

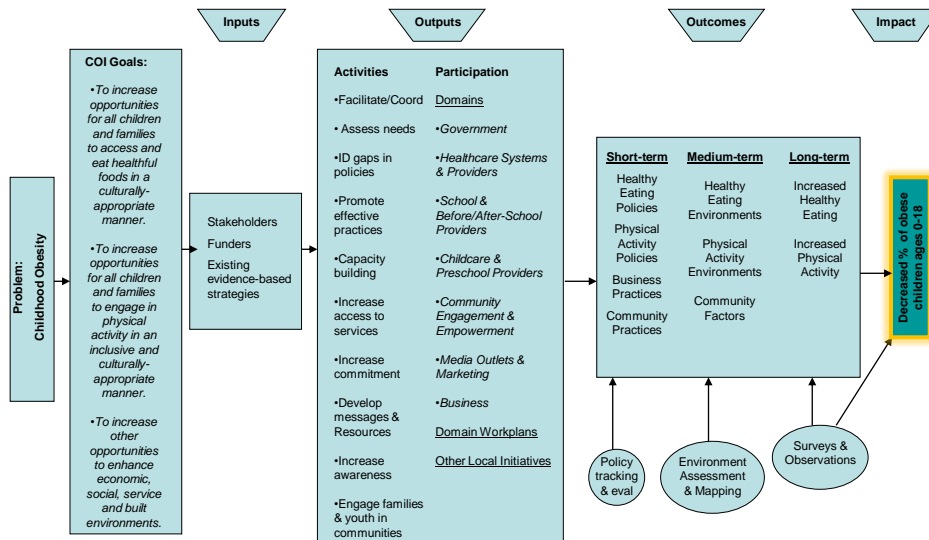


San Diego County Childhood Obesity Initiative Evaluation Plan

Introduction

In March 2009, the San Diego County Childhood Obesity Initiative (COI) Leadership Council asked for an overall COI evaluation plan to be developed based on the COI’s mission and vision. The COI has convened two groups to oversee and advise evaluation efforts. The Evaluation Advisory Group was established in 2007 as a way to convene local research experts and academicians to advise the COI on potential evaluation methods and approaches. The development of specific indicators to allow communities and the COI to gauge progress toward development of healthy community environments and supportive policy was first recommended by the Evaluation Advisory Group in September 2007. The Core Evaluation Committee was formed in 2009 with the purpose of recommending and facilitating specific strategies for the overall evaluation of the COI as part of a broader public-private partnership to strengthen the capacity for research and evaluation to improve the health of the people of San Diego County. Figure 1 is a logic model depicting the San Diego County Childhood Obesity Initiative.

Figure 1. San Diego County Childhood Obesity Initiative Logic Model



10/21/2009

Purpose of the Evaluation Plan

A major goal of this evaluation plan is to provide meaningful and useful feedback to the COI to refine and enhance its activities. A secondary, but critical, goal is to assess changes in targeted environmental and policy factors that are expected to affect childhood obesity. The final goal is to utilize the ultimate outcome measure of the distribution of childhood overweight and obesity for program planning and benchmarking progress.

While it is important to measure the work specifically undertaken by the domains and leadership of the COI, we are also aware that the nature of the work the COI—to develop and foster supportive policy and environmental change—is not easily captured through conventional measures. Certainly not all questions relating to effects of the COI can be answered by this plan. However, the committee believes some of the questions that could be answered by implementation of this plan include the following:

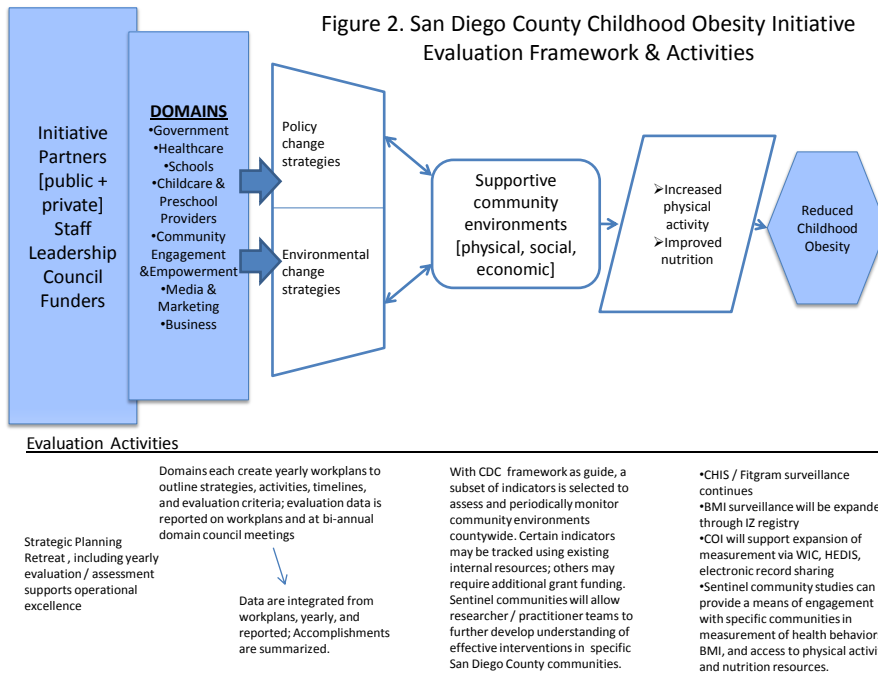
- Set up a feedback cycle of data that can inform program planning and evaluation;
- Make available meaningful data in an easily understandable way to the community at large and to stakeholders and funders of the COI;
- Monitor on an ongoing basis childhood obesity outcomes and environmental indicators over time;
- Offer comparative data for identified sub-regions;
- Collaborate with academic partners in specific studies related to determinants of and interventions to prevent childhood obesity;

The main question that we cannot answer with this evaluation plan is the one of cause and effect. We will not be able to assess causal relationships of COI programs and initiatives to selected outcomes and indicators.

The evaluation plan is structured such that it can be implemented in phases by initially addressing specific county-wide indicators and eventually conducting targeted community evaluations. Given the lack of current resources for COI evaluation, it is not feasible to implement this comprehensive evaluation plan as detailed below. However, it is critical to have a viable evaluation plan in place as a means for focusing future resources, attracting additional funding and establishing a commitment to evaluation.

Evaluation Framework

Figure 2, below, depicts the framework of the COI evaluation plan. This framework includes evaluative efforts at many levels: leadership and organizational, the work of the domain sectors, and evaluation of selected short-, medium- and long-term outcomes, as well as assessing the broader impact on childhood body mass index (BMI).



Outcome Measures

A) Community-level Indicators of Short-, Medium- and Long-term Outcomes.

The Centers for Disease Control and Prevention (CDC) recently published “Recommended Strategies and Measurements to Prevent Obesity in the United States,” which identifies and recommends strategies and associated measurements for communities and local governments to use to monitor environmental and policy-level changes in obesity prevention. The Institute of Medicine (IOM) published the brief “Local Government Actions to Prevent Childhood Obesity” outlining strategies for government actions to reduce and prevent obesity. Using these publications as national standards, and in consultation with the County of San Diego’s Health Statistics Unit and Health Equity by Design (HEbD) staff, numerous measures of healthy communities were identified as potential indicators directly relevant to the COI’s work and useful as indicators of movement toward a healthier county overall. In some cases it was felt that one or more alternate measures were more appropriate for measuring childhood obesity efforts in San Diego County, either because of the specific strategies COI has undertaken (or has not undertaken) or because of limitations on the availability of data. It is important to note that this set of indicators represents some, but certainly not all, of indicators the COI might use to assess healthy communities. This set of potential measures is included in Appendix A.

B) Sentinel Community Evaluations of Short-, Medium- and Long-term Outcomes

Neighborhood-level evaluations will allow the COI to concentrate some of its strategic efforts in sentinel (targeted) communities and make it more feasible to conduct more intensive measurements and analysis. Because community engagement is a hallmark of COI efforts, use of sentinel communities will allow the COI to work closely with community residents to insure that meaningful measures are employed and that the data collected are shared and become a platform for future community strategies to impact childhood obesity. Furthermore, successful evaluation models from the initial sentinel communities could serve

as the basis for further evaluation efforts of the COI and encourage regional level coordination of the community-centered evaluation efforts.

Possible criteria for selecting sentinel communities:

- a) Geographically distributed in various regions across the county;
- b) An established effort in childhood obesity prevention underway;
- c) Strong leadership/political will; strong public health presence; presence of a public-private partnership;
- d) Availability of some level of data;
- e) Moderate to high need community; and
- f) Health care providers interested in including BMI measures in the San Diego Regional Immunization Registry (SDIR).

Although the majority of measures outlined in the healthy community measures table in Appendix A could be measured on a sentinel community level, the table also indicates a number of additional measures that would be best suited to collection at the neighborhood level.

C) Domain-specific Evaluation Activities

As part of the overall evaluation plan, the systematic evaluation of COI domain activities is essential to the ongoing sustainability of the COI. It is only through this evaluation that COI partners, funding agencies and community members can objectively assess what has been accomplished, what can be sustained and what areas need to be addressed. Evaluation also allows the domains to reflect about their successes and challenges and refocus efforts, as needed. Evaluation results can also invigorate and inspire domains to move forward into the future.

The evaluation of domain activities will be addressed through a two-tiered process:

- 1) **Synthesis and integration of data derived from domain workplan updates into an annual report**—Each domain creates annual workplans detailing each major activity undertaken by that domain. The workplans outline goals and objectives, partners, projects and activities, timelines, evaluation measures and barriers to implementation. Domain champions are asked to update progress made on their workplans bi-annually for domain council meetings and submit updated workplans to the COI director. A workplan template is designed to facilitate reporting. Updates are designed to include as much specific information as possible on progress toward completing the identified activities, and can include numbers of people reached, types of activities undertaken, process evaluation information, implementation follow-up, descriptions of new activities undertaken and barriers encountered. Data from the workplan evaluation updates will be summarized and integrated into an annual report. Synthesizing the domain workplan evaluation data will provide a summary of progress on domain activities as they relate to the overall goals of the COI, and allow the COI to reflect on progress made during the previous year.
- 2) **Enhanced evaluation of selected domain activities to provide a more in-depth analysis of specific areas**—Following a thorough review of domain workplans, several activities will be identified for further evaluation efforts. These enhanced evaluation efforts will reflect domain activities that support COI goals and are undertaken in the following broad categories: healthy eating/food access, built environment/physical

activity and community engagement. It is anticipated that projects will be continually added to this area of effort as specific evaluation efforts are completed for projects, resources become available and new activities are undertaken by the domains.

Impact Measures: Childhood BMI

The committee recommends the final outcome of a healthier distribution of childhood BMI as a viable approach for measuring attempts to impact child obesity on a countywide basis over the long term. We will continue to work on accessing multiple data sources of childhood BMI for surveillance purposes. Especially important are issues of reliability and validity of data, and coverage of gaps (either geographic or age-wise) in available data sets. Of particular importance are data on younger preschool children and pregnant mothers, areas where early primary prevention efforts are receiving increasing attention. Establishment of the BMI measurement capacity within the SDIR is a significant step forward in this effort. However, much needs to be done to transform this capacity into an ongoing surveillance system with participation sufficient in both the safety-net and private practice populations to permit accurate estimation within subregions of the county of rates and distribution of BMI, as well as comparative data for program planning and evaluation.

We recommend that a high priority for further development of this surveillance system continue. Currently, pilot efforts in at least two community clinics are underway. We are also encouraging all public and private providers to participate in the SDIR BMI surveillance program and are working to target providers in the selected sentinel communities.

Recommendations

The evaluation plan was developed to guide the COI in developing and focusing its evaluation efforts. At this time, implementation of the evaluation plan is not possible due to extremely limited resources available for evaluation. We recommend the COI Leadership Council take action on the following items:

1. Approve the concept of this evaluation plan as an integral part of the COI's strategic plan;
2. With input from COI domains and recommendation from the Core Evaluation Committee, adopt a specific set of indicators that will provide annual feedback to the COI on its progress, and allow the COI to reflect annually on its impact in the community;
3. Develop and adopt selection criteria and identify sentinel communities;
4. Formally approve this plan at the Strategic Planning Retreat in 2010; and
5. Commit the resources (monetary, personnel) necessary to implement the ongoing monitoring/assessment of the agreed upon basic set of indicators.

Acknowledgements

The San Diego County Childhood Obesity Initiative is grateful for the input and support of its many partners in the development of this evaluation plan.

Members of the Core Evaluation Committee

JuliAnna Arnett

Deirdre Browner, MPH

Julie Cooke, MPH

Tracy Delaney, PhD, RD

Christine Edwards, MPH

Kristin Garrett, MPH, FACHE

Thomas Herman, PhD
Suzanne Lindsay, PhD, MSW, MPH
Leslie Linton, JD, MPH
Cheryl Moder
Philip R. Nader MD (Chair)
Leslie Ray, PhD, MPH, MPPA, MA
James F. Sallis, PhD
Wilma Wooten, MD, MPH
Adrienne Yancey, MPH

Members of the Evaluation Advisory Group

Julianna Arnett
Deirdre Browner, MPH
Shelia L. Broyles, PhD MPH
Christine Edwards, MPH
John Elder, PhD
Sheila Gahagan, MD, MPH
Thomas Herman, PhD
Katherine Keir, MPH
Paul Kurtin, MD
Suzanne Lindsay, PhD, MSW, MPH
Leslie Linton, JD, MPH
Thomas McKenzie, PhD
Cheryl Moder
Philip R. Nader, MD (Chair)
Kevin Patrick, MD, MS
James F. Sallis, PhD
Harvinder Sareen, PhD, MPH
Diana Simmes, MPH
Howard Taras, MD
Wilma Wooten MD, MPH