that acknowledge health inequities and advance change to improve health and wellbeing

Our approach includes gaining a deeper understanding of practices to increase health equity and striving for improvements for health that benefit everyone in our communities.

Logic Model: The Catalyst Program Model is a graphic depiction to show the logical relationships among the resources that are invested, the activities that are implemented, and the benefits or change that result from the activities. The model shows the main contributing organizations and notes key resources that each provides (inputs). It includes common activities carried out by local Catalyst staff and what these activities produce (outputs). The Catalyst is designed to advance three overarching outcomes that lead to long-term impact:

- 1) Changes in healthy eating and active living-related behavior and status
- 2) Equitable food, recreation, and active transportation systems
- 3) Sustainable policy and environmental changes for healthy eating and active living

See Appendix A: Catalyst Program Model

See Appendix B: Catalyst Program Strategy and Logic Model Processes

Purpose of the Evaluation: The Catalyst Evaluator will coordinate with staff to lead the development and execution of a comprehensive Catalyst Program Evaluation. The evaluation will be used to document the Catalyst's success in meeting program objectives and milestones and to assess its impact on the communities and partners the program serves. The evaluation is designed to focus on the impact of the Catalyst to increase access to healthy foods and active living opportunities in rural communities and serve as a tool to drive continued program improvement. The evaluation plan will ensure that the Catalyst meets the evaluation requirements of the Foundation for Health Leadership & Innovation, the Kate B. Reynolds Charitable Trust, and the North Carolina Division of Public Health, ensuring that our program is accomplishing proposed output and outcome measures.

Audience: Results of the evaluation will be shared with the Foundation for Health Leadership & Innovation, the Kate B. Reynolds Charitable Trust, and the North Carolina Division of Public Health Community and Clinical Connections for Prevention and Health Branch at the end of each grant year and upon additional request. The results of the evaluation will be shared at the end of the six year grant period. Results will also be disseminated to programmatic staff and key community stakeholders.

Stakeholder interviews will be conducted at the beginning of the program cycle to understand what information is needed by stakeholders from the evaluation. Engaging stakeholders in this process will also answer 1) who will use the evaluation findings, 2) how will the evaluation findings be used, and 3) what do stakeholders need to learn from the evaluation. Interview questions should be constructed to generate an understanding of these three main areas.

This process helps to identify key evaluation questions, develop indicators, baseline measures, and benchmarks.

Definitions:

Source: Centers for Disease Control and Prevention: Program Evaluation for Public Health Programs: A Self-Study Guide

- Evaluation questions - list of clear, specific, and well-defined questions to be answered by the evaluation
- Baseline measures - the standard against which you will measure all subsequent changes implemented by the program
- Indicators - anything measurable that can be used to identify a change in trends. They are measurable signs of a program's performance. Good indicators are valid (accurate measure/measures what it is intended to measure), integral (data has safeguards to minimize risk of error/manipulation), precise (operationally defined in clear terms/sufficient level of detail to permit decision-making), reliable (consistently measurable in the same way by different observers), timely (regularly collected up-to-date data available).
- Program benchmarks - reasonable expectations for the program. When thinking about program benchmarks, consider what success means, and how to measure it. These standards are then used as a benchmark against which the program's performance is evaluated.

See Appendix C: Stakeholder Interview Processes

See Appendix D: Stakeholder Interview Analysis

Ongoing stakeholder engagement will occur throughout the duration of the program on a quarterly basis. Opportunities will be created for consistent information sharing via one-on-one communication, newsletters, meetings, and written correspondence via email. Progress reports and other periodic updates will keep stakeholders informed about the evaluation.

Evaluation Questions: The evaluation will address the following key questions:

Program Accomplishments

1. What has the program accomplished?
2. What activities lead to sustainable policy, systems, and environmental changes?

Health Equity

3. What health equity approaches most effectively support the program's results?
 - a. How does the Catalyst impact inequitable systems?
 - b. How does the Catalyst improve sustainability related to health equity?

Reach

4. Are the program's target audiences being reached, and to what extent?

Capacity

5. To what extent is the Catalyst a recognized entity for HEAL?

See Appendix E: Evaluation Analysis Plan

Evaluation Design: Based on the analysis plan (see appendix E), the evaluation design will include a mixed methods approach to answer both process and outcome questions. The analysis plan outlines the evaluation questions to be answered, key measures/indicators that will help answer the question, the method/timeline of data collection, and who is responsible for the collection and analysis of data.

The evaluation design will additionally describe the techniques that will be used to analyze the evaluation data. The Catalyst will collect data monthly from Catalyst Coordinators via a real-time database to be analyzed by the Evaluator. The database will have the capability to apply statistical analytics and generate dashboard progress reports.

Timeline: The timeline will include a detailed list of when activities of the evaluation plan will be carried out. The timeline can range in amount of time (i.e. week, month, year, grant cycle, etc.). The following are **examples** of evaluation timelines and are NOT representative of the Catalyst.

Example Evaluation Timeline 1

Source: The York Central Hospital Diabetes Education Centre

Activity	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F
Determine readiness for evaluation	X																										
Selection of internal evaluator		X																									
Engagement of stakeholders/address any training needs			X																								
Development of evaluation plan				X																							
Development of program logic model					X																						
Development of data collection matrix						X																					
Carry out evaluation							X																				
Initial review of data								X																			
Mid review of data									X																		
Final review of data										X																	
Development of evaluation report											X																
Submit Evaluation Plan to Team												X															
Use of evaluation findings																							X				

Example Evaluation Timeline 2

Source: Center for Advancement of Informal Science Education

Activity	Year 1				Year 2				Year 3				
	Sum	Fall	Win	Spr	Sum	Fall	Win	Spr	Sum	Fall	Win	Spr	
Hold Initial meetings with stakeholders	X												
Identify Key people	X												
Obtain IRB approval	X												
Draft Scope of Work and budget outline	X												
Review all project materials		X											
Refine Goals, Outcomes, Indicators		X											
Develop Logic Model, Theory of Change		X											
Develop & prioritize evaluation questions		X											
Determine indicators		X											
Develop study design and data collection strategy			X										
Deliver draft evaluation plan to stakeholders, refine if needed			X	X									
Develop draft instruments				X	X								
Share instruments with stakeholders, refine if needed				X	X								
Pilot draft instruments					X								
Refine instruments					X								
Administer pre-test					X	X							
Conduct phone interviews						X							
Gather & clean pre test data						X							
Analyze interview data							X	X					
Administer post-test								X					
Gather & clean post-test data									X				
Analyze pre-post data									X				
Review other pertinent data sources										X			
Discuss preliminary findings with stakeholders										X			
Draft and disseminate final report											X	X	
Secure data according to data management plan													X

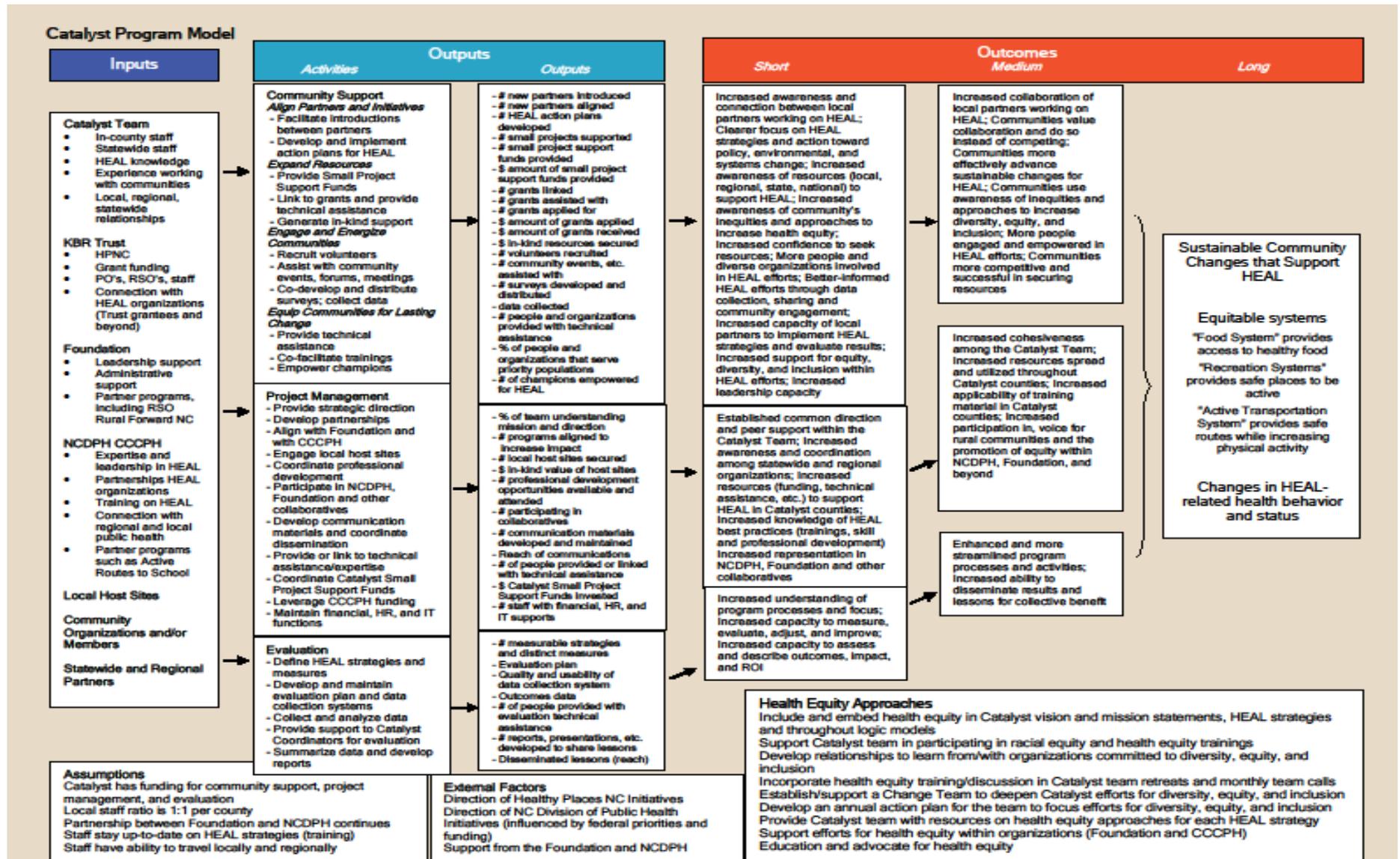
Budget: The evaluation budget will include all costs related to the activities of the evaluation. Main components of an evaluation budget include 1) evaluation staff and subcontractor salary/benefits, consultant time, 2) travel, 3) other direct costs (e.g. communications printing, supplies/equipment, etc.), 4) overhead costs and fees, and 5) program costs to support evaluation. Evaluation budgets should commensurate with stakeholder expectations and involvement, be appropriate for the research design used and key questions to be answered, adequate for ensuring quality and rigor, and in line with the level of program and organizational resources available.

Example Evaluation Budget

	Year 1: Planning		Year 2: Data Collection		Year 3: Analysis and reporting					
Evaluation Staff Time (Labor)	Planning and preparation		Data Collection		Analysis		Reporting		Totals	
	Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost
Project Leader (\$100/hr)	25	\$2,500	75	\$7,500	15	\$1,500	10	\$1,000	125	\$12,500
Senior level analyst (\$80/hr)	300	\$24,000	500	\$40,000	60	\$4,800	50	\$4,000	910	\$72,800
Data analyst (\$65/hr)	50	\$3,250	100	\$6,500	80	\$5,200	30	\$1,950	260	\$16,900
Junior level assistant (\$50/hr)	250	\$12,500	500	\$25,000	50	\$2,500	60	\$3,000	860	\$43,000
Admin support (\$35/hr)	75	\$2,625	200	\$7,000	20	\$700	30	\$1,050	325	\$11,375
	700	\$44,875	1375	\$86,000	225	\$14,700	90	\$11,000	2480	\$156,575
Travel			<i>Miles</i>							
Auto mileage (\$.30/mile)		\$0	200	\$60		\$0	0	\$0		\$60
Other Direct Costs (ODCs)										
Printing and copying		\$0		\$50		\$0		\$1,000		\$1,500
Postage		\$0		\$250		\$0		\$0		\$250
Conference lines		\$100		\$200		\$25		\$50		\$375
Transcription service		\$0		\$0		\$1,000		\$0		\$1,000
Incentives				\$7,500						\$7,500
Survey platform		\$2,000		\$5,000		\$0		\$0		\$6,000
		\$1,100		\$13,450		\$1,025		\$1,050		\$16,625
G&A-10%										\$1,663
										\$173,260 Sub-total
Fees- 10%										\$17,326
										\$190,586 Total
Program Support Costs										
Executive Director- \$35/hr	60	\$2,100	40	\$1,400	5	\$175	15	\$525		\$4,200
AmeriCorps Program Manager- \$25/hr	60	\$1,500	80	\$2,000	10	\$250	25	\$625		\$4,375
Supervisors (1 per site, 10 total)- \$25/hr	60	\$1,500	120	\$3,000	10	\$250	25	\$625		\$5,375
										\$13,950 Sub-total
										\$204,536 Grand Total

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APPENDIX A:



Suggested citation: Foundation for Health Leadership & Innovation. 2018. Catalyst for Healthy Eating and Active Living: Program Model. Cary, North Carolina.

APPENDIX B:

Catalyst Program Strategy and Logic Model Processes

Process for Refining HEAL Strategies and the Development of Logic Models in 2017 - 2018

In the fall of 2017 the Catalyst for Healthy Eating and Active Living (Catalyst) began a process of revisiting our primary HEAL strategies. Through this process we developed logic models that include activities to drive toward outcomes that advance health equity. The logic models were packaged in a Catalyst HEAL Strategy Guide that includes health equity guidance from the Centers for Disease Control and Prevention.

We took many factors into account during this process including:

- **What strategies and activities is the Catalyst program uniquely equipped to advance?**

For example, because our staffing model dedicates one coordinator 100% to advance HEAL within a single county, we are well-positioned to deepen community engagement activities and a health equity focus.

- **What strategies allow the Catalyst to leverage statewide and regional public health resources?**

For example, the Catalyst can utilize resources and technical assistance through the NC Division of Public Health on strategies that the Division is supporting such as healthy food retail.

- **What strategies and activities allow the Catalyst to work in complementary or collaborative ways with other HEAL technical assistance providers?**

For example, the Catalyst has capacity to work with communities on local food inventories that support larger food system/food council efforts supported by Community Food Strategies, a partner affiliated with NC State University.

Our process included 4 major components:

- 1. Strategy Sessions with NC Division of Public Health:** We convened state public health staff and leaders focused on HEAL to discuss their current HEAL strategies, anticipated priorities in the coming year(s), and their input on how Catalyst could best leverage or complement statewide efforts advance HEAL. This included two three-hour facilitated sessions.
- 2. Catalyst Team Calls to Clarify Strategies:** We (Catalyst Evaluator and Program Director) held a series of 30-45 minute conference calls with select Catalyst Coordinators to discuss and clarify each of our HEAL strategies. For example, we invited 3 Catalyst Coordinators who worked intensely on the Farmers Market strategy to discuss what was working well and how we could more clearly define the Catalyst role/focus in this work. We convened the calls for seven different strategies. We completed these calls prior to a Catalyst Team Retreat in January 2018 where the entire team reviewed the strategies, refined, and approved them.
- 3. Catalyst Team Calls to Develop Logic Models:** The Catalyst Evaluator hosted two *Logic Model 101* sessions in which the team was educated on the purpose, components, and how to construct and use a logic model for program implementation and evaluation. Building on the previous strategy clarification calls, we engaged the same small groups to flesh out logic models for each of the HEAL strategies. The Evaluator prepared logic models with input from previous strategy discussions to form a basis for the in-depth logic model calls where we reviewed, edited, and added additional information to the models. These discussions took place as conference calls while using Google Drive to allow us to view and update the logic model in real time. For each strategy, we conducted two logic model discussions. The calls lasted about 2 hours each. After, the Catalyst Evaluator refined the models and sent to the Catalyst Director and small groups for input. The logic models were completed prior to a Catalyst Team Retreat in January 2018 where the entire team reviewed and approved them.

4. **Partner Meetings regarding HEAL Strategies:** During this process the Catalyst Director and Evaluator also met with key statewide and regional partners who provide technical assistance on specific HEAL strategies. This included some of our university-affiliated partners, the Resourceful Communities Program, and Rural Advancement Foundation International with whom we collaborate on specific HEAL strategies. The conversations focused on building partnership, checking in on the alignment of the proposed Catalyst HEAL strategies alongside the partners' work (to avoid duplication and maximize complementary and collaborative efforts). We also discussed evaluation strategies and opportunities for training.

Focus on Changing Systems and Infusing Activities to Advance Health Equity

In addition to developing the HEAL Strategy Logic Models, we redesigned the overall program logic model for the Catalyst in early 2018. Each logic model displays how the activities of our work drive toward systems change and embed specific activities to advance health equity.

The Catalyst is designed to achieve 3 overarching outcomes:

- 1) Changes in healthy eating and active living-related behavior and status
- 2) Equitable food, recreation, and active transportation systems
- 3) Sustainable policy and environmental changes for healthy eating and active living

APPENDIX C:

Stakeholder Interview Processes

Process for Engaging Stakeholders 2018

In the spring of 2018, the Catalyst for Healthy Eating and Active Living (Catalyst) began a process of engaging stakeholders through stakeholder interviews. Through this process we learned of stakeholder's understanding of the program, their evaluation needs, and developed evaluation questions that represented all stakeholder views. The evaluation questions were packaged as part of the Catalyst Evaluation Plan with guidance from the Centers for Disease Control and Prevention, Georgia Evaluation Resource Center, and the Robert Wood Johnson Foundation.

We took many factors into account during this process including:

- **Who to engage? What strategies do stakeholders represent?**

It is important to engage a variety of stakeholders in developing evaluation questions, since different individuals have diverse information needs, interests, and experiences. We selected at least 2 stakeholders from each of the 7 Catalyst strategies. We considered stakeholder expertise, interest, influence and partnership.

- **The stakeholder engagement strategy:**

We determined that it would be best for Catalyst Coordinators to engage stakeholders in one-on-one in-person interviews. Coordinators are based in localities in which the stakeholders work, and they have existing relationships with one another. Coordinators were encouraged to select stakeholders who were familiar with the Catalyst, had work(ed) together on a strategy, and had availability to be interviewed.

Our process included 4 major components:

- 1. Interview Guide Development:** The Stakeholder Interview Guide was developed with information from the Robert Wood Johnson Foundation's Practical Guide for Engaging Stakeholders in Developing Evaluation Questions. Interview questions were adapted from the guide to meet the Catalyst Program's needs. Interview questions were vetted by the team and NCDPH staff. See below - Catalyst Stakeholder Interview Guide for interview questions.
- 2. Stakeholder Interview:** The Catalyst team conducted fifteen 20-40 minute stakeholder interviews using the interview guide. Interview questions consisted of multiple parts and were asked separately with some follow-up questions and comments. Most interviews were conducted in-person; however, a few were conducted via phone. All interviews were recorded with permission from interviewee.
- 3. Interview Transcription/Analysis:** The recorded stakeholder interviews were uploaded to a secure, shared web-based drive along with identifying information of the interviewee. The Catalyst Evaluator downloaded audio files of all interviews, transcribed, and thematically coded the interview sessions using Microsoft Word. Themes that emerged were used to answer **who** the stakeholder represented, **what** the stakeholder wanted to know, and **how** the information would be used. This information was used to develop the *Stakeholder Interview Analysis (Appendix D)*.
- 4. Facilitated Team Discussion of Interview Analyses:** We engaged NCDPH Evaluation Staff by collaborating on a process to develop and vet stakeholder interview questions as well as develop a process to formalize the evaluation questions. At the May 2018 Catalyst Team Retreat, the Catalyst team along with NCDPH Evaluation Staff reviewed the *Stakeholder Interview Analysis* and used it to have in-depth discussion about the proposed evaluation questions.

Catalyst Stakeholder Interview Guide

Please provide the following information -

Date:

Name:

Strategy:

Partner Name:

Partner Organization:

Partner's role in organization:

How do you (the Catalyst) and this partner work together?:

Please use the following prompt and questions to interview your community partners:

The Catalyst Program is currently developing an evaluation plan and in doing so, we are in the process of engaging our local partners to help us develop evaluation questions. The evaluation questions will help us think about the ways in which our program operates within community, meets goals, and the overall impact. The purpose of this interview is to learn from you how we can best make the evaluation more useful and relevant as well as develop consensus around what the evaluation should address. The interview lasts about 30-45 minutes.

I would like to record the discussion today to make sure I don't miss any of your comments. I take notes but often they are not as complete as when I record the discussion. Is that okay?

Interview Questions:

*** Questions should be directed to the Catalyst Program as a whole

** *It is okay if the conversation goes beyond the following questions, but please be sure to ask all questions in the order that they appear*

- As you think about the Catalyst Program, what would success look like to you? What would we need to know to explore the extent to which the program is effective or successful?
- What do you know about the Catalyst Program? What do you still not know that would be important to know?

- What are you really curious about? What do you wish you knew about the Catalyst Program?
- How would you like to receive information about the Catalyst Program? What format would you like information about the Catalyst?
- What questions seem to come up repeatedly, in conversations with others or in your own work, concerning the effectiveness, impact, and/or success of the Catalyst Program?
- Imagine yourself in various other roles— policy-makers, program designers, program administrators, researchers, clients, community members, health care providers, organization leaders. What do you want to know about the Catalyst Program?
- Is there anything else that you would like to add that I have not asked?

Thank you for your time and have a great day!

APPENDIX D:

Stakeholder Interview Analysis

The stakeholder interview analysis a compilation of stakeholder interview responses. The analysis gives a general overview of the themes that emerged from the interviews.

Who? Includes stakeholders from:	What does this stakeholder want to know? [<i>Write these in the form of questions</i>]	How will this stakeholder use the information?
<i>Farmers' Markets</i>	What activities is the Catalyst currently involved in/organizations involved with/what does the Catalyst do; what progress has been made and how; what are additional needs; how do the various entities in the community come together; what significant health/economic changes result	Ways to connect with the work in county and in other counties; ensure long-term resource
<i>Local Food Councils/Networks</i>	What are the roles/responsibilities/limitations of the Catalyst; where is the Catalyst operating and how can counties link/partner; sustainability of resource; are successful partnerships established and between who; what is the opportunity in community; what community/economic development occurred; is time and money saved	Understand the work going on in community and how to get involved and to what extent Catalyst can be called upon; linkage to other supports; understand the return on investment
<i>Healthy Food Retail</i>	Is the program/strategy making an impact on the health of the community; how are strategies connecting to other entities in county; are partners aware of how the Catalyst can contribute; how have HEAL opportunities been expanded; how does Catalyst compare to non-Catalyst counties; how many policies and environmental supports occur; how are inequities lessened; how is equity incorporated; what are the small project funding opportunities; capacity of coordinator; what did the Catalyst accomplish/claim; is there opportunity for healthy eating in other settings	Maintain and/or expand services in store; expand the role of the Catalyst in this strategy; estimate the % access to healthier foods; model of partnerships; understand what work is occurring
<i>Community Gardens</i>	Has the Catalyst helped organizations achieve its goals and how; how did the Catalyst originate; how can Catalyst share about ongoing work in community; how is the Catalyst distinct; what are the services offered by the Catalyst; what is working effectively; what is the broad impact of the Catalyst; how do communities respond to the Catalyst; what are the goals of the Catalyst (short/medium/long-term)	Gauge the success of an organization /project and assess the Catalyst's role; communicate program changes and resources available; determine the capacity of community
<i>Safe Places to be Active</i>	How effective are the projects the Catalyst has helped with; what other partners/projects can be connected; what similar efforts are occurring in like places; how does the Catalyst influence access; how can others partner with the Catalyst; how is equity embedded and integrated in the work	Value/impact of project support; coordinating efforts/partnership in county; move projects along
<i>Active Transportation</i>	What results from the work; what is the network of the organization; what is the role/utilization of the Catalyst; what does the Catalyst bring/provide to a project; is the Catalyst effective in supporting partners to ensure sustainability	Determine sustainability; point to connections/resources; provide data to support policy; understand the Catalyst's unique role

<i>Faith Communities</i>	What is the Catalyst collecting and doing in the faith communities strategy; what are the county-level resources/assets/gaps, and how can the Catalyst be of assistance; how can faith communities be connected to the Catalyst and to other resources; what has been the impact in faith communities	Understand the ways Faithful Families and the Catalyst can collaborate; develop a database that can aide in the Catalyst needs
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APPENDIX E:

Evaluation Analysis Plan

The evaluation analysis plan describes the analytic techniques that will be used to analyze all the data that will be collected and compiled for the evaluation.

Evaluation questions	Indicators	Data sources	Data collection methods	Timeline & person(s) responsible
Specific, well-defined questions to be answered by the evaluation	<i>Variable that measures one aspect of a program that is directly related to the program's objectives.</i>	<i>Where the indicator data will come from to answer the evaluation question</i>	How the indicator data will be captured	<i>When key activities of the evaluation plan will be carried out and by whom</i>
1. What has the program accomplished? (process/outcome)	a. Number and description of PSE change (<i>categories?</i>) <ul style="list-style-type: none"> Effectiveness of policy change Effectiveness of systems change Effectiveness of environmental change b. Value of in-kind resources leveraged (<i>will include list of in-kind measures</i>) c. Changes in HEAL-related health behavior and status	a. Results Database//Monthly Highlights b. Results Database c. BRFSS, County Health Rankings, RBA Dashboard	a. Database b. Database c. Data/Report review	a. Monthly; coordinators <ul style="list-style-type: none"> Monthly; evaluator b. Monthly; coordinator c. Annually; evaluator
2. What health equity approaches most effectively support the program's results? (process/outcome) <ul style="list-style-type: none"> How does Catalyst impact inequitable systems? How does Catalyst improve sustainability related to health equity? 	a. Identified health equity approaches for selected strategies b. Increased understanding of partners' mission <ul style="list-style-type: none"> Partners demonstrate increased understanding of priority populations and competency in addressing health equity c. Change in who has influence (power dynamics)	a. Results Database b. Healthy Equity Impact Assessment//Survey tool c. Health Equity Impact Assessment//stakeholder analysis	a. Database b. Assessment tool/survey c. Assessment tool	a. Monthly; coordinators b. Annually with continuous review; coordinators/evaluator c. Annually with continuous review; coordinators/evaluator
3. Are the program's target audiences being reached and to what extent? (process) <i>** need clarity on defining priority populations and an in-depth understanding of the organizations/partners service to the community</i>	a. Number/percent of partners and organizations that serve or represent priority populations - community meetings; technical assistance; trainings; action plans; aligned programs/initiatives;	a. Results Database	a. Database b. Demographic tool <ul style="list-style-type: none"> Standard form indicating priority populations 	a. Monthly; coordinators b. Ongoing; coordinators

Evaluation questions	Indicators	Data sources	Data collection methods	Timeline & person(s) responsible
			<ul style="list-style-type: none"> meeting sign in sheet with demographics 	
4. What activities lead to sustainable policy, systems and environmental change? (process)	<p>a. Commonly indicated activities selected by strategy</p> <p>b. Reported result due to activity</p>	<p>a. Results Database</p> <p>b. Results Database</p>	<p>a. Database</p> <p>b. Database</p>	<p>a. Monthly; coordinators</p> <p>b. Monthly; coordinators</p>
5. To what extent is the Catalyst a recognized entity for HEAL? (process/outcome)	<p>a. Number of partners and programs introduced and aligned to increase impact</p> <p>b. Number of partners and organizations provided or linked with technical assistance</p> <p>c. Number and dollar value of small projects supported and the result [gaps filled/people empowered, etc.]</p> <p>d. Number and description of professional development opportunities attended and impact in county</p> <p>e. Number of presentations given (information disseminated) and feedback from presentation</p>	<p>a. Results Database</p> <p>b. Results Database</p> <p>c. SPSF Approval Form and Database entry</p> <p>d. Results Database</p> <p>e. Results Database; Key Informant Interviews; Survey</p>	<p>a. Database</p> <p>b. Database</p> <p>c. Database – specific to SPSF</p> <p>d. Database – specific to communication?</p> <p>e. Database; Interview and Survey tool</p>	<p>a. Monthly; coordinators</p> <p>b. Monthly; coordinators</p> <p>c. Annually; program director and evaluator</p> <p>d. Upon occurrence; coordinators</p> <p>e. Upon occurrence; coordinator and evaluator</p>

APPENDIX F:

Resources

- 1) Centers for Disease Control & Prevention Program Performance and Evaluation Office (<https://www.cdc.gov/eval/index.htm>)
- 2) Center for Advancement of Informal Science Education (<http://www.informalscience.org/evaluation/pi-guide/chapter-5>)
- 3) Corporation for National & Community Service (<https://www.nationalservice.gov/resources/evaluation/planning-evaluation>)
- 4) Georgia Evaluation Resource Center (<http://www.georgiaerc.org/ch1-a.asp>)
- 5) Robert Wood Johnson Foundation - Evaluation Series (www.rwjf.org)
- 6) York Central Hospital Diabetes Education Centre (<https://diabetesclinicerevaluation.weebly.com/index.html>)