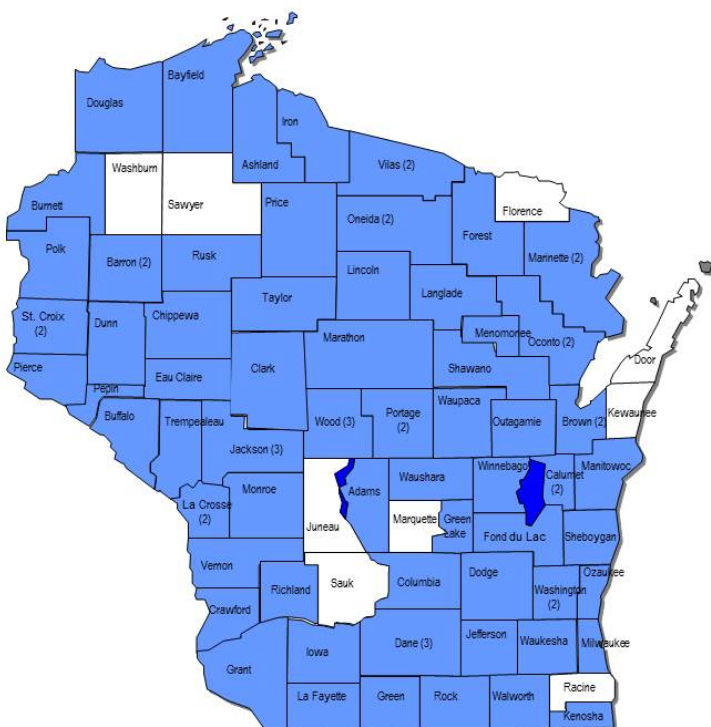


Thank you for completing the 2012 Nutrition and Physical Activity Survey earlier this year. The Nutrition, Physical Activity and Obesity Prevention (NPAO) Program uses this information to help guide program activities, trainings, resource material development and grant funding. We also use the information as one of several data sources for evaluation of statewide impacts resulting from the state plan and its related strategies.

This letter is a formal thank you for your efforts and a means to provide you with some feedback on the survey results that you might find interesting or helpful. Included in some of the results are a comparison of coalition values from 2008, 2011 and 2012. We used the one-year and four-year measurement periods to see both immediate and longer term changes in the coalitions. Overall, there was a positive change in coalitions, as evidenced by the results summarized in the following pages.

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DHS Nutrition and Physical Activity Coalitions (74)



**2012 DHS Coalition List (74).
Based on completion of the
2012 annual coalition survey
or listed status as a DHS
grantee.**

5 All white counties have no known coalition.

■ 2012-13 DHS Coalition List (63 counties)

All white counties have no known coalition (9)

KEY COALITION COMPONENTS

Anecdotally, there would appear to be certain key components to a coalition's success in implementing positive health behavior change. The 2012 survey was analyzed looking at some of these key components and here are the results:

Component	Variable	Avg.			
			Pre 2010 (44)	2010 or later (25)	(+ / -) %
Year Coalition formed (+33.5)	Capacity Score	150	161	130	↑ 24%
	Mission, Vision, Plan	40%	43%	36%	↑ 19%
	# of strategies	5.91	6.86	4.24	↑ 62%
	Env & Policy changes	1.72	1.93	1.36	↑ 42%
	% working @ P & E	0.97	1.09	0.76	↑ 43%
	Key Officials	1.97	2.05	1.84	↑ 11%
			FTE .50 + (13)	FTE <.50 (56)	
FTE .50 or greater (+32.8)	Capacity Score	150	210	138	↑ 52%
	Mission, Vision, Plan	40%	54%	34%	↑ 59%
	# of strategies	5.91	6.77	5.71	↑ 19%
	Env & Policy changes	1.72	1.69	1.73	↓ 3%
	% working @ P & E	0.97	1.15	0.93	↑ 24%
	Key Officials	1.97	2.63	1.82	↑ 46%
			>\$50,000 (16)	<\$50,000 (53)	
Budget > \$50,000 (+38.5)	Capacity Score	150	208	133	↑ 56%
	Mission, Vision, Plan	40%	44%	36%	↑ 22%
	# of strategies	5.91	7.38	5.47	↑ 35%
	Env & Policy changes	1.72	1.38	1.83	↓ 25%
	% working @ P & E	0.97	1.25	0.87	↑ 44%
	Key Officials	1.97	3.19	1.60	↑ 99%

It would appear that the age of the coalition, the coordinator time and the budget all bolster the coalition in key areas. The approximate impact of each of those components seems to increase the coalition capacity by about 1/3.

The other anecdotal evidence on the value of a coordinator or a significant budget change is noted in a large change in coalition capacity when long time coordinators left the coalition for new opportunities or the budget was reduced by a large amount. There were 100+ point negative swings when a key coordinator left the coalition and a similar 100+ point negative swing when a large funding source ended. However, there were also two positive swings of over 100 points in coalition capacity where new coordinators took over and infused new life into the coalition.

COALITION MAKE-UP



There were 70 coalitions that responded to the 2012 survey. The “average coalition is:

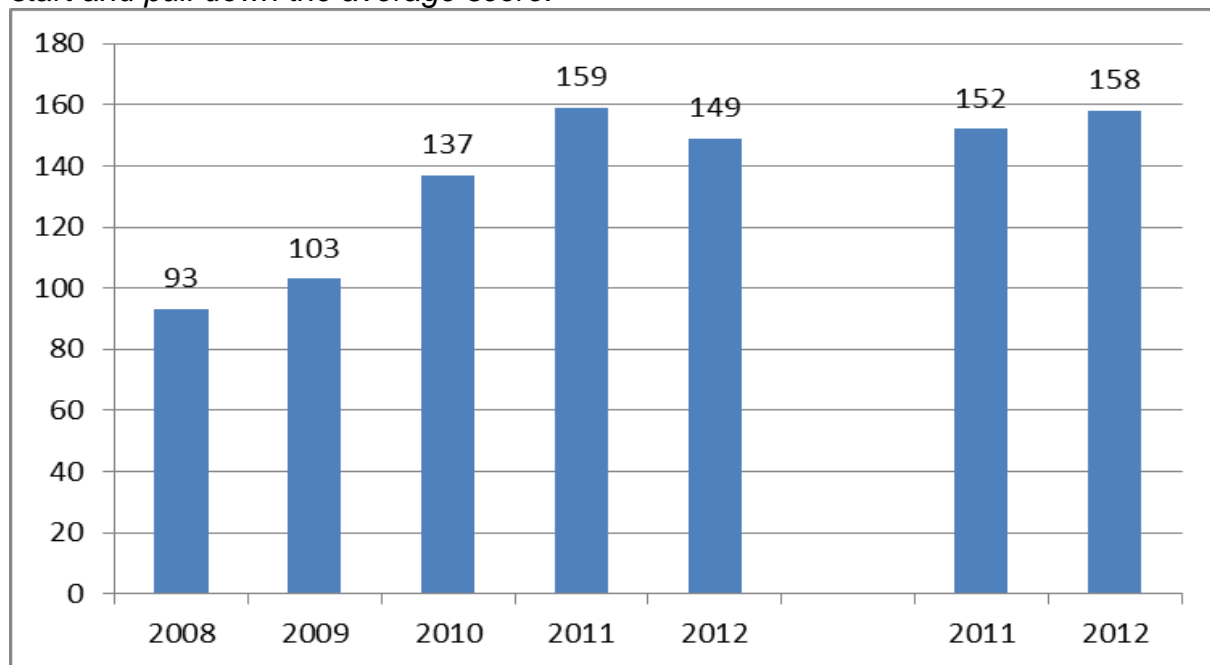
- Greater than 6 years old (Q11)
- Was originally formed in response to an identified local need (73% - Q12)
- Has a mission statement (78% - Q15)
- Has a strategic plan for the current year (53% - Q15)
- Has increased capacity (↑ 4%)

Q1. There are more coalitions in 2012 (70), than last year (54) or 2008 (37) = (↑ 89%)

Q10. Coalitions are more mature (64% of coalitions are greater than 4 years old)

Q13. A higher number of coalitions have a mission statement (↑10) & strategic plan (↑9)

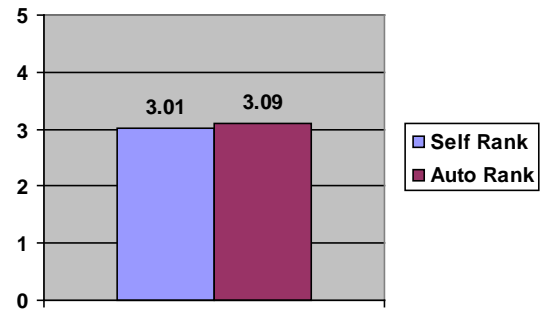
Q17. *Coalition capacity appears to have gone up based on the last 5 years of auto-scores. Although the average score for 2012 is lower, the matched scores of coalitions that responded in both 2011 and 2012 went up. The average score dropping is likely the result of 26 new coalitions in 2012 being formed because of new funding. The fact that over 1/3 of the coalitions are new in 2012 means their capacity would likely be lower to start and pull down the average score.*



All Coalitions 2008-2012

Matched Pair Scores
2011-2012 (N=43)

Coalition average self-assessment scores and average auto-scored assessment numbers were very close. The average self-assessment score was 3.01 and the average auto-scored assessment was 3.09. 54% of coalition auto scores were at Level 3 or above on a 1 – 5 scale). (*Coalitions answer a question about their functional level (self-assessment) and many of the survey questions have an assigned point value, which is added for their auto-score level*).



Q18-20. Coalition member make-up has not changed dramatically. However, more coalitions had high level members (mayor or aide, school superintendent, etc.): 1.97 high level members/coalition ('12) vs. 1.56 high level members/coalition ('11). This is illustrated for specific positions on the next page.

Q 18. Groups represented on the coalition

Top 5 groups	#	%
Health Care Providers	61	86%
Local Health Departments	60	85%
Schools (K-12)	57	80%
Community Organizations	53	75%
UW-Extension Organizations	52	73%
Bottom 5 groups	#	%
Economic Development	8	11%
Youth Groups	8	11%
Public Works / Engineering	7	10%
Food System Processors	3	4%
Real Estate	1	1%

Q 19. Professions represented on the coalition

Top 5 Professions	#	%
Nurses	56	79%
Dietitians	54	76%
Educators	54	76%
UW Extension Agent or Specialist	46	65%
Business members	40	56%
Bottom 5 Professions	#	%
Grocer	10	14%
Media members	10	14%
Disability Specialist	9	13%
Physical Therapists	9	13%
Restaurateur	8	11%

Q20. List of top level <u>local</u> decision makers on coalitions:	<u>2012</u>	<u>2011</u>	<u>+/-</u>
• Hospital or large clinic CEO	55%	38%	+17
• School superintendent	44%	33%	+11
• County board member	38%	35%	+3
• Mayor or top aide	21%	16%	+5
• CEO from large local business	14%	13%	+1
• School board president	7%	6%	+1

This across the board increase is significant since high-level decision makers are key to implementing policy and environmental change.

COALITION RESOURCES



A coalition's capacity to implement strategies is affected by their available resources. There was a slight improvement in coalition infrastructure such as personnel and funding in the last two years. In the case of funding, 20% of the coalitions received some funding from the NPAO Program.

Q23. The percent of coalitions that have coordinators increased (75% vs 70%), and

Q24. A higher % of coalition coordinators are greater than ¼ time (43% vs. 37%).

Q25. The three most prevalent sources of coalition funding were local tax base (41%), healthcare organizations (32%), and Transform WI grant funding (31%).

Q26. Budget. A higher number of coalitions have over \$10,000 in funding (29 vs 21). The average budget is \$34,700, but the median is a little over \$4,000, so there is a wide divergence between coalitions.

COALITION FOCUS

The coalition focus has shifted since 2008, with a higher percentage of coalitions focusing on environmental and policy change and less work being done at the individual or interpersonal levels. This broader based population health focus has the potential to have a greater impact because of the number of people reached and the ability to provide a regular "dose" of activity or healthy eating to a larger population.



Q28. A higher % of coalitions worked at the organizational level (69% vs. 56%), but a lower % worked at the policy level (25% vs. 37%) in 2012 vs. 2011.

Q31 – 34, 37. A higher % of coalitions spent time in three of the five core intervention areas in 2012 vs. 2011.

- Coalition infrastructure activities (↑ 4%)
- Initial assessment (↓ 13%)
- Intervention planning activities (↑ 5%)
- Intervention program activities (↑ 8%)
- Formal evaluation on their programs and plans (↓ 4%)

The decrease in assessment and evaluation is also probably related to the large number of new coalitions.



Q38. A higher % of coalitions worked in six of the eight key settings in 2012 vs. 2011:

- Food System (46% vs. 33%)
- School Physical Activity (43% vs. 56%)
- School Nutrition (39% vs. 35%)
- Active Community Environments (39% vs. 31%)
- Breastfeeding Support (27% vs. 19%)
- Worksites (24% vs. 26%)
- Childcare (16% vs. 11%)
- Healthcare (13% vs. 7%)

#39 Reach

A new question on the 2012 survey asked coalitions to estimate their “reach” in terms of groups and organizations they worked with and the number of individuals that may have been impacted by their work. About 2/3 of the coalitions (47) listed some sites or individuals reached. It’s not known why coalitions left this field blank, but there were several coalitions that indicated a fair number of strategies were being implemented but did not provide any reach estimates. For that reason, it’s suspected that the reported numbers are an underestimate of actual reach. Total reach was calculated to be 1,551 groups or organizations and 568,603 individuals.

Q40. The percent of coalitions using some strategies in the CDC Focus Areas all went up except physical activity:

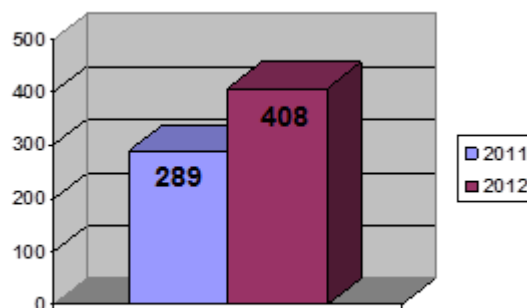
- Physical Activity 64% vs. 70%
- Fruit and vegetable consumption 63% vs. 57%
- Breastfeeding 29% vs. 26%
- Sugar sweetened beverages 26% vs. 20%
- Energy Dense Foods 23% vs. 17%
- TV Viewing 16% vs. 13%



Q 41-45. The overall number of strategies also went up compared to 2011.

- Physical Activity 118 vs. 105
- Fruit and vegetable consumption 113 vs. 79
- Breastfeeding 93 vs. 50
- Sugar sweetened beverages 38 vs. 27
- Energy Dense Foods 46 vs. 28

Total increase to 408 (2012) from 289 (2011)



ENVIRONMENTAL AND POLICY CHANGES (Q46-Q51)

More coalitions are switching to environmental and policy changes as the way to address a broad population health issue. Although there are continued efforts working directly with individuals, there has been a positive shift in trying to change the environmental setting and policies to make the healthy choice an available and easy option. This has resulted in more evidence-based practices and environmental approaches in place of one-to-one work. Information related to this trend includes.

Q46. Percent of coalitions implementing environmental changes 44%, up from 29% in 2010

Q48. Percent of communities implementing local laws or ordinances related to obesity prevention 6% enacted + 1% initiated

Q50. Percent of coalitions implementing organizational policy changes 23% enacted + 11% initiated



RESOURCES

Coalitions continue to look to the NPAO Program for some infrastructure functions. The number of contacts with the program has gone up and the types of technical assistance, training and resource materials have tried to match with coalition interests and needs.



The responses below reflect the efforts made to match coalition identified needs.

Q52. A lower % of coalitions used the NPAO program resources in 2012 and although staff were rated fairly high for being helpful (2.14/3.00) that was a ↓.27 from 2011.

The resources listed as used most by coalitions (>50%) are:	<u>2012</u>	<u>2011</u>	<u>+/-</u>
• WI Nutrition and Physical Activity Web site	80%	88%	-8
• WI Nutrition and Physical Activity State Plan	73%	84%	-11
• NPAO Program Staff	60%	82%	-22
• WI PAN List serve	60%	64%	-4
• Active Schools Kit	26%	56%	-30
• What Works in Schools document	36%	52%	-16
• Obesity Burden Report Executive Summary	50%	52%	-2

Despite the decrease in the percentage finding the previously highest rated resources useful, the actual number of coalitions that found the resources useful increased for 17 of the 20 resource items. This indicates greater reach in the use of these resources.

Questions 53-57 show a slight general decrease in interest for trainings and resources being provided. This might be a result of coalitions being further along in their development and less reliant on implementation resources and trainings. It is also likely that coalitions whose major funding source is Transform WI are receiving more direction and training from the Transform team, rather than the NPAO Program.

Q53. NPAO in-person trainings for coalitions were the most helpful (2.1/3.00), although average scores on how helpful the trainings were decreased.
(No help at all to Very helpful: 0-3 scale)

	<u>2012</u>	<u>2011</u>
• Other NPAO-related in-person trainings	2.10	2.48
• NPAO In-person trainings (stakeholder education, coalition building)	2.11	2.47
• Teleconferences/Windows LiveMeeting Presentations	1.94	2.24
• NPAO Webinars	1.94	2.11

Q55. The order of the top 5 interest areas for coalition training were
(Not at all interested to Extremely interested: 0-4 scale)

	<u>2012</u>	<u>2011</u>
• Evidence Based Approaches	2.81	2.65
• Sustainability	2.56	2.88
• Impacting Health Policy	2.55	2.65
• Project Planning and Evaluation	2.45	2.41
• Providing educational outreach at the local level	2.23	2.11

Q56. The order for interest areas for communication training were (Not at all interested to Extremely interested: 0-4 scale)			<u>2012</u>	<u>2011</u>
• Key Message Development			2.39	2.51
• Social Media (facebook, Twitter, etc.)			1.97	2.31
• Media Advocacy/Outreach			1.94	2.17
• Story Telling			1.80	1.94

Q57. The top interest areas for intervention materials or specific training needs shifted in priority order from 2011 to 2012, and all areas had decreased interest, suggesting coalitions had what they needed and were already working on these initiatives. (Not at all interested to Extremely interested: 0-4 scale)			<u>2012</u>	<u>2011</u>
• Schools			2.68	2.92
• Food Systems (Farmer's Markets, Farm to School, etc.)			2.59	2.69
• Healthcare			2.58	2.69
• Worksites			2.55	2.90
• Active Community Environments			2.43	2.69

TRAINING –

The NPAO Program has used information from this annual survey to plan training and technical assistance (TTA) activities to meet needs identified by coalitions. TTA plans are created to assist coalitions to build capacity in content areas such as active community environments, fruit and vegetable access, worksite wellness, and school wellness, as well as in cross cutting areas such as communication, coalition building, and sustainability. Recent TTA offerings have included:

- Monthly coalition networking calls: January 2012 - Present
- Wisconsin Obesity Prevention Summit: June 2012
- Wisconsin State Prevention Conference: June 2012
- CHANGE training: November 2012
- CHANGE Webinar series (6-part); November 2012 - February 2013
- ACEs Workshop: December 2012

Upcoming:

- ACEs Webinars : February & April 2013
- ACEs Regional workshops May and June 2013

We will again use your input to tailor future trainings to meet your needs.

For more information and archived recordings of these trainings, please visit
<http://www.dhs.wisconsin.gov/physical-activity/Resources/Training/index.htm>



NUTRITION, PHYSICAL ACTIVITY & OBESITY PROGRAM

<http://www.dhs.wisconsin.govphysical-activity/index.htm>