

COMMUNITY HEALTH ASSESSMENT AND GROUP EVALUATION (CHANGE)



Healthy
Communities
Development

CDC's Healthy Communities Program



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Building a Foundation of
Knowledge to Prioritize
Community Needs

AN ACTION GUIDE



COMMUNITY ASSESSMENT

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Background

All over the nation, health professionals, businesses and government officials are facing the heavy burden of chronic conditions. In the United States, more than one-third of adults are overweight and almost one-fifth of the children and adolescents are overweight (Centers for Disease Control, 2011). Seven out of ten deaths in the United States are results from chronic disease (Centers for Disease Control, 2010). While research is being done to understand how we can make our nation's population healthier and happier, simple solutions for these problems that involve basic lifestyle changes for community members are in the forefront.

The Centers for Disease Control (CDC) understands that in order to make an impact on a person's health, lifestyle and behavior, many different areas are in need of improvement. Some of these areas include communities as a whole, community organizations, work sites, health care sites and schools. Policy interventions and environmental changes are key to addressing these multiple factors in each area, such as smoking bans, land use policies, breastfeeding policies and school lunch policies. When examining an individual community for opportunities and successes, it is important to be able to see how areas of health are affected over certain amounts of time. The Community Health Assessment aND Group Evaluation (CHANGE) tool was designed with these points in mind. Its development began in the fall of 2007, and includes a set of simple Microsoft Office Excel spreadsheets that ease the data entering process. The tool allows community team members from individual cities and communities to assess the crucial policies and environmental factors impacting physical activity, nutrition, tobacco use, leadership and chronic disease management.

The general purpose of the CHANGE tool is to “enable local stakeholders and community team members to survey and identify community strengths and areas for

improvement regarding current policy, systems, and environmental change strategies (Centers for Disease Control, 2010).” With this purpose, the CDC has four key objectives and three benefits for using the CHANGE tool.

Objectives:

- Identify community strengths and areas for improvement.
- Identify and understand the status of community health needs.
- Define improvement areas to guide the community toward implementing and sustaining policy, systems, and environmental changes around healthy living strategies (e.g., increased physical activity, improved nutrition, reduced tobacco use and exposure, and chronic disease management).
- Assist with prioritizing community needs and consider appropriate allocation of available resources.

Benefits:

- Allows local stakeholders to work together in a collaborative process to survey their community.
- Offers suggestions and examples of policy, systems, and environmental change strategies.
- Provides feedback to communities as they institute local-level change for healthy living.

(Centers for Disease Control, 2010)

The function of the CHANGE tool is to collect various data from community assets as well as potential areas for improvement. This is all done before the community team decides on

which particular problems will be addressed in the Community Action Plan. The CHANGE assessments are divided into policy and environment, with each question being scored on a scale from one to five. See Figure 1.

Response #	Policy	Environment
1	The issue has not yet been identified as a problem	No elements are in place in the environment
2	People are aware of the problem and it is categorized as a social or public problem	Only a few elements are in place in the environment
3	Policy goals and solutions are being analyzed, and possible recommendations are being identified	Some elements are in place in the environment
4	Policy has been formulated and adopted	Most elements are in place in the environment
5	Policy has been formulated, adopted and carried out. There is written evidence and accountability	All elements are in place in the environment
99	This type of policy is not appropriate for this community	This type of environmental change strategy is not appropriate for this community

Figure 1. CHANGE Tool Policy and Environmental Scale (Centers for Disease Control, 2010)

There are many options for methods of data collection within each of the sites. The individuals from each separate site can choose which methods of data collection will work best for their particular situation. Some examples of successful data collection include observation, Photovoice, walkability audits, focus groups, postal survey, telephone survey, face-to-face survey, or web-based survey. These assessments can either be done completely in house, or they can also bring the findings back to the community team, and the team can deliberate and finish the assessment together.

As the data is entered in to the Excel spreadsheets, the tool helps to define and prioritize potential improvement areas within the given community. “CHANGE combines items that have scientific support for policy, systems, and environmental changes with items that communities are initiating and assessing based on their practical experience but may lack stronger scientific support” (Centers for Disease Control, 2010). Examples of these communities and their successes will be discussed in a later section. Because of the combination of successful scientific and practical applications, the CHANGE tool has proven to be very effective in assessing a larger variety of communities. The simplicity of the tool allows communities to quickly assess and help track changes and improvements.

The steps of the CDC’s evaluation process are designed to be interrelated. The first three steps deal with connecting with the community. This is done by engaging stakeholders by describing the program and getting them involved in the evaluation. The next two steps focus on assessment design and gathering the necessary data to make informed decisions. This step is completed by gathering credible evidence and justifying conclusions. The last step shares the lessons learned by the assessment with the stakeholders, and the process starts all over again. See Figure 2.

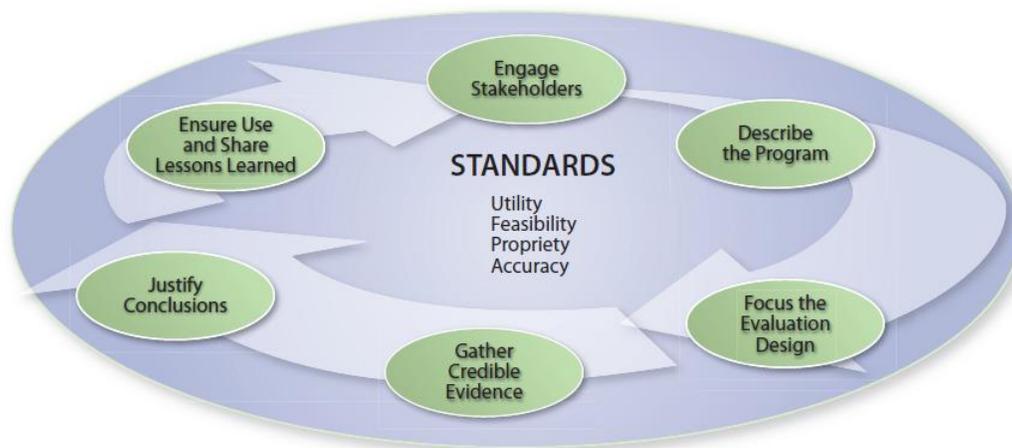


Figure 2. Program Evaluation Framework (Centers for Disease Control, 2010)

The CHANGE tool was designed with the Socio-Ecological Model in mind, where health issues are seen as complex, and multi-factorial. Public policy, community, organizations, interpersonal relationships and individual perceptions all have to be assessed and considered when performing an inclusive assessment. See figure 3. The CHANGE tool will analyze relationships between living conditions, culture, economics, social networks and lifestyle factors (Centers for Disease Control, 2010). The health of an individual community is affected by various factors such as policies, systems, environment as well as individual behaviors. Changes that are made on a community-level have shown to be more sustainable and practical in the long run.



Figure 3. The Socio-Ecological Model (Centers for Disease Control, 2010)

When setting up the Action Guide for the CHANGE tool, five phases of the community CHANGE process were utilized; commitment, assessment, planning, implementation and evaluation. See Figure 4. Commitment specifically involves assembling the community team to

address the key issues found and establish partnerships with other agencies within and outside of the community. This step will give the community enough partnerships and resources needed to successfully complete and implement any policy changes that may be helpful. Assessment simply involves gathering the data and recording input from community members and other individuals about what the community needs. This process should give the community members a voice within the program design. Planning is the natural step after assessment. The community team now starts preparing the Community Action Plan. The CHANGE tool, itself, only focuses on the first three phases, leaving the last two to be covered by whoever is taking on the responsibility for planning community interventions.



Figure 4. Community Change Process (Centers for Disease Control, 2010)

The CHANGE tool will vary slightly depending on the community that it is being used to assess. The basic steps should remain the same, however the processes can differ. Each community is able to read and study the CHANGE action guide and decipher the best and most proper method for their specific community.

The CHANGE tool is split up into 8 action steps. The steps include; assemble the community team, develop team strategy, review all 5 CHANGE sectors, gather data, review data gathered, enter data, review consolidated data, and build the community action plan. See Figure 5. Completing the 8 action steps of the CHANGE tool leads to development and implementation of the Community Action Plan.

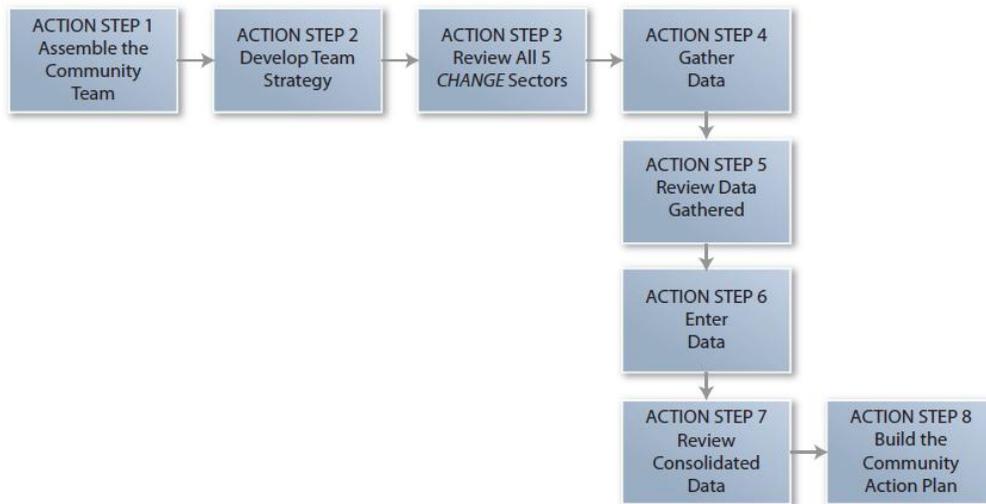


Figure 5. Action steps to complete the CHANGE tool (Centers for Disease Control, 2010)

Best Practice Methods

In the last several years since the CHANGE tool's inception, many organizations have used the tool to improve specific areas of their communities. For example, upon CHANGE tool completion, several organizations came together in Perry County, Alabama to create and implement worksite wellness committees successfully in four different worksites.

Perry County, Alabama has a high poverty rate, low income levels and ranked high in chronic disease prevalence. It also ranked 9th highest in chronic disease burden in the state (Alabama Strategic Alliance for Health, 2011, p. 1). Two main organizations, Sowing Seeds of Hope and The Strategic Alliance for Health decided to conduct an assessment of Perry County using the CHANGE tool along with local agency action plans and tool kits. After the assessment, worksite wellness was identified as a strategic priority and because of the large number of worksites, they decided that worksite wellness would be a perfect area to start.

Individuals from Sowing Seeds of Hope and The Strategic Alliance for Health suggested the development of wellness committees because worksite managers would not have enough time or resources to carry out the objectives themselves. "A worksite wellness committee identifies policy changes needed to support healthy choices within the workplace" (Alabama Strategic Alliance for Health, 2011, p. 3).

Four wellness committees have been successfully established so far; a four year college, state junior college, government site and a processing plant. Some successes within these sites include; employees having successful weight loss, decreased exposure to 2nd hand smoke, measured and marked walking paths, spaces dedicated to exercise, health screenings, and healthy food options (Alabama Strategic Alliance for Health, 2011). By building on current policies and

utilizing the strengths and weaknesses found by the CHANGE tool, Perry County was able to have great success in these programs.

Another successful program was Orange County, New York's Farm to School program. The Enlarged City School District of Middletown (ECSOM) assessed their district's current food supply situation with various methods including the CHANGE tool, School Lunch Program, and YBRSS. After the assessment, they decided that a farm to school program would help increase their students' and faculty's daily consumption of fruits and vegetables (Deitrich, Perry, Smith, & Witterschein, 2010).

Consuming the recommended amount of fruits and vegetables is a rarity in Orange County, NY. Seventy five percent of residents report not eating 5 servings of fruits and vegetables every day. Additionally, more than 60% of the target population falls into high risk categories for cardiovascular disease, diabetes and poor nutrition. In the ECSOM, 72% of the student population is eligible for free or reduced price lunch, making a school lunch program a great way to supply more fresh fruits and vegetables for student consumption (Deitrich, Perry, Smith, & Witterschein, 2010, p. 4).

The Farm to School Program was very successful. They started off small, by only incorporating salad bars into one school, and after five months, the program was spread through the entire district, including all seven schools. In one middle school, the number of salads ordered by students went from under 10 to 150. The Farm to School Program was also quickly adopted as school policy and started utilizing additional fruits and vegetables (Deitrich, Perry, Smith, & Witterschein, 2010).

The quick success that this program had was due to the multiple assessment methods and findings, their ability to collaborate with different related professionals, and their resolve to make small and simple steps to make the healthy choice they easy choice.

Another county in Alabama had success with creating safe and accessible walking paths. Sumter County, Alabama consists of 913 square miles with a population of only 13,000, making it one of the least populated counties in the state. 100% of the population is considered rural and 35% is below the poverty level. Cardiovascular disease is the leading cause of death in the area, and the population exhibits high rates of diabetes, hypertension and obesity (Sumter County, Alabama, 2010, p. 1). Because of the rural nature of the area, there are limited physical activity amenities, such as safe walking paths (Sumter County, Alabama, 2010, p. 2).

Groups promoting health around the area collaborated to perform the CHANGE tool assessment along with several other assessments to determine a way to increase the health of the residents. Methods used when performing the CHANGE tool included face to face interviews, walkability audits, direct observation and Photovoice. Findings showed that the community at large lacked policy, systems and environmental support for physical activity because there were very few safe and accessible places for citizens to walk and be active and identified creating new walking paths as an environmental intervention (Sumter County, Alabama, 2010, p. 11).

The community team was able to map existing paths, and within one year, created five new short walking paths in the county. The success that this project had was due to the attention paid to the sustainability of the walking paths. The team was able to engage city, county government officials, the city parks and recreation department and others within larger organizations. Their partners were committed and willing to help with any items that needed

addressing. The Sumter County still uses the CHANGE tool to determine funding needs for new applicants (Sumter County, Alabama, 2010).

Many other successful programs have utilized the CHANGE tool in their assessment process. Residents in Montgomery County, Alabama have increased their access to fruits and vegetables through nine community gardens located in parks and schools. More than 6,300 people in Salinas-Monterey County, California have access to healthy food options in vending machines. Nearly 100,000 people in Davenport, Iowa have increased access to physical activity by repaving and widening a 9 mile bike trail and adding signs. Approximately 5,815 Salamanca, New York residents are protected from second hand smoke in city parks (Centers for Disease Control, 2012).

There are several significant factors that helped each of these programs have success. They all established a large community team that incorporated key stakeholders and other personnel who were dedicated and had the connections to make a strong impact. The community team was responsible for various parts of the assessments. They all utilized local groups and organizations that had like interests, and most of the programs had considerable funding.

Local CHANGE work

To prepare myself to begin implementing the CHANGE tool in the City of Moscow, I first observed the City of Lewiston's efforts to completing the CHANGE tool. The city of Lewiston, Idaho received funding from the Idaho Department of Health and Welfare to initiate the CHANGE tool. Their methods were very similar to those of the previous case studies' methods. The initial meeting was a gathering of people with significant positions in the community who care about the health of the citizens of Lewiston, led by professionals in the Public Health Idaho North Central District. Present at the meeting were individuals from all five of the CHANGE sectors, such as school PE teachers, Parks and Recreation Department heads, nurses from local health care sites, business owners, members from wellness committees, and city employees. At this initial meeting, participants were asked to volunteer to perform their own site assessment and be a part of the community team. The participation that the team received was more than enough to complete the entire assessment.

The community team met several times during this process. The second meeting was a discussion of findings and assessment completion, while subsequent meetings consisted of developing potential methods for combating the issues that were found in the assessments. The Lewiston team is still in the development process for building the Community Action Plan, but they are working regularly to complete it.

Methods

As part of my graduate internship, I had the opportunity of initiating the CHANGE tool in the City of Moscow. With the Help of Helen Brown, Assistant Clinical Professor at the University of Idaho, we decided to narrow the initial assessment to three sectors: Community At Large, Work Sites and School Sites. Instead of starting by developing a community team, we utilized the connections from past projects and recruited new partners to complete the three sectors.

Findings

Community At Large

Community Health Assessment and Group Evaluation		
Community-At-Large Summary		
COMMUNITY NAME:	Moscow, Idaho	
Module	Community	
	Policy	Environment
Physical Activity	81.43%	74.29%
Nutrition	34.85%	46.38%
Tobacco Use	37.50%	40.00%
Chronic Disease Management	66.67%	82.22%
Leadership	72.73%	78.18%
Demographic Information		
Community Density - Population	23,000	
Community Density - Sq Miles	6.85	
Community Setting	Rural	
Median Household Income	\$25,000-\$34,999	
% No High School Diploma	<5%	
% Poverty	≥20%	
% Unemployed	<5%	

During the assessment for the Community At Large, it was found that tobacco use and nutrition received the lowest scores. The city of Moscow has started to do work involving smoking, but little has been done to combat the use of chewing tobacco. Moscow is the first city

in the state to ban smoking in bars. There is a smoke free policy for all indoor public places, but not all outdoor public places. There is no current policy regarding the use of chewing tobacco. There are no policies regarding tobacco advertisements or promotions within the city. Nutrition is seen as being very important here in Moscow, however there are very few policies about food regarding portion sizes, labeling and pricing strategies.

Physical activity and chronic disease management received the highest scores. There are many opportunities for physical activity in Moscow because of the access to trails, playgrounds and bike facilities. Policies, especially those regarding distance to residences and developments are still needed regarding placement of playgrounds and sidewalks. Chronic disease management scored well partly due to the large influence of Gritman Medical Center. Gritman has various programs around the community to help gain attention about and reduce the risks of various chronic diseases.

<i>Community At Large</i>	
Strengths	Opportunities
<ul style="list-style-type: none"> • Sidewalk requirements for new building developments • Land use plan • Good use of bike trails and paths • Good network of parks • Free bus transportation with adequate stops provided on weekdays • Great farmer's market access from May to October • Smoke free 24/7 in indoor public places • Smoke free public parks • Financing pedestrian enhancements 	<ul style="list-style-type: none"> • Gaps in sidewalks and bike routes • Instituting healthy food and beverage options at local restaurants • Regulating healthy food and beverage food labeling • Promote pricing strategies for healthy food and beverage options • Institute tobacco free policies indoor and outdoor public places • Ban tobacco promotions and prizes • Participate in community coalitions and partnerships to address chronic diseases and related risk factors

Schools

Moscow High School

Community Health Assessment and Group Evaluation		
Community-At-Large Summary		
COMMUNITY NAME:	Moscow High School	
Module	Community	
	Policy	Environment
District	57.00%	67.00%
Physical Activity	28.00%	60.00%
Nutrition	54.00%	66.00%
Tobacco Use	40.00%	20.00%
Chronic Disease Management	63.33%	73.33%
Leadership	52.00%	58.00%
Demographic Information		
School Level	High School	
Type of School	Public	
Community Setting	Rural	

The two schools that were assessed received very different results. Within each school, we found that there were practices in place that had not been formalized as policy. The first school assessed was the high school, and the second was a public charter school. The district requirements for physical activity do not meet the national recommendations and nutrition issues are starting to gain more attention. Safe drinking water as well as food rewards are seen as issues around the school.

Students with chronic diseases seem to be well taken care of and have the proper procedures for medications and other issues. Leadership within the school tends to be taken care of by only a few individuals, and more support and encouragement from administration could lead to more involvement and improvements.

<i>Moscow High School</i>	
Strengths	Opportunities
<ul style="list-style-type: none"> • Access provided to a variety of physical activity methods • Healthy food preparation practices • Adequate time provided to eat meals • Chronic disease self management in health education • Special nutritional needs of students met • Families are engaged in the development of school plans including wellness plans • Teachers are recruited with proper training and certifications 	<ul style="list-style-type: none"> • Ban using physical activity as a punishment • Require that students are physically active during the majority of the time in physical education class • Implement a walk/bike to school initiative • Institute a school garden • Implement a referral system to help students access tobacco cessation resources or services • Ensure a CPR training is made available to students • Provide opportunities for professional development/continued education to staff • Incorporate a health promotion budget

Palouse Prairie School

Community Health Assessment aNd Group Evaluation		
Community-At-Large Summary		
COMMUNITY NAME:	Palouse Prairie School	
Module	Community	
	Policy	Environment
District	47.37%	81.05%
Physical Activity	44.00%	92.00%
Nutrition	72.00%	98.00%
Chronic Disease Management	52.00%	56.00%
Leadership	61.82%	67.27%
Demographic Information		
Total # of students served	148	
School Level	Elementary & Middle	
Type of School	Public	
Community Setting	Suburban	
% of students receiving free/reduced lunch	42%	

The charter school received the highest scores out of every site assessed. There is an active wellness committee established and they meet regularly to discuss the well being of students, faculty and families. As a whole, environment scores were much higher than policy scores due to the fact that a lot of the procedures are encouraged but not written down in handbooks or manuals as policy. An interesting finding was that there is a potential to use physical activity as a punishment. Time spent in Physical Education was not sufficient; however Palouse Prairie did receive a grant to increase physical activity around the school. The charter school received very high scores in the nutrition section. They provide a school garden, ask that healthy options are provided for school functions, and utilize healthy food preparation practices. The school purchases meals from a private eatery and have much control over many items served. Leadership also received high scores because of the wellness committee and high parental involvement.

<i>Palouse Prairie School</i>	
Strengths	Opportunities
<ul style="list-style-type: none"> • Bike/walk to school initiative (active in Safe Routes to School) • Breakfast and lunch programs meet USDA's School Meal Nutrition Standards • Healthy food preparation practices • Ban on using food as a reward/punishment • Provides school garden • Nutritional needs met for students with special health care/dietary needs • Families engaged in the development of school plans • Participation in the public policy process • School wellness committee meeting regularly 	<ul style="list-style-type: none"> • Appropriate physical activity time requirements • Ban using/withholding physical activity as a punishment • Have CPR training made available to students • Provide opportunities to raise awareness of signs and symptoms of heart attack and stroke • Incorporate a health promotion budget • Provide training for all teachers and staff on school physical activity, nutrition, and tobacco prevention policies

Worksites

Three worksites were also assessed during this portion of the assessment, a retail business, city government building and healthcare business. It was important to try to select a different variety of worksites as to get an accurate portrait of the working environment in Moscow.

Moscow City Hall

Community Health Assessment and Group Evaluation		
Community-At-Large Summary		
COMMUNITY NAME:	Moscow City Hall	
Module	Community	
	Policy	Environment
Physical Activity	20.00%	63.08%
Nutrition	24.00%	64.00%
Tobacco Use	60.00%	65.71%
Chronic Disease Management	48.89%	75.56%
Leadership	78.33%	73.85%
Demographic Information		
# of employees	20-99	
Sector Type	Public	
Profit Type	Not-for-profit	
Type of Work Site	Government	

During Moscow City Hall's assessment, it was also found that environment scored much higher on most sections of the assessment. This was due to practices that are encouraged, but not written in any documents or policy form. Leadership scored well because there is a wellness committee that meets fairly regularly and there is also a budget for wellness. Health screenings are also provided for city employees. Smoking is prohibited indoors; however there are no laws against smoking outside or using chewing tobacco inside or outside.

Nutrition and physical activity received the lowest scores. City hall is an older building, so access to food preparation sites, locker rooms, and fitness facilities is sparse. Active commuting and flexible work arrangements are encouraged, but not written as policy.

<i>Moscow City Hall</i>	
Strengths	Opportunities
<ul style="list-style-type: none"> • Smoke free policy for indoor public spaces • Insurance coverage provided for tobacco cessation • Provide access to free or low cost health screenings • Promote chronic disease prevention • Reimburse employees for preventative health or wellness activities • Have a wellness committee, coordinator and health promotion budget 	<ul style="list-style-type: none"> • Provide access to fitness center/gym • Provide changing room with showers and lockers • Implement activity breaks for meetings that are longer than one hour • Ban the marketing of less than healthy foods and beverages onsite • Institute tobacco free policy for all indoor and outdoor spaces • Provide paid time off to attend health promotion programs or classes • Adopt training to raise awareness of signs and symptoms of heart attack and stroke

Gritman Medical Center

Community Health Assessment aNd Group Evaluation		
Community-At-Large Summary		
COMMUNITY NAME:	Gritman Medical Center	
Module	Community	
	Policy	Environment
Physical Activity	50.77%	73.85%
Nutrition	90.67%	89.33%
Tobacco Use	100.00%	100.00%
Chronic Disease Management	96.36%	96.36%
Leadership	95.38%	95.38%
Demographic Information		
# of employees	500-999	
Sector Type	Public	
Profit Type	Not-for-profit	
Type of Work Site	Healthcare	

Gritman Medical Center is comprised of several buildings and offices around the city of Moscow and is one of the largest employers in the area. They received some of the highest scores out of all of the sites that were assessed. During the physical activity portion of the assessment, it was found that there are a lot of barriers to physical activity on site. Medical regulations and the built environment make some aspects of physical activity difficult. Stairwell use is not accessible to everyone at all times due to legal issues of confidentiality and waste management, cross walks leading to Paradise Creek Path are difficult to get to, and there is no changing room with showers for employees.

Improvements have recently been made within the cafeteria, and there are a lot of healthy food and beverage options now provided. Healthy food purchasing and preparation practices are in place and nutrition labeling (“low fat,” “light,” “heart healthy”) is better regulated. The hospital and associated buildings are all completely tobacco free both indoors and outdoors, and tobacco cessation tools and resources are provided. The hospital also provides regular health

screenings, preventative services, and teaching curricula about health emergencies or chronic conditions.

<i>Gritman Medical Center</i>	
Strengths	Opportunities
<ul style="list-style-type: none"> • Provide access to offsite workout facility or subsidized membership to local fitness facility • Provide direct support for supporting community-wide physical activity opportunities • Healthy food and beverage options provided at company sponsored meetings and events • Healthy food and beverage options provided at cafeteria • Healthy food preparation practices instituted • Nutritional labeling instituted (low-fat, light, heart healthy) • Refrigerator and microwave access provided to employees • Completely tobacco free • Tobacco cessation services provided • Tobacco advertisements banned • Routine health screenings provided • Health insurance provided 	<ul style="list-style-type: none"> • Implement activity breaks for meetings that are longer than one hour • Provide changing room with lockers and showers • Provide paid time off to attend health promotion programs or classes • Institute pricing strategies that encourage the purchase of healthy food and beverages

Tri-state

Community Health Assessment and Group Evaluation		
Community-At-Large Summary		
COMMUNITY NAME:	Tri-state	
Module	Community	
	Policy	Environment
Physical Activity	56.92%	56.92%
Nutrition	56.00%	58.00%
Tobacco Use	88.00%	88.00%
Chronic Disease Management	45.45%	43.64%
Leadership	33.33%	33.33%
Demographic Information		
# of employees	20-99	
Sector Type	Private	
Profit Type	For-profit	
Type of Work Site	Retail Sales	

Tri-state is a sporting goods retail store that employs a large number of Moscow citizens. Tri-state scored highest in tobacco and lowest in leadership. Tobacco use is prohibited indoors and outdoors. Employees are only issued one warning about this until disciplinary actions are taken. The manager stated that when hiring, smoking and tobacco use are taken into consideration.

Tri-state has no wellness committee or wellness coordinator. There is also no policy regarding a health promotion budget; however manager stated that these can be dealt with on a case by case basis. Physical activity received decent scores. Flexible work arrangements can be made so that the employee can attend physical activity classes, or participate in other activities. Active commuting is encouraged, but there are no incentives or policy regarding this. Bike racks are provided at the front of the store, and The Paradise Creek Path is also located nearby, providing for a safe walking area.

Healthy food and beverage options are provided on occasion. During meetings, there are few healthy options among the other unhealthy options. Microwaves and refrigerators are provided for employees who bring their own food, and sinks and water faucets are readily available. Marketing of less than healthy foods are not regulated, and vending machines do not carry healthy food options.

<i>Tri-State</i>	
Strengths	Opportunities
<ul style="list-style-type: none"> • Provide flexible work arrangements or breaktimes for employees to engage in physical activity • Provide subsidized membership to local fitness facility • Provide bicycle parking • Provide direct support for community wide physical activity opportunities • Refrigerator, microwave and sinks provided for employees • Tobacco free policy indoors and outdoors • Ban tobacco advertisements • Provide employee insurance coverage and access to health screenings 	<ul style="list-style-type: none"> • Implement activity breaks for meetings that are longer than one hour • Encourage active transportation • Institute healthy food and beverage options at company sponsored meetings and events • Ban marketing of less than healthy foods and beverages • Support breastfeeding by having private spaces for employees to pump/breastfeed • Provide paid time off to attend health promotion programs or classes • Reimburse employees for preventative health or wellness activities • Have a wellness committee, coordinator and health promotion budget

Limitations

There were several limitations that were discovered through this assessment process. When finding worksites to assess, there were two larger companies that denied our assessment request. Permission was required from the corporate office, and was denied. It is believed that these companies simply did not understand the full assessment process and that our findings would not be displayed for the public or used against them. There were several other potential sites that denied permission due to time restraints or other conflicts. These sites have been recorded and will be options for future assessments.

Some results could possibly be altered depending on how many individuals were present from each site at the time of the assessment. It was very beneficial when there were approximately 4-6 individuals who were knowledgeable and interested in the process. The individuals present need to have a firm understanding of the policies and practices that are in place around the site. It is also helpful if they bring any documentation that would be relevant (employee handbooks, policy documents, signage, and pictures). Policies may not exist, but practices are evidenced. Assessments done with only one individual from the site, offers a skewed view of the situation, which could have the potential to sway some of the results or overlook information entirely.

Results may have also been gathered quicker if funding resources were provided. This project has been unfunded and performed as an internship by two individuals. With additional resources, it may have been possible to complete all sectors of the assessment in a timely manner. The CHANGE tool is a large assessment; however, the length is necessary in order to gather enough information to get a clearer picture of what can be done in and around the given community.

Performing the assessment separately in each site may also make it difficult to assemble the community team. Successful programs utilizing the CHANGE tool model started out by assembling a community team and then performing the assessments and coming back together with the team to talk about results and formulate plans for the future.

Discussion

The CHANGE tool has already proven to be a valuable assessment tool. By performing several initial assessments, there were some key findings that we were not aware of. Some of the questions asked brought up other additional questions that we were able to get more information from.

Recommendations

In the future, it will be very beneficial to gather assessment information from more than the minimum three sites in each sector. It was found that a lot of sites differed extremely from each other in most areas of the assessments. By assessing more sites, we may be able to gather more information to get a better picture of what is going on in the community. It is also recommended that the remaining sectors (Healthcare, Community Organization/Institution) are assessed so that the CHANGE tool can be completed and the Community Action Plan can be put into place.

Individuals from the community who have been involved in the initial assessment process need to remain updated and involved in the entire process so that there will be success in the policy or environmental interventions that are recommended to change. When performing the assessments, utilizing other data compilation methods such as County Health Rankings, BRFSS

and YRBS will help build on the local data collected. It may also be beneficial to seek funding for the remaining assessment portion as well as the policy interventions and implementations.

Conclusion

The City of Moscow has been found to be a healthy community with many areas for improvement. Most individuals at the sites that were assessed seemed to be excited about changes that were made in the past and the potential for changes that would increase the health and well being of the individuals around them and their community.

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