NORTH CAROLINA
Childhood Obesity Prevention Demonstration Project

Evaluation Executive Summary*

October 1, 2008-May 31, 2009

In response to the obesity epidemic in North Carolina, in 2008-09, the NC Legislature appropriated $1.9 million in non-recurring state funds to support five communities through the **NC Childhood Obesity Prevention Demonstration Project**. The NC Division of Public Health directed $100,000 in federal funding to the Center for Health Promotion and Disease Prevention (HPDP) at UNC Chapel Hill to conduct an evaluation of this project. The Demonstration Project and the HPDP contract both ended May 31, 2009.

Four-Tier Evaluation Design

Partnership Success:

- Assess the development and growth of coordinated partnerships beyond those already existing, member satisfaction with the partnership's effectiveness, existing resources and infrastructure that contributed to the effectiveness and intensity of each intervention in the community.

Intervention Outputs:

- Document the number of program activities completed, programs developed and implemented, materials produced, number of people reached, as well as policy and environment changes.

Intermediate Outcomes:

a) Assess intervention component successful implementation and if the partnership approach influenced or facilitated success; and

b) Assess intervention impact on awareness, behavior, and policy and environment change in the community. Note: physical activity, dietary behaviors, and policy and environment changes can have both intermediate and long-term outcomes and are differentiated based on availability of data (before May 2009 and after).

Long-term Outcomes:

- Assess intervention impact on physiological and biochemical measures related to obesity in children (after May 2009).

In Just Four Months

Residents in the counties reported improvements* in **eating behavior or physical activity**, such as choosing low fat or low calorie foods or drinks, eating more fruits and vegetables, eating smaller portions or getting more exercise (Pre=**38.9**%, Post=**43.6**%).

5.7% of residents **improved what they ate (Pre=27.3%, Post=33.0%).**

3.3% of residents started **exercising more (Pre=16.2%, Post=19.5%).**

4.5% more residents had heard of their county's **Partnership (Pre=19.0%, Post=23.5%).**

5.7% more residents had heard of the **Eat Smart, Move More NC** statewide movement **(Pre=18.8%, Post=24.5%)**

**Statistically significant findings from a county-wide Health Communication Survey at pre- and post-test, N=4,000).*

For more information:

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www.eatsmartmovemorenc.com/ObesityDemo/ObesityDemo.html

**Based on findings from the UNC Chapel Hill Evaluation*

Evaluation Tools and Methods

Focus Groups and In-depth interviews: Participants were purposefully selected by their county coordinator. Focus groups took place with coordinators, school staff, and faith community members in each county. Interviews occurred in all other settings, except child care.

Health Communication Survey: A random digit dial telephone survey of 400 residents in each county at pre- (November 2008) and post-test (March 2009) assessed change in awareness of the local partnership and Eat Smart, Move More NC statewide movement; adult behavior change; and awareness and use of greenways and farmers' markets.

Youth Risk Behavior Survey: Approximately 1,500 high school students in each county were surveyed in the spring of 2009. Self-reported height and weight data to calculate body mass index (BMI), healthy eating, and physical activity behaviors was collected.

Intervention Component Assessments: Other surveys were conducted to assess if the intervention components were successfully implemented and if the partnership approach influenced or facilitated success.

Questions Remain

- How significant is the change over time?
- Will communities sustain these efforts now that the project period has ended? How?
- Are large grants to community partnerships a cost effective means of obesity prevention?
- Further support and evaluation of this project in coming years is critical in informing obesity prevention efforts.

Highlights from Lessons Learned:

Strong County Coordinators were essential to success:

- Instrumental in mobilizing the **Partnership** and efforts related to obesity within the county and in building sustainable infrastructure needed to address these issues.

Counties needed to adapt components to their local context:

- Participant selection criteria for the **WakeMed ENERGIZE! Program** was made less stringent in order to fill classes.
- Physician training in the **Pediatric Obesity Clinical Tools** was best received in physician offices in a one-on-one format, when lunch was provided and when the timeframe was kept to less than one hour.

Counties used their Partnership to leverage additional resources. All counties were able to:

- Identify in-kind or matching contributions for their **built environment project**.
- Negotiate earned **media** for their social marketing campaigns.

More pronounced expectations and commitment is needed:

- As a "local control" state, **schools** were not required to participate in any component of the Demonstration Project and were not always aware of their responsibilities to the program.
- Small **child care centers** with limited staff could not take time away for training.

More time is needed for planning:

- Seasonal challenges limited progress as the **Farmers' Market** intervention primarily fell within the off-season.
- **Schools** were already months into their school year, making changes to lesson plans more challenging. The time requirements for implementation were not always sufficient to follow school policies and procedures.