

2014

Connecticut Community Transformation Grant

Lessons Learned Report



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Table of Contents

Executive Summaryvi

Introduction1

Evaluation Design and Methodology6

Summary of Results by Strategic Direction6

Litchfield County Accomplishments7

Middlesex County Accomplishments8

New London County Accomplishments8

Tolland County Accomplishments9

Windham County Accomplishments10

Lessons Learned12

Appendix: Key Informant Protocol18

List of Tables

Table 1: Community Transformation Grant Planning Phase Logic Model 2

Table 2: Community Transformation Grant Counties, Coordinating Agency, and Strategic Directions.... 3

Table 3: Tobacco-Free Living Pilot Project Logic Model 4

Table 4: Community Transformation Grantee Roles and Funding 5

Table 5: Litchfield County Summary of PSE Accomplishments 7

Table 6: Middlesex County Summary of PSE Accomplishments..... 8

Table 7: New London County Summary of PSE Accomplishments..... 8

Table 8: Tolland County Summary of PSE Accomplishments..... 9

Table 9: Windham County Summary of PSE Accomplishments 11

List of Figures

Figure 1: Frequently Report Facilitators of Program Success 12

Figure 2: Frequently Reported Program Challenges 14

Figure 3: Frequently Reported Lessons Learned 14

Figure 4: Frequently Reported Sustainability Efforts 17

Executive Summary

In 2011, the Connecticut Department of Public Health (DPH) was awarded \$2.5M over a five-year period from the Centers for Disease Control and Prevention (CDC) as part of the Affordable Care Act/Community Transformation Grant (CTG) program. The goal of the CTG funding is to build capacity at the state and county level to reduce chronic disease rates and address health disparities through sustainable infrastructures and prevention efforts focused on policy, system, and environmental (PSE) changes.

DPH funded five Connecticut counties (Litchfield, Middlesex, New London, Tolland, and Windham) with populations of less than 500,000 to conduct capacity-building activities related to *strategic directions* mandated by the Centers for Disease Control and Prevention. These strategic directions are consistent with the National Prevention Strategy and include tobacco-free living, active living and healthy eating, high-impact quality clinical and community preventative services, social and emotional wellness, and healthy and safe physical environments (www.cdc.gov)¹.

Counties were charged with conducting the following capacity-building activities as part of the *Community Transformation Grant* initiative: (1) establish multi-sector, community coalitions; (2) identify relevant training needs; (3) collect and use community health and health assessment data to identify population subgroups experiencing health disparities and inequities; (4) conduct policy scans and identify gaps in policies; and, (5) develop and execute local plans to implement policy, environmental, and infrastructure changes related to the strategic areas.

A CTG Evaluator at DPH provided evaluation support for the first two years of the project. A contract with The Consultation Center, Inc. was awarded in September 2013 to provide evaluation consultation to grantees during the implementation phase of the project. To provide comparable data across counties for the evaluation, grantees engaged in a pilot project, which focused on implementing activities associated with educating county and town partners about the hazards of exposure to environmental tobacco smoke, developing and disseminating *Smoke-Free Toolkits* to community leaders and local political leaders, and promoting any adopted PSE efforts to the broader community. Grantees were also required to collect and report information related to the number and nature of their PSE efforts for the evaluation.

In April 2014, the CDC informed DPH that the funding for the *Community Transformation Grant* Initiative would be terminated nationwide as of July 31, 2014. The CDC provided a list of closeout activities and products to be completed by July 31, 2014, which included submitting a *Success Story* about the Initiative and a *Lessons Learned* report summarizing the accomplishments, challenges, and recommendations of the initiative over the three project years. With this in mind, DPH adjusted the contract requirements for the pilot projects and the evaluation. CTG county grantees were asked to wrap-up implementation activities and report their accomplishments to DPH by June 30, 2014 in order to provide the Evaluation Team time to summarize their data for the Success Story

¹ <http://www.cdc.gov/nccdphp/dch/programs/communitytransformation/small-communities/index.htm> (Retrieved: May 12, 2014).

and the Lessons Learned reports. To supplement information provided in their progress reports, grantees were also asked to participate in a key informant interview that was conducted by a member of the Evaluation Team.

The purpose of this report is to provide a summary of grantee accomplishments over the three project years. In addition, results from key informant interviews conducted with the Program Coordinators are provided to serve as lessons learned from this process.

Below is a summary of the CTG grantee accomplishments and lessons learned over the nearly three-year project period.

Summary of PSE Accomplishments

Litchfield County Summary of PSE Accomplishments

Strategic Direction	Policy, System, or Environmental Accomplishment
Tobacco-Free Living	<ul style="list-style-type: none"> ✓ <i>Smoke-free Open Spaces Toolkits</i> were created and distributed to all 26 Park and Recreation Directors and chief elected officials in the County. ✓ Five towns (Cornwall, Salisbury, Harwinton, Plymouth, and New Milford) passed a tobacco policy that bans smoking in outdoor parks, spaces, and workplaces selected by each town. <ul style="list-style-type: none"> ○ The town of Litchfield wrote a <i>tobacco-free parks policy</i> that will be included in the new town rules to be voted upon this fall (2014). ✓ Ninety outdoor aluminum <i>No Smoking</i> signs were posted in designated areas within the six towns. ✓ <i>Workplace Toolkits</i> were created.
Physical Activity	<ul style="list-style-type: none"> ✓ Plymouth School District adopted a wellness policy, which included the installation of a fitness center at Plymouth High School and kinesiology tables at Plymouth Elementary school (for physical movement during classroom instruction). <ul style="list-style-type: none"> ○ Twelve before and after school clubs were developed and implemented in four Plymouth Schools that serve students in grades K-12.
Quality Clinical Preventive Services	<ul style="list-style-type: none"> ✓ A highly collaborative partnership involving three local health departments, community-based providers of clinical preventive services, and the Western Connecticut Health Network was developed.

Middlesex County

Strategic Direction	Policy, System, or Environmental Accomplishment
Tobacco-Free Living	<ul style="list-style-type: none"> ✓ <i>Smoke-free Toolkits</i> were created and shared with chief elected officials.
Quality Clinical Preventive Services	<ul style="list-style-type: none"> ✓ Middlesex County provided mentoring and training to implement a Hypertensive Program at the Eastern Connecticut Health Network in Tolland County.

New London County

Strategic Direction	Policy, System, or Environmental Accomplishment
Tobacco-Free Living	<ul style="list-style-type: none"> ✓ <i>Smoke-free Toolkits</i> were created and distributed to more than 50 elected officials, recreation commission members, and recreation directors in New London County. ✓ Three towns (New London, Groton City, and Stonington) have adopted tobacco-free policies/ordinances banning smoking in designated outdoor parks, spaces, or playgrounds. These municipalities join the list of tobacco-free parks already in place in the towns of Colchester, Groton, Lebanon, Lisbon, Ledyard, Montville, East Lyme and Preston. ✓ To date, 59 outdoor <i>Tobacco-free Park</i> signs have been purchased and posted in designated areas.
Healthy Eating	<ul style="list-style-type: none"> ✓ Six school gardens were created or revitalized establishing raised beds and garden areas to be used by 2,667 students in grades PreK-5. <ul style="list-style-type: none"> ○ Efforts are underway to sustain the school gardens with funding allocated at each school. ✓ A <i>Farm to School - School Garden Resource Network</i> was formed to share best practices, engage in cooperative buying, share resources, and provide in-service training.
Quality Clinical Preventive Services	<ul style="list-style-type: none"> ✓ A new protocol was developed to assist with the implementation of a <i>Lifestyle Screening tool</i> for 5,000 elementary, middle, and high school students. ✓ A new system of care was piloted for 39 middle school students identified as at-risk for cardiovascular disease defined as at or higher than 85th percentile for Body Mass Index. <ul style="list-style-type: none"> ○ A registered dietician, contracted by Ledge Light Health District and a fitness coordinator from the local YMCA have been hired to support the pilot program efforts. ✓ Fifty dieticians, chefs, and health educators were recruited and trained to facilitate the <i>Cooking Matters</i> program, by the CT Health Network.

Tolland County

Strategic Direction	Policy, System, or Environmental Accomplishment
Tobacco-Free Living	<ul style="list-style-type: none"> ✓ <i>Smoke-free Toolkits</i> were created and distributed to 19 local-elected officials and directors in the County. ✓ One town (Ellington) adopted an ordinance to make all of their parks and open public spaces smoke free. ✓ Five towns (Mansfield, Coventry, Tolland, Chaplin, and Scotland) authorized efforts to create self-enforcing smoke free policies to deter smoking near elementary schools, early care centers, parks and hiking trails. ✓ <i>Tobacco-free Zone</i> signs were purchased and posted in 76 locations (parks, hiking trails, schools, early care centers, beaches) in Tolland County. ✓ <i>Smoke-free Toolkits</i> were created and distributed to 12 multi-family property owners and managers.

Tolland County (cont'd)

Strategic Direction	Policy, System, or Environmental Accomplishment
<p>Quality Clinical Preventive Services</p>	<ul style="list-style-type: none"> ✓ A draft policy was developed for the Eastern Connecticut Health Network and the Eastern Connecticut Family Medicine Residency Program for hypertensive patients. ✓ System-level changes at the Eastern Connecticut Family Medicine Residency Program were implemented to facilitate the implementation of the hypertensive program including: <ul style="list-style-type: none"> ○ Modifying the electronic medical record to identify hypertensive program patients and track medication use and compliance; ○ Training staff to implement motivational interviewing techniques and goal setting with program participants; ○ Ensuring staff implement the hypertensive program model to fidelity and are using best practices; ○ Weekly physical presence of the consultant for Middlesex County at the Tolland County clinical site to provide education and assistance with all aspects of program implementation; and, ○ Weekly Clinical Team meetings are held to review program participant medical histories and care plans. ✓ Thirty-six blood pressure monitors, education materials, and self-management booklets are now in the homes of patients with uncontrolled hypertension. ✓ Strong working relationships were established between Health Departments and Health Care Systems within Middlesex and Tolland Counties, laying the foundation for future endeavors.

Windham County

Strategic Direction	Policy, System, or Environmental Accomplishment
<p>Tobacco-Free Living</p>	<ul style="list-style-type: none"> ✓ Two towns (Putnam and Killingly) adopted self-enforcing smoke-free policies in outdoor, public environments. <ul style="list-style-type: none"> ○ A total of 45 <i>No Smoking</i> aluminum signs were placed throughout the town of Putnam. ○ Several large banners promoting smoke-free environments were placed at various locations in Killingly parks. ✓ A <i>Tobacco-free Toolkit</i> was created for distribution to town and county officials. ✓ The Northeast District Department of Health Board of Directors adopted an agency-wide tobacco-free worksite policy. ✓ Quinebaug Valley Community College, which enrolls more than 5,000 students, expanded its no-smoking policy to include all areas within 25 feet of the building. <ul style="list-style-type: none"> ○ No smoking posters were posted throughout the college. ○ The College President has pledged to work toward implementation of a campus-wide ban on tobacco use.

Windham County (Cont'd)

Strategic Direction	Policy, System, or Environmental Accomplishment
Healthy Eating	<ul style="list-style-type: none"> ✓ The Killingly Town Council, Planning and Development, Agriculture Commission, and Board of Education worked collaboratively with CTG partners to establish a community garden for residents. ✓ Twenty-four mobile raised garden beds were constructed and placed at community sites throughout Windham County. ✓ Three existing gardens were expanded: <ul style="list-style-type: none"> ○ Plainfield preschool garden; ○ The Robert R. Johnston Community Garden in Putnam; and ○ Thompson Ecumenical Empowerment Group (TEEG) Community Garden.
Quality Clinical Preventive Services	<ul style="list-style-type: none"> ✓ A <i>Community-Clinical Linkage</i> Task Force was established in December, 2013, with Heart Disease and its risk factors selected as the focus. ✓ The medical staff of the area's leading health care provider was awarded additional funding to allow the HealthQuest Coalition to continue its work in Community-Clinical linkages.
Physical Activity	<ul style="list-style-type: none"> ✓ Six schools were introduced to <i>the WriteSteps School Walking Initiative</i>, a physical activity initiative that adds 10 minutes of walking and journaling to the school day for its 2,163 students. ✓ Fifteen teachers participated in a workshop by <i>National Recreational Walking Expert</i> Robert Sweetgall to incorporate the athletic and academic benefits of walking throughout the school day. ✓ A total of 200 residents attended a community workshop to learn about heart health and the benefits of walking and Nordic walking ✓ A local agency for people with intellectual and developmental disabilities and a local senior citizens center each adopted a daily walking program for clients, members and staff impacting approximately 200 people.

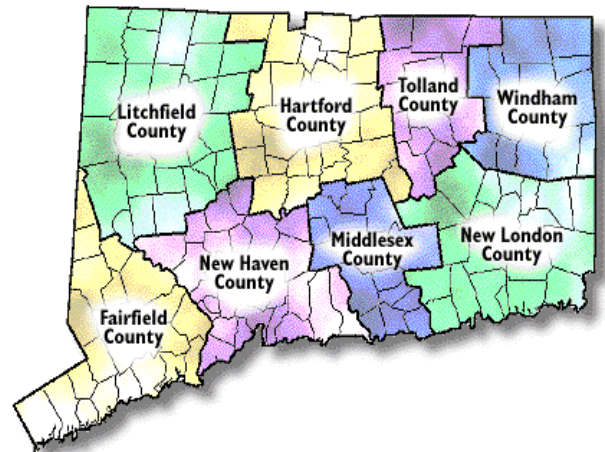
Summary of Lessons Learned

The following lessons learned are provided based on key informant interviews that were conducted with the five CTG Program Coordinators:

- Identify local partners early on that already collect local community health data to assist with needs assessment efforts
- Use local data to make decisions about local health priorities
- Continue to build and strengthen coalition membership throughout the project
- Identify resources to staff the coordination of the coalition and implementation efforts
- Be flexible and adaptive to how the work is accomplished
- Resources for statewide PSE coordination is key to implementing strategies at the local level
- Allocate funding for experts

Introduction

In 2011, the Connecticut Department of Public Health (DPH) was awarded \$2.5M over a five-year period from the Centers for Disease Control and Prevention (CDC) as part of the Affordable Care Act/Community Transformation Grant (CTG) program. The goal of the CTG funding is to build capacity at the state and county level to reduce chronic disease rates and address health disparities through sustainable infrastructures and prevention efforts focused on policy, system, and environmental (PSE) changes.



DPH funded five Connecticut counties (Litchfield, Middlesex, New London, Tolland and Windham) with populations of less than 500,000 to conduct capacity-building activities related to the *strategic directions* mandated by the CDC. These strategic directions are consistent with the National Prevention Strategy and include tobacco-free living, active living and healthy eating, high-impact quality clinical and community preventative services, social and emotional wellness, and healthy and safe physical environments (www.cdc.gov)².

Five health departments/districts were identified as the lead fiduciary and coordinating agencies for the initiative based on their experiences implementing PSE changes and/or their agency catchment area within the county. Three of the five grantees had previous experience implementing PSE changes in their communities and served as peer mentors to the other counties.

Each county was charged with implementing the following CTG activities over the five-year project period: (1) establishing multi-sector, community coalitions; (2) identifying relevant training needs; (3) collecting and using community health and health assessment data to identify population subgroups experiencing health disparities and inequities; (4) conducting policy scans and identifying gaps in policies; and, (5) developing and executing local plans to implement policy, environmental, and infrastructure changes related to the strategic areas.

Summary of Year 1 Project Activities

The CTG Evaluator at DPH created a logic model of the CTG planning phase, which is presented in Table 1. As is shown in the logic model, the planning activities involved establishing or expanding the county coalitions, creating a state-level leadership team, assessing training needs, and providing the necessary training and technical assistance to support grantees.

² <http://www.cdc.gov/nccdphp/dch/programs/communitytransformation/small-communities/index.htm> (Retrieved: May 12, 2014).

During the first project year, grantees received training and technical assistance from DPH and the CDC related to coalition retention and recruitment, health needs assessments, minority community engagement, health data collection, and policy scans.

Table 1: Community Transformation Grant Planning Phase Logic Model

Inputs	Activities	Outcomes/Effectiveness		
		Short Tem	Intermediate	Long Term
DPH CTG Team Components Project Manager Grant Manager Fiscal Manager Program Manager Data/Eval Manager County Fiduciaries Torrington HD Eastern Highlands HD Northeast HD New London HD Chatham HD Other Health Districts Connecticut River HD Uncas HD North Central HD Pomeraug HD Newtown HD State/Federal Partners CDC ICF International	Establish CPH CTG Team Establish State Leadership Team Establish five County Coalitions State and Health District training Hire Staff Epidemiologists Contract w/ county fiduciaries Establish subcontracts CADH Education Connection Increase competence and use CHANGE Tool Select Pilot Projects Conduct needs assessment & policy scan Monitor Progress toward Implementation Readiness Establish website and communication strategy	CTG Team Regular meetings Consistent staffing Leadership Team Multi-sector Statewide reach Disparity focus Regular meetings Five County Coalitions Multi-sector Multiple town reps Regular meetings Disparity focus State and county staff support Five county needs assessments and policy scans Increased county-level personnel County-level public & political will Conduct CHANGE tool	Unified CTG Team Engaged Leadership Team Engaged County Coalitions State/County Competence w/ Policy Evaluation Expanded focus on systems change/policy Increased knowledge of policy evaluation, policy scans Implementation Plan Increased staff competence Increased staff competence Five comprehensive needs assessments & policy scans Increased ability to tell success stories	Increased ability to work across sectors Increased ability to think outside the box Increased leadership ability Increased ability to engage multi-sectors Increased ability to communicate w/ media Demonstrated ability to transition to implementation stage Increased ability to engage volunteers Increased ability to evaluate policy/systems change Increased funding Increased ability to leverage funds
State/County Needs State/County Evaluation Strategies Expand Focus to Systems Change/Policy Increased Awareness of Health Disparity Focus Groups				
Focus on Health Disparities and Disparity/Equity Groups (age, urban/rural, gender, race/ethnicity, education, income, sexual orientation, disability)				

Summary of Year 2 Project Activities

The CTG Evaluator at DPH developed a *Needs Assessment Policy Scan* template of identified health assessment indicator and policy data to assist grantees in the completion of their county health needs assessment. The template was provided to ensure that the data collected across the counties was comprehensive and consistent. Technical assistance from Education Connection and the

Connecticut Association of Health Directors (CADH) was also provided to assist grantees with data collection and utilization.

With information provided from their county health needs assessments, grantees, along with their county coalitions, chose strategic directions and populations with which to develop and implement their local plans. Table 2 presents the identified strategic direction by each county.

Table 2: Community Transformation Grant Counties, Coordinating Agency, and Strategic Directions

County	Strategic Direction			
	Tobacco Free Living	Healthy Eating	Physical Activity	Quality Clinical Preventive Services
Litchfield County <i>Torrington Health District</i>	✓		✓	✓
Middlesex County <i>Chatham Health District</i>	✓			✓
New London County <i>Ledgelight Health District</i>	✓	✓		✓
Tolland County <i>Eastern Highlands Health District</i>	✓			✓
Windham County <i>Northeast District Department of Health</i>	✓	✓	*	*

* Windham County also engaged PSE in strategies to support Physical Activity and Quality Clinical Services that were in addition to the strategies chosen in their community action plan.

Summary of Year 3 Activities

A contract with The Consultation Center, Inc. was awarded in September 2013 to provide evaluation consultation to grantees during the implementation phase of the project. Specifically it was decided that the Evaluation Team would be responsible for the following:

- Designing and implementing an evaluation plan for one strategic direction;
- Developing a reporting template to assist grantees with their quarterly reporting to DPH;
- Summarizing key findings from the county health needs assessments (meta summary);
- Providing technical assistance to grantees regarding data collection and analysis; and
- Preparing an evaluation report of the pilot projects.

To provide comparable data across counties for the evaluation, grantees engaged in a pilot project, which focused on implementing activities associated with their *Tobacco-Free Living* strategic direction. The Evaluation Team created a logic model for the pilot, which is presented in Table 3. The pilot activities for the *Tobacco-Free Living* strategic direction involved educating county and town partners about the hazards of exposure to environmental tobacco smoke, developing and disseminating *Smoke-Free Toolkits* to community leaders and local political leaders, and to promote any adopted PSE efforts to the broader community. Grantees were also required to collect and report information related to the number and nature of their PSE efforts for the evaluation.

In addition to participating in the pilot, grantees were also charged with implementing strategies associated with the other strategic directions that they selected as part of their community action plans.

Table 3: Tobacco-free Living Pilot Project Logic Model

Inputs	Strategic Direction	Activities	Outputs	Outcomes
<i>Financial Resources</i> - CDC Funding - State Funding <i>Human Resources</i> - DPH Staff - Grantees - Consumers - Evaluation Staff <i>Organizational Support</i> - DPH Leadership - CDC Staff <i>Knowledge and Resources</i> - External TA Consultants - CDC Technical Support - CHANGE TOOL - Other Data Sources	<i>Tobacco Free Living</i> <u>Concern</u> Exposure to environmental tobacco smoke <u>Need</u> Creation of tobacco-free public spaces	Engage state and regional partners to develop and provide a presentation on the burden of tobacco use and the hazards of exposure to environmental tobacco smoke	# of partnerships # of meetings Presentation created # of presentations (location, entity)	<u>Population-Based Change</u> Increased number of county residents who have access to safe, healthy, smoke or tobacco-free public outdoor environments
		Train grantees on PSE implementation best practices and lessons learned	# of trainings Training satisfaction	<u>Policy-Level Change</u> Increased number of policies that create tobacco-free public places
		Develop and disseminate a PSE toolkit for other municipal entities	Toolkit created # of press releases # of links to toolkit on websites Types of websites with link to toolkit # of information requests # of presentations provided	
		Communicate tobacco-free policies across sectors within each target community	# of newsletters, press releases, signage, presentations at meetings	
		Participate in the evaluation: - Attend trainings - Attend meetings - Submit reports - Collect and enter data	# of trainings attended # of meetings attended Compliance with report submission Compliance with data entry and submission	

In April 2014, the CDC informed DPH that the funding for the *Community Transformation Grant Initiative* would be terminated nationwide as of July 31, 2014. Table 4 presents the adjusted contract amounts and project timeline for each CTG grantee.

Table 4: Connecticut Community Transformation Grantees

Grantee	Role	Award Amount	Contract Period
Torrington Health District <i>Litchfield County</i>	Fiduciary Oversight and Program Coordination	\$259,700	11/28/2011-7/31/2014
Chatham Health District <i>Middlesex County</i>	Fiduciary Oversight and Program Coordination	\$259,700	11/28/2011-7/31/2014
Ledgelight Health District <i>New London County</i>	Fiduciary Oversight and Program Coordination	\$259,700	11/28/2011-7/31/2014
Eastern Highlands Health District <i>Tolland County</i>	Fiduciary Oversight and Program Coordination	\$259,700	11/28/2011-7/31/2014
Northeast District Department of Health <i>Windham County</i>	Fiduciary Oversight and Program Coordination	\$259,700	11/28/2011-7/31/2014
The Consultation Center, Inc	Evaluation Services	\$50,000	9/29/2013-7/31/2014
CT Department of Public Health	Administrative Oversight	\$133,173	11/28/2011-9/30/2014

The decision to end the project prematurely resulted in a significant loss of funding and time for grantees to implement the activities outlined in their action plans. In turn, the changes also affected the implementation of the original evaluation plan. Most notably, the early termination of the project prohibited the collection of community-level data to assess the public will to adhere to the PSE changes that had been or were in the process of being implemented for the *Tobacco-free Living* strategy.

During the April 2014 closeout discussion, the CDC provided a list of closeout activities and products to be completed by July 31, 2014, which included submitting a *Success Story* about the Initiative and a *Lessons Learned* report summarizing the accomplishments, challenges, and recommendations of the initiative over the three project years. With this in mind, DPH adjusted the contract requirements for the pilot project and the evaluation. CTG county grantees were asked to wrap-up implementation activities and report their accomplishments to DPH by June 30, 2014 in order to provide the Evaluation Team time to summarize their data for the *Success Story* and the *Lessons Learned* reports. To supplement information provided in their progress reports, grantees were also asked to participate in a key informant interview that was conducted by a member of the Evaluation Team.

The purpose of this report is to provide a summary of grantee accomplishments over the three project years. In addition, results from key informant interviews that were conducted with the Program Coordinators are provided to serve as lessons learned from this process.

Evaluation Design and Methodology

The Evaluation Team worked with DPH leadership to develop a reporting template to capture the PSE accomplishments by strategic direction in a comprehensive and consistent manner across counties. Grantees were asked to record accomplishments related to capacity building and PSE changes from the beginning of the initiative through June 30, 2014. A member of the Evaluation Team reviewed and synthesized information from the progress reports as well as supporting documentation provided by each county and DPH to further contextualize the findings.

In addition to summarizing CTG accomplishments, a member of the Evaluation Team conducted key informant interviews with the Program Coordinators (n=5) to supplement the quantitative evaluation data gathered. The semi-structured interviews were guided by a protocol that was developed by the Evaluation Team in collaboration with the DPH Program Coordinator and included questions in the following areas: facilitators of program success, barriers and challenges with implementation, recommendations for program improvement, and sustainability efforts. A copy of the key informant protocol is located in the *Appendix* of this report. Each interview was audio taped and a verbatim transcript was produced. Data were aggregated and synthesized through careful reviews of transcripts and notes.

Summary of Accomplishments

Grantees reported numerous accomplishments over the nearly three project years. During the key informant interviews, informants discussed their accomplishments related to establishing and/or building strong, diverse, and active coalitions. They also noted that over time, relationships were established and strengthened among coalition members from different agencies and communities. They indicated that these relationships across sectors and communities resulted in an enhanced understanding of health prevention and promotion among coalition members. Informants also discussed numerous “ripple effects” or “spinoff projects” that occurred because of new partnerships formed in the coalitions and workgroups such as grant submissions, awards for additional CTG funding, and the creation of new programs related to the health outcome issues identified in the county health needs assessments.

A summary of the policy, system, and environmental accomplishments for each CTG County is provided below.

Litchfield County

Situated in the northwestern corner of Connecticut, Litchfield County occupies the largest land area of any county in the state (920 square miles). Consistent with the rural nature of many of its 26 municipalities, the county has the lowest population density of any county in Connecticut. According

to the 2010 Census, the total population of the county was 189,927 ranking fifth in population size among the eight Connecticut counties.

Based on the results of their county health needs assessment, the *Fit Together-Litchfield County Coalition*, led by Torrington Area Health District, created a community action plan to increase the number of county residents who are provided safe, healthy, smoke or tobacco-free outdoor environments in public locations, increase the number of county residents who are provided access to safe, community-based physical activity opportunities, and increase the number of clinical sites participating in a *Self-Blood Pressure Monitoring Program*. Table 5 provides a summary of their PSE accomplishments within these strategic areas to date.

Table 5: Litchfield County Summary of PSE Accomplishments

Strategic Direction	Policy, System, or Environmental Accomplishment
Tobacco-Free Living	<ul style="list-style-type: none"> ✓ <i>Smoke-free Open Spaces Toolkits</i> were created and distributed to all 26 Park and Recreation Directors and chief elected officials in the County. ✓ Five towns (Cornwall, Salisbury, Harwinton, Plymouth, and New Milford) passed a tobacco policy that bans smoking in outdoor parks, spaces, and workplaces selected by each town. <ul style="list-style-type: none"> ○ The town of Litchfield wrote a <i>tobacco-free parks policy</i> that will be included in the new town rules to be voted upon this fall (2014). ✓ Ninety outdoor aluminum <i>No Smoking</i> signs were posted in designated areas within the six towns. ✓ <i>Workplace Toolkits</i> were created.
Physical Activity	<ul style="list-style-type: none"> ✓ Plymouth School District adopted a wellness policy, which included the installation of a fitness center at Plymouth High School and kinesiology tables at Plymouth Elementary school (for physical movement during classroom instruction). <ul style="list-style-type: none"> ○ Twelve before and after school clubs were developed and implemented in four Plymouth Schools that serve students in grades K-12.
Quality Clinical Preventive Services	<ul style="list-style-type: none"> ✓ A highly collaborative partnership involving three local health departments, community-based providers of clinical preventive services, and the Western Connecticut Health Network was developed.

Middlesex County

Located in the lower central area of the state along the Connecticut River Valley, Middlesex County occupies the smallest land mass of any county in the state (369 square miles). According to the 2010 Census, the total population of the county was 165,676 ranking sixth in population size among the eight Connecticut counties.

Based on the results of their county health needs assessment, the *Middlesex County Coalition on Community Wellness (CoCW)* led by Chatham Health District, created a community action plan to increase the number of county residents who are provided safe, healthy, smoke or tobacco-free

outdoor environments in public locations, and increase the number of clinical sites participating in a *Self-Blood Pressure Monitoring Program*. Table 6 provides a summary of their PSE accomplishments within these strategic areas to date.

Table 6: Middlesex County Summary of PSE Accomplishments

Strategic Direction	Policy, System, or Environmental Accomplishment
Tobacco-Free Living	✓ <i>Smoke-free Toolkits</i> were created and shared with chief elected officials.
Quality Clinical Preventive Services	✓ Middlesex county provided mentoring and training to Tolland county to implement a hypertensive program in three health centers.

New London County

Situated in the southeastern corner of Connecticut, New London County spans 771 square miles, and consists of 21 municipalities. The diversity of the municipalities within the county is high, with several rural and mill towns lying adjacent to more suburban and manufacturing towns. According to the 2010 Census, the total population of the county was 274,055 ranking fourth in population size among the eight counties in Connecticut.

Based on the results of their county health needs assessment, the *ACHIEVE New London County Coalition* led by Ledgelight and Uncas Health Districts, created a community action plan to increase the number of county residents who are provided safe, healthy, smoke or tobacco-free outdoor environments in public locations, increase accessibility, availability, affordability, increase identification of healthy foods in communities and schools, and increase the number of clinical sites participating in a *Self-Blood Pressure Monitoring Program*. Table 7 provides a summary of their PSE accomplishments within these strategic areas to date.

Table 7: New London County Summary of PSE Accomplishments

Strategic Direction	Policy, System, or Environmental Accomplishment
Tobacco-Free Living	<ul style="list-style-type: none"> ✓ <i>Smoke-free Toolkits</i> were created and distributed to more than 50 elected officials, recreation commission members, and recreation directors in New London County. ✓ Three towns (New London, Groton City, and Stonington) have adopted tobacco-free policies/ordinances banning smoking in designated outdoor parks, spaces, or playgrounds. These municipalities join the list of tobacco-free parks already in place in the towns of Colchester, Groton, Lebanon, Lisbon, Ledyard, Montville, East Lyme and Preston. <ul style="list-style-type: none"> ○ Three additional towns are currently considering adopting tobacco-free policies/ordinances. ✓ To date, 59 outdoor <i>Tobacco-free Park</i> signs have been purchased and posted in designated areas.

Table 7: New London County Summary of PSE Accomplishments (cont'd)

Strategic Direction	Policy, System, or Environmental Accomplishment
Healthy Eating	<ul style="list-style-type: none"> ✓ Six school gardens were created or revitalized establishing raised beds and garden areas to be used by 2,667 students in grades PreK-5. <ul style="list-style-type: none"> ○ Efforts are underway to sustain the school gardens with funding allocated at each school. ✓ A <i>Farm to School - School Garden Resource Network</i> was formed to share best practices, engage in cooperative buying, share resources, and provide in-service training.
Quality Clinical Preventive Services	<ul style="list-style-type: none"> ✓ A new protocol was developed to assist with the implementation of a <i>Lifestyle Screening tool</i> for 5,000 elementary, middle, and high school students. ✓ A new system of care was piloted for 39 middle school students identified as at-risk for cardiovascular disease defined as at or higher than 85th percentile for Body Mass Index. <ul style="list-style-type: none"> ○ A registered dietician, contracted by Ledge Light Health District and a fitness coordinator from the local YMCA have been hired to support the pilot program efforts. ✓ A total of 50 dieticians, chefs, and health educators were recruited and trained to facilitate the <i>Cooking Matters</i> program, by the CT Health Network.

Tolland County

Situated in the mid-northern area of Connecticut, Tolland County occupies 410 square miles in the state and includes 13 municipalities. According to the 2010 Census, the total population of the county was 146,979, with the average population density of 372 persons per square mile, ranking it seventh among the eight counties in Connecticut in population.

Based on the results of their county health needs assessment, the *Tolland County Community Transformation Coalition* led by Eastern Highlands Health District, created a community action plan to increase the number of county residents who are provided safe, healthy, smoke or tobacco-free outdoor environments in public locations and increase the number of clinical sites participating in a *Self-Blood Pressure Monitoring Program*. Table 8 provides a summary of their PSE accomplishments within these strategic areas to date.

Table 8: Tolland County Summary of PSE Accomplishments

Strategic Direction	Policy, System, or Environmental Accomplishment
Tobacco-Free Living	<ul style="list-style-type: none"> ✓ <i>Smoke-free Toolkits</i> were created and distributed to 19 local elected officials and directors in the County. ✓ One town (Ellington) adopted an ordinance to make all of their parks and open public spaces smoke free. ✓ Five towns (Mansfield, Coventry, Tolland, Chaplin, and Scotland) authorized efforts to create self-enforcing smoke free policies to deter smoking near elementary schools, early care centers, parks and hiking trails. ✓ <i>Tobacco-free Zone</i> signs were purchased and posted in 76 locations (parks, hiking trails, schools, early care centers, beaches) in Tolland County. ✓ <i>Smoke-free Toolkits</i> were created and distributed to 12 multi-family property owners and managers
Quality Clinical Preventive Services	<ul style="list-style-type: none"> ✓ A draft policy was developed for the Eastern Connecticut Health Network and the Eastern Connecticut Family Medicine Residency Program for hypertensive patients. ✓ System-level changes at the Eastern Connecticut Family Medicine Residency Program were implemented to facilitate the implementation of the hypertensive program including: <ul style="list-style-type: none"> ○ Modifying the electronic medical record to identify hypertensive program patients and track medication use and compliance; ○ Training staff to implement motivational interviewing techniques and goal setting with program participants; ○ Ensuring staff implement the hypertensive program model to fidelity and are using best practices; ○ Weekly physical presence of the consultant for Middlesex County at the Tolland County clinical site to provide education and assistance with all aspects of program implementation; and, ○ Weekly Clinical Team meetings are held to review program participant medical histories and care plans. ✓ Thirty-six blood pressure monitors, education materials, and self-management booklets are now in the homes of patients with uncontrolled hypertension. ✓ Strong working relationships were established between Health Departments and Health Care Systems within Middlesex and Tolland Counties, laying the foundation for future endeavors.

Windham County

Situated in the northeast corner of Connecticut, Windham County occupies 521 square miles. According to the 2010 Census, the total population of the county was 118,428 ranking it the least populated county among the eight counties in Connecticut.

Based on the results of their county needs health assessment, the *HealthQuest Northeast Connecticut Coalition* led by the Northeast District Department of Health, created a community action plan to increase the number of county residents who are provided safe, healthy, smoke or

tobacco-free outdoor environments in public locations and, healthy foods in communities and schools. Table 9 provides a summary of their PSE accomplishments within these strategic areas to date.

Table 9: Windham County Summary of PSE Accomplishments

Strategic Direction	Policy, System, or Environmental Accomplishment
Tobacco-Free Living	<ul style="list-style-type: none"> ✓ Two towns (Putnam and Killingly) adopted self-enforcing smoke-free policies in outdoor, public environments. <ul style="list-style-type: none"> ○ A total of 45 <i>No Smoking</i> aluminum signs were placed throughout the town of Putnam. ○ Several large banners promoting smoke-free environments were placed at various locations in Killingly parks. ✓ A <i>Tobacco-free Toolkit</i> was created for distribution to town and county officials ✓ The Northeast District Department of Health Board of Directors adopted an agency-wide tobacco-free worksite policy. ✓ Quinebaug Valley Community College, which enrolls more than 5,000 students, expanded its no-smoking policy to include all areas within 25 feet of the building. <ul style="list-style-type: none"> ○ <i>No Smoking</i> posters were posted throughout the college. ○ The College President has pledged to work toward implementing a campus-wide ban on tobacco use.
Healthy Eating	<ul style="list-style-type: none"> ✓ The Killingly Town Council, Planning and Development, Agriculture Commission, and Board of Education worked collaboratively with CTG partners to establish a community garden for residents. ✓ Twenty-four mobile raised garden beds were constructed and placed at community sites throughout Windham County. ✓ Three existing gardens were expanded with funds from the CTG initiative: <ul style="list-style-type: none"> ○ Plainfield preschool garden; ○ The Robert R. Johnston Community Garden in Putnam; and ○ Thompson Ecumenical Empowerment Group (TEEG) Community Garden.
Quality Clinical Preventive Services	<ul style="list-style-type: none"> ✓ A <i>Community-Clinical Linkage</i> Task Force was established. ✓ The medical staff of the area’s leading health care provider was awarded additional funding to allow the HealthQuest Coalition to continue its work in Community-Clinical linkages.
Physical Activity	<ul style="list-style-type: none"> ✓ Six schools, were introduced to the <i>WriteSteps School Walking Initiative</i>, a physical activity initiative that adds 10 minutes of walking and journaling to the school day which impacts 2,163 students. ✓ Fifteen teachers participated in a workshop by <i>National Recreational Walking Expert</i> Robert Sweetgall to incorporate the athletic and academic benefits of walking throughout the school day. ✓ A total of 200 residents attended a community workshop to learn about heart health and the benefits of walking and Nordic walking. ✓ A local agency for people with intellectual and developmental disabilities and a local senior citizens center each adopted a daily walking program for clients, members and staff.

Lessons Learned

A member of the Evaluation Team conducted a key informant interview with the five CTG Program Coordinators. The results presented in this report reflect the comments made by a consensus of key informants. Thus, not everything that was said during each interview is included in the results. When appropriate, verbatim comments from informants are provided in quotes to further illustrate the results. *Word Clouds* were created to assist with the interpretation of the interview results by illustrating the major themes discussed across informants. *Word Clouds* are graphical representations of commonly discussed topics based on the analysis of the interview transcripts. Words displayed in a larger font size in a *Word Cloud* indicate that they were discussed more frequently while words in smaller font sizes were also important themes but were discussed less frequently. Below is a summary of the key informant interviews.

Facilitators of Success

When asked to identify the factors associated with the success of their initiatives, informants discussed strong partnerships, engaged coalition members, and technical assistance provided to conduct their community health needs assessments. Figure 1 provides a *Word Cloud* of the most frequently discussed elements of program success across informants.

Figure 1: Frequently Reported Facilitators of Program Success



Informants noted that CTG coalition members were an invaluable resource in all aspects of the CTG process including identifying new and influential coalition members, assisting with the data collection for the county health needs assessment, garnering additional resources, and providing staff time or oversight with aspects of the initiative to assist with sustainability beyond the grant period.

Informants discussed the county health needs assessments that were created in the first two years of the grant as key facilitator of program success in terms of engaging coalition and community partners in the data collection and strategic planning processes and as a tool to educate community members about the health needs of county residents. They indicated that having countywide data was a powerful tool in approaching and attracting new partners to their coalition because it was a valuable resource to local agencies that do not have the capacity to collect this type of information. The data provided a mechanism for strategic planning that was more objective and less position-focused. Informants also noted that establishing a consistent format for the needs assessment across counties was beneficial because it allowed them to compare county-level and state-level benchmarks. Lastly, informants noted that the technical assistance provided to them to complete their needs assessments was instrumental in the successful completion of this task.

"The community health needs assessment helped us identify different subgroups within our county that are experiencing health outcomes above what we consider baseline."

"At the beginning of the project, there was some good synergy and collaboration between the five county grantees. That was exciting because it felt like this was more of a statewide initiative and not just our little county by itself."

In addition to the support provided by coalition members and partners within each county, informants noted that the collaboration among grantees—especially during the beginning of the initiative—was a key factor of their success. Grantees shared resources (such as toolkits), best practices, capacity-building strategies, and knowledge about the policy, system, and environmental approach that allowed them to move efficiently through their planning stages. This level of cooperation and collaboration also provided a valuable resource to the grantees that were new to the PSE approach.

Challenges with Implementation

When asked to identify the factors that affected program progress, informants discussed administrative barriers, funding and time constraints, and local political challenges (Figure 2). Most notably, informants discussed that the decision to terminate the project early resulted in a lack of funding and time to implement their initiatives fully. They also noted that the contract changes negatively affected some relationships between the lead fiduciary agencies and their partners who were anticipating additional funding and resources to assist with project implementation. Informants expressed concern that the inability to meet their commitments with these partners may negatively influence future collaborative efforts.

Administrative challenges associated with project implementation included mid-course corrections from the CDC about the project scope, resources, and reporting expectations. Additionally informants noted that the communication about these changes was often delayed and placed a strain on their ability to execute revised reporting requests while continuing to allocate time toward the implementation of their initiatives. They also indicated that while they appreciated that the majority of the grant funding had been allocated to assist with implementation, that strategy

prohibited DPH from having the necessary resources to provide the level of leadership and support that would have benefited the initiative.

When discussing challenges with implementation in relation to local governance, informants noted that the lack of a county political structure in Connecticut kept them from working at a broader-level of system change. Instead, PSE efforts were localized and tailored to each town within their catchment area. While this focus produced important changes that were tailored to each town, the efforts were time-consuming and lacked consistency across the county. In addition, while grantees were able to secure support from local politicians within their county, term limits and town meeting schedules did not always map onto the project timetable, which caused delays in discussing or adopting PSE changes.

Figure 2: Frequently Reported Program Challenges



Lessons Learned

Informants were asked to provide lessons learned based on their participation in the CTG process. The main themes are depicted in Figure 3. As is seen in the Figure, informants discussed lessons related to the program infrastructure, resources, and the importance of collaboration and partnerships.

Figure 3: Frequently Reported Lessons Learned



Informants discussed the importance of identifying and utilizing local data sources to engage community leaders and concerned citizens. The data provided from the county health needs assessments proved to be a vital resource for the initiative and for submitting grant applications to enhance their work. In addition to using data to mobilize their efforts, informants learned that their local hospitals and community health centers are required to conduct health needs assessments regularly. Therefore, a lesson learned was to collaborate with these agencies early on to share resources more efficiently.

“Our local hospital and community health centers are required to complete a needs assessment. If we had adjusted our timing for completing our needs assessment, we could have worked with these groups to complete the needs assessment and share resources.”

“You can accomplish everything you want with the right partnerships.”

Informants discussed that they learned the importance of continually growing and strengthening their county coalitions. They learned that coalition members were able to assist with the identification and engagement of key partners that could assist with the planning and implementation of the identified strategic directions. These relationships were also helpful when assisting with the sustainability of aspects of their work (such as maintaining community gardens or screening for students for obesity-related factors).

In addition to identifying key partnerships at the county and town level, informants discussed the value of working with the Program Coordinators from the other counties to share resources and best practices. They learned that there is a great benefit to asking others about best practices and sharing successes and challenges along the way.

In addition to having targeted data, key partnerships, and sharing best practices with other grantees, informants noted the importance of having a dedicated staff member to coordinate the work of the coalition. Key responsibilities of the coordinator that were discussed included organizing meetings, distributing meeting minutes, checking in with members between meetings to ensure progress toward action steps, recruiting new members, and developing materials to share with the media to publicize the coalition activities and progress with program implementation.

The importance of being flexible was another lesson learned that was discussed during the interviews. Informants discussed importance of flexibility in terms of coalition membership, meeting structure, and action planning. To illustrate, some counties chose to join existing coalitions in their communities that had already been formed to work on a particular health issue because it was not feasible for these members to join a new coalition effort. Instead, resources were provided to these existing coalitions support their PSE efforts. Similarly, meeting frequency and structure were monitored by Program Coordinators and adapted to ensure efficiency. In some instances, coalition workgroups were formed by sector while other county coalition workgroups were created based on health issue.

“Our town governments want to do the right thing but they are short on money and are stretched very thin. We found that it was more effective to piggyback on the efforts that they already had going on than to ask them to join our efforts.”

Lastly, informants noted that flexibility was also an important factor in the adoption of the PSE initiatives. Since Connecticut lacks county-level governance, the PSE efforts were adopted at the town-level. Adoption of PSE efforts varied and included being noted in meeting minutes, establishing a formal written ordinance, establishment of a self-enforcing policy, or the adoption and formal enforcement of a policy.

Resources

When asked about additional resources that could have assisted with the planning and implementation of their initiatives, informants proposed a variety of resources and administrative supports. Administrative program improvements included having the necessary time and funding to implement their community action plans. They also discussed the need to expand training, technical assistance, and networking opportunities with other grantees and with experts from the State and CDC. Informants discussed the need to have ongoing trainings and ‘hands-on’ instruction about the tools, resources, and reporting that they were required to use during the implementation of the *Community Transformation* process. They also indicated that they would have benefited from localized support from CDC approved experts for planning their initiatives. It was discussed that while these resources had been promised, the costs of contracting with experts to provide town-level supports was prohibitive or not readily available.

Informants also expressed that monthly calls with DPH and the other grantees to learn about their successes and challenges throughout the process would have benefitted their local work. They felt that this enhanced-level of collaboration among grantees could provide them with strategies to assist their implementation efforts and make the reporting process more efficient.

Lastly, informants noted that it would have been helpful to have PSE coordination and implementation at the State-level. This type of parallel effort was discussed as a vital component to assist with the implementation and adoption of local PSE efforts.

Sustainability Efforts

Due to the early termination of the project, informants noted that sustainability of their efforts is somewhat uncertain. As shown in Figure 4, it was discussed that the ordinances and policies would most likely be sustainable. The *Tobacco-Free* signs and the community gardens that have been established should be able to be continued with minimal effort. In addition, the *Tobacco-Free* toolkits that were created have been distributed to towns throughout each county and can continue to be used as a resource for future PSE initiatives.

“Once you put up those Tobacco-Free signs and you implement that smoke-free park policy—that is sustainable.”

In some instances, community partners have offered to take over the maintenance of the community gardens and the implementation of school-based programs and blood-pressure monitoring programs. The capacity at which these programs will be able to operate is uncertain.

Lastly, when asked about the sustainability of their county coalitions, three of the five grantees indicated that their coalitions would be able to continue but may not meet as regularly.

Figure 4: Frequently Reported Sustainability Efforts



Summary of Lessons Learned

- Identify local partners early on that already collect local community health data to assist with needs assessment efforts
- Use local data to make decisions about local health priorities
- Continue to build and strengthen coalition membership throughout the project
- Identify resources to staff the coordination of the coalition and implementation efforts
- Be flexible and adaptive to how the work is accomplished
- Resources for statewide PSE coordination is key to implementing strategies at the local level
- Allocate funding for experts

APPENDIX: Key Informant Protocol

CTG Key Informant Interview Protocol

Purpose: *Gather information from each grantee about lessons learned and successes for CTG evaluation report and success stories.*

1. What are the key accomplishments of your initiative?
2. What aspects of the process do you feel went well?
3. What were the challenges or barriers for implementing the project?
 - Success and challenges in creating and maintaining coalition partnerships for CTG strategic directions/project.
 - Success and challenges in dealing with municipal/government officials.
4. Were there any additional resources that would have strengthened your efforts?
5. What are the lessons learned from this process?
6. How are you sustaining your efforts?