

**FY 2012 - 2014 Rural Health Care Services Outreach Grant Program
Final Closeout Report Template**

Part I: Organizational Information	
Grant Number	D04RH23613
Grantee Organization	Samaritan North Lincoln Hospital
Organization Type (i.e. AHEC, university, hospital, etc.)	Hospital
Address	3043 NE 28 th Street, Lincoln City, OR 97367-4518
Grantee organization website (if available)	www.samhealth.org
Outreach grant project title	Rural Health Care Services Outreach Grant Program
Project Director (primary contact person for grant)	Name: JoAnn Miller
	Title: Director – Community Health Promotion
	Phone number: 541-768-7330
	Fax number:
	Email address: jomiller@samhealth.org
Project Period (beginning year to end year)	2012 – 2015
Funding level for each budget period (<i>Do not include any ACA supplemental funds and/or carryover funds. The maximum funding level for each budget period should not exceed \$150,000</i>)	May 2012 to April 2013: \$149,165
	May 2013 to April 2014: \$149,387
	May 2014 to April 2015: \$149,782

Part II: Consortium Partners		
(Use an * next to the organization’s name to indicate those consortium partners who have signed a Memorandum of Understanding/Agreement)		
Partner Organization	Location (town/county/state)	Organizational Type (i.e. AHEC, university, hospital, etc.)
Benton County Health Department*	Corvallis, Benton County, Oregon	Health Department
Samaritan Pacific Communities Hosp*	Newport, Lincoln County, Oregon	Hospital
Oregon State University*	Corvallis, Benton County, Oregon	University
Oregon Council of Governments*	Albany, Linn County, Oregon	Non-profit
Samaritan Lebanon Hospital*	Lebanon, Linn County, Oregon	Hospital
Lincoln County Health Department*	Newport, Lincoln County, Oregon	Health Department
East Linn/Benton County FQHC*	Corvallis, Benton County, Oregon	FQHC
Samaritan Health Services*	Corvallis, Benton County, Oregon	Health Care System
Lebanon School District*	Lebanon, Linn County, Oregon	Public School
InterCommunity Health Network*	Corvallis, Benton County, Oregon	Coordinated Care Organization
Community Services Consortium*	Albany, Linn County, Oregon	Non-profit
Samaritan Health Plans*	Corvallis, Benton County, Oregon	Health Plan
Work Force Development*	Corvallis, Benton County, Oregon	Non-profit
Linn County Health Department*	Albany, Linn County, Oregon	Health Department
COMP NW Medical School*	Lebanon, Linn County, Oregon	University
Samaritan North Lincoln Hospital*	Lincoln City, Lincoln County, OR	Hospital
Good Samaritan Regional Med. Ctr.*	Corvallis, Benton County, Oregon	Hospital
Private Resident – Dentist*	Corvallis, Benton County, Oregon	Dentist
Sweet Home School District*	Sweet Home, Linn County, Oregon	Public School

Contractor/Evaluator*	Corvallis, Benton County, Oregon	Evaluator
Confederated Tribes of Siletz Indians*	Siletz, Lincoln County, Oregon	Tribal council
Oregon Office of Rural Health*	Portland, Multnomah County, OR	Rural Health
Samaritan Albany General Hospital*	Albany, Linn County, Oregon	Hospital
Community Outreach Inc.*	Corvallis, Benton County, Oregon	Non-profit
Samaritan Health Services*	Sweet Home, Linn County, Oregon	Medical Clinic

Part III: Community Characteristics

A. Area

The outreach grant program served Lincoln County and East Linn County, with a focus on rural population. All of Lincoln County is designated as rural, and in Linn County, this qualification specified a focus on the east county communities of Lebanon, Scio and Sweet Home.

B. Community description

Lincoln and east Linn counties are designated rural counties, health professional shortage areas, and medically underserved areas. The total population is 172,706, of which 40,151 are under the age of 18 (US Census Bureau, 2010). Economic recovery from the recent recession has been slow, and while unemployment figures have fallen below pre-recession rates, the median income level of Lincoln County (\$42,365) and Linn County (\$46,939) are far below Oregon state (\$50,229) and national median earnings (\$53,046) (US Census Bureau: State and County Quick Facts, 2013). One measure of economic hardship in the area is the amount of children that qualify for free and reduced lunch: 66% in Lincoln County School District (Lincoln County 2014 Community Health Assessment), and 52.3% in Linn County (Linn County 2012 Community Health Assessment). The percent of uninsured children in Lincoln County has declined from 22% in 2009 to 8% in 2011, and in Linn County it was 10.8% in 2010 (Source: Lincoln Co CHA 2014, Linn Co CHA 2012). The 2015 County Health Rankings report released by the Robert Wood Johnson Foundation and the University of Wisconsin ranked Lincoln County 25th and Linn County 17th out of 33 counties in Oregon for overall health outcomes. Rural areas, such as the central Oregon coast and the mid-Willamette Valley, tend to have fewer health, community and financial resources available to commit to obesity prevention and control efforts than do high-density urban areas. Additionally, access to proven methods of preventing and controlling obesity – physical activity, healthy food choices, and access to health services – are limited in our rural communities.

C. Need

The CATCH program was adopted to address an obesity epidemic in the communities served. In 2011, nearly 27% of children were obese in Linn County and 25.54% of Lincoln County children were obese or overweight, according to data from Samaritan Health Services electronic health records BMI data (SHS Andres Analysis, 2011). In Linn County, less than a quarter of youth consumed at least five servings of fruit and vegetables per day and over one third drank at least seven sodas per week. Twenty-one percent of children participating in local WIC nutrition programs were considered overweight by program guidelines (Linn County CHA, 2012).

Part IV: Program Services

A. Evidence-based and/or promising practice model(s)

The Coordinated Approach To Child Health (hereafter referred to as CATCH) is an evidence-based program designed to promote physical activity and healthy food choices among children and families. The CATCH model is designed to be integrated in current classroom curricula and afterschool programs by providing physical activity and nutrition education which eliminated the need to modify or adapt the program. By teaching children that eating healthy foods and being physically active is fun, CATCH aims to establish lifelong healthy habits. CATCH is effective because healthy behaviors are reinforced through a

comprehensive, coordinated curriculum. The program consists of three formats: CATCH for Schools, CATCH Kids Club, and CATCH Early Childhood, each specifically designed to target the environmental setting with a focus on healthy eating choices and physical activity. CATCH for Schools focuses on coordinating activities in the classroom, physical education classes, the cafeteria and the home. The CATCH Kids Club is very similar to the in-school program, and provides nutrition manuals to include scripted teaching lessons for both professional and non-professional instructors and also includes games, songs, nutritional facts, recipes, handouts, and letters home in both English and Spanish. The CATCH Early Childhood takes these concepts and makes them age appropriate through fun, hands-on activities, such as classroom-based gardening and lively dance/music activities that engage 3-5 year olds in the development of a healthy lifestyle.

The Consortium selected the CATCH program for a number of reasons, first of which was the strong evidence-base demonstrating that it worked in all three areas as previously outlined. The first study of CATCH for Schools (grades three through five) took place from 1991 to 1994 at four regional sites and was conducted by researchers at Tulane University, University of California, University of Minnesota, and University of Texas. Not only was meaningful behavior change achieved (decreased consumption of fat and increased physical activity), but those behaviors were still present three years after participation in the CATCH program (*Archives of Pediatrics and Adolescent Medicine*, 1999; 153(7), 695-704.)

A University of Texas study conducted in 2003 evaluated the impact of CATCH Kids Club on physical activity levels and nutrition among students in 16 after-school programs in two Texas communities (*Public Health Nutrition* 2005; 8(2), 133-140). Along with its finding of increased moderate to vigorous physical activity (MVPA), and reduced sedentary time, Consortium members valued the direct correlation of staff commitment and training to program impact. Accordingly, Consortium leaders helped to identify and engage after-school programs in their communities, especially those expressing strong interest in implementing the CATCH curriculum, and encouraged full training of all staff.

Although research on the effectiveness of nutrition and physical activity programs among preschool populations was limited, preliminary evidence pertaining to CATCH Early Childhood was promising. A pilot test conducted on the CATCH Early Childhood program among low-income children in two Head Start centers found that the program increased fruit and vegetable consumption and increased general physical activity and, importantly, moderate-to-vigorous physical activity (*American Journal of Health Education*, 2011; 42(1), 12-23).

In addition to evidence of the effectiveness of the CATCH curricula described above, a four-year study conducted in 97 schools in Texas found that CATCH is significantly more effective at reducing overweight and obesity in children when implemented in the context of a community-wide obesity prevention program (*Obesity*, 2010; 18, S36-S44). This finding further supported the consortium's decision to select CATCH, as both Lincoln and Linn counties were already actively engaged in community-wide obesity prevention activities coordinated through the Consortium.

Finally, CATCH was designed and proven retain effectiveness with incremental implementation of its various components, based on a site's resources and capacity (*Archives of Pediatric and Adolescent Medicine*, 1999;153(7), 695-704). Further, CATCH components could be integrated with existing curriculum and/or programs already in place. This flexibility was seen as a strength by Consortium members because schools in the region had already implemented healthy eating and living initiatives.

B. Description

A robust administrative infrastructure was established immediately after funding was awarded and was maintained throughout the three-year grant. Administrative hierarchical support consisted of Project

Director, Program Director, and two Regional Program Coordinators. A CATCH committee was established in each region (county) and staffed by their Regional Program Coordinator. These committees provided guidance for CATCH implementation at local sites. They monitored program implementation, reviewed evaluation data, and made “real-time” recommendations about modifications to program implementation in order to ensure success. At each CATCH site, a designated “Site Champion” distributed CATCH materials, served as a resource for other staff implementing CATCH, and functioned as the local contact for the CATCH committee. All those serving in leadership positions were trained in the CATCH curricula and program.

The CATCH program was evaluated by a professional independent evaluator. CATCH components were implemented with careful attention to fidelity. This was one of the priority areas for the evaluation. Accordingly, no modifications were made to the national CATCH curricula or program framework and both the after-school and early childhood programs implemented all components of the CATCH Kids Club or CATCH Early Childhood program. Due to local school district capacity, only two of the four CATCH for Schools components – nutrition education, and physical activity – were implemented in the schools.

As was intended and specified in the original proposal, a sequential rollout of the program took place over the course of the three-year grant period. In Year 1, CATCH for Schools was launched in the Lebanon Communities School District; CATCH Kids Club was implemented at Neighbors for Kids and the Yachats Youth and Families Activities Program; and CATCH Early Childhood was implemented at the early childhood program at Samaritan Early Learning Center. In Year 2, CATCH for Schools expanded to include the Sweet Home School District, Scio School District and Lincoln County School District (Sam Case Elementary); CATCH Kids Club was implemented at the Scio Youth Club, the Greater Santiam Boys and Girls Club in Lebanon and Sweet Home, and the Yachats Youth and Families Activities Program; CATCH Early childhood was implemented at the Siletz Tenas Illahee Child Care Center. In Year 3, CATCH for Schools expanded to Taft Elementary School in the Lincoln County School District and CATCH Kids Club was implemented at The Greater Santiam Boys and Girls Club in Lebanon and four 21st Century Community Learning Center after school sites - Sam Case, Taft Elementary, Toledo Elementary, and Crestview Heights Elementary. The evaluation documented CATCH activities at each of these sites, including “kick off” and other community-based events that were held annually to communicate CATCH messages to the community.

Coordinated with the CATCH nutrition education curricula at all sites were local initiatives to increase the consumption of fruits and vegetables among children. A central component to these activities was a monthly tasting table held at each site. The tasting table featured a prepared sample of the fruit or vegetable predetermined by that month’s Pick of the Month. In addition to bridging the experience gap for many of the student population, the Pick of the Month was a tool used to communicate nutritional information to the parents by means of a printed flyer each month. Pick of the Month tasting tables were used across all age ranges, pre-school through fifth grade. Healthy food and snacks were also promoted and implemented in each of the sites existing annual events (e.g. health fairs, family nights, etc.).

The physical activity component of the CATCH program was implemented with the objective to improve health, fitness and quality of life through increased physical activity. Central to the physical education curricula were the spiral bound curriculum and the physical activity index card box of instructions for fun physical activities. CATCH physical activity materials were used by all sites to guide student participation in at least 150 minutes physical activity each week. In the first two years of the program, the evaluation included observations of physical activity in all sites and found statistically significant increases in the amount of time that children spend in moderate to vigorous physical activity. The early childhood sites

reached 100% participation in movement activities designed to acquire new skills for fun physical activities that extended beyond the classroom.

The following reports were completed as indicated below:

- Federal Financial Status Reports (within 90 days of the end of each budget period)
- Five-Year Strategic Plan (first year of grant)
- Sustainability Plan (third year of grant)
- Progress Reports (annually)
- Performance Improvement Measurement System (PIMS) (end of each project period)
- Final Evaluation Report (to be completed at end of grant period)
- Final Closeout Report (due within 90 days after project period ends)

Table events or presentations were made at established outreach events at which the CATCH program was showcased. These included annual grantee meetings held in Washington D.C. (year one and two), school fairs, school family events, community events (including county fairs), the annual Childhood Obesity Summit, and other such venues. Program Coordinators were responsible for ensuring that CATCH was featured at these events. Professional presentations were made at the annual regional health conferences hosted by Oregon Public Health Conference, Oregon Rural Health Conference, and the Northwest Regional Rural Health Conference. The Project Director and Program Director were responsible for ensuring CATCH was represented to the broader community in this capacity.

C. Role of Consortium Partners

Consortium members provided input on the planning and design of the CATCH Project and were integrally involved in its implementation. The Consortium was created specifically to conduct a community-wide obesity prevention program through implementation of a wide array of coordinated strategies and community activities. Through ongoing Consortium efforts, the community environment to support CATCH implementation has been optimal. The Consortium continues to thrive, creating a coordinated network for addressing a range of regional health problems.

To address childhood obesity at the community level, local Childhood Obesity Partnerships (COP) - subgroups of the Consortium - were formed in Lincoln and Linn counties. Each county-level Childhood Obesity Partnership had a strong membership, including representatives from health, education, nonprofit organizations, local governments, the faith-based community, ethnic and racial groups, and community members. Each was staffed by the local Community Health Improvement Partnership (CHIP) Coordinator in their respective county, who provided guidance and facilitated communication between members.

To share information within the Consortium, the Project Director, in conjunction with the Program Director and Evaluator, provided quarterly updates to the Consortium. The Project Director also serves as the CCCWN Consortium Director, and is available for email and telephone communication as necessary. The Project Director will continue to be responsible for meeting all reporting requirements and for bringing issues requiring resolution to the Consortium. Input from Consortium members was and will continue to be solicited through requests for agenda items prior to regular meetings. Consortium membership has remained relatively stable and most, if not all, members are committed to continued involvement.

Given the nature and structure of the Consortium, the members were effective in providing resources to support opportunities for collaborations and partnerships to address childhood obesity efforts in our region. Sharing information about the program activities at the state and national levels via professional conferences and meetings was a priority for the Consortium. The Consortium also served as a comprehensive framework for other rural communities, particularly those in the Pacific Northwest, who may have faced similar barriers and challenges in their attempts to combat childhood obesity.

Part V: Outcomes

A. Outcomes and Evaluation Findings (do not submit your Evaluation Report in lieu of completing this section)

Annual evaluation reports have been provided by the independent evaluator and verbal presentations were made quarterly to the Consortium throughout the grant period. To summarize evaluation findings here - activities and accomplishments of the outreach grant fall under three major categories: Consortium functioning and CATCH program, local culture of health, and increased physical activity.

The CATCH program has been the Consortium's most significant outreach activity over the past three years. Consortium involvement and support of CATCH was instrumental in the success of the program. Consistent with the project work plan, the number of CATCH sites increased over the course of the grant. During the first two years of the grant, CATCH was implemented in 11 elementary schools in east Linn County, and one elementary school in Lincoln County. During that same time period, CATCH was delivered in 5 before and after-school programs in Lincoln and east Linn Counties. CATCH was also implemented in 3 preschools in Lincoln County. With the addition of Kids Club in Lebanon, Siletz Tribal Head Start, and Taft Elementary School along with four 21st Century Community Learning Center afterschool sites in Lincoln County during the third year of the grant, 27 CATCH programs were operating in Lincoln and east Linn counties. More than 5,250 children have been reached by the end of the grant cycle. Throughout the roll-out of the program, Consortium members identified additional opportunities for expansion and helped solve implementation hiccups.

The evaluation report provides strong evidence that the CATCH program has had significant and continuing influence beyond implementing sites, influencing food and activity choices of families, and changing community knowledge and activities around healthy eating and active living. Perhaps one of the greatest accomplishments has been the degree to which CATCH has been embraced by local communities and has shaped local health-oriented cultures. CATCH has become a recognized program across the participating communities. Teachers report that parents now ask about CATCH activities and seek guidance about what to send in school lunches. School cultures have evolved to embrace healthy eating and living. Although most schools are not able to readily change their lunch offerings because of restrictions set by contracted food vendors, preschool and afterschool programs have made major changes in the foods that are served. The final evaluation report shines a spotlight on culture change that has occurred over the three year period, citing data collected via observation, interviews and surveys.

Annual evaluation reports from years one and two documented statistically significant increases in the intensity of children's physical activity. Pre and post observations of physical activity were conducted using the System for Observing Fitness Instruction Time (SOFIT) protocol. A total of 473 Kindergarten through fifth grade students were observed over the course of 67 education lessons. Although there was no significant difference in physical education class length observed (schools did not modify their physical education schedules), there was a significant difference in the percentage of class time spent standing, walking, in vigorous activity, or in MVPA from baseline to end of the school year (post). The physical activity aspect of the CATCH program was studied particularly intensively as the evaluation assistant expanded observation and analysis activities in order to use the data for his Master's Thesis, which was successfully completed in 2014. This thesis is available upon request.

B. Recognition

From local rural newspaper to regional circulations to a national e-newsletter, the CATCH project has been featured as a success story of community collaborative in childhood obesity prevention. The following are examples of such recognition:

Newspaper articles:

News-Times Newport (Sept 2012, Sept 2013, Jan 2014)

The Brownsville Times (May 2012)

Lincoln City News Guard (June 2012, Sept 2013)

Well Informed (a Samaritan Health Services publication) e-newsletter feature (June 2012, June 2014)

Community Health Systems Development newsletter highlight (January 2013)

Heart to Heart article (winter/spring 2013, spring/summer 2015)

Annual Regional Childhood Obesity Summit featured program (2013, 2014, 2015)

Samaritan Health Services Community Health Impact Report featured article (2013, 2014)

CATCH national e-newsletter feature (June 2014)

Linn County CHIP e-newsletter highlight (March 2015)

Part VI: Challenges & Innovative Solutions

Within the project infrastructure, the CATCH Program Director resigned due to a death in the family and one regional program coordinator resigned to accept a full-time teaching position. The superintendent of a local school district retired and two school principals relocated to other communities. We also had a program director resign from one of our childcare facilities. All of the aforementioned staff had been involved in the planning of the project and/or the implementation of the Program in their facilities.

To ensure that proper staff coverage occurred when the CATCH Program Director resigned, the local Coordinators and Project Director worked together to provide technical assistance and support to schools and organizations. To address the turnover in the schools and childcare facility, the Project Director, Program Director and local coordinators met with the new leadership and staff to discuss the CATCH Program. The new leadership and staff were provided training and support by the Program Director and local Coordinator.

The CATCH program was intentionally brought to rural and geographically isolated sites in order to reach the population target. Local control is particularly important for geographically isolated communities. Each county developed its own Childhood Obesity Partnership (COP) for regionally informed input, and was also assigned a County Coordinator who served as a liaison between project management, the Consortium, the COP and individual sites.

Travel distance to meetings was challenging for some, particularly during winter months. Regular meetings for the Consortium as well as stakeholders required flexibility and coordination. To help mitigate travel issues, meeting locations for the Consortium as well as “All Staff CATCH Meetings” were rotated between communities, minimizing the travel time and distance for any one group. Regular communication through the email listserv and the webpage also helped to minimize the sense of distance between network partners. Effective use of these tools was critical to maintaining cohesiveness within the network and stakeholders.

The project was initially implemented with a partnership with Moda Health to provide the training as well as ongoing booster training. About halfway through the grant period Moda Health encountered an internal change within their priorities, forcing them to withdraw from that partnership. With training still a need as new implementation sites came on, and other sites required booster training, a solution was implemented through two new partnerships. Oregon State University Extension Services had recently adopted the CATCH Nutrition curriculum, trained many of their staff as Train the Trainers, and offered to collaborate with our training needs. With support from the national CATCH office, a customized training program was developed utilizing the OSU Extension trainer as well as one of our County Coordinators with extensive experience with the program. For those sites that could not attend an in-person training, another partnership

was established with Coordinated Health Institute, an online training solution. These online courses were also offered to round out what could not be provided through our in person training courses.

Within Lincoln County School District there has been a steady decline of dedicated Physical Education classes offered within the schools. For the final school year of the grant period, two schools from this county joined the cohort with PE classes only offered once to three times a week, and with a dedicated physical education teacher on staff for only half of the school year. Similar challenges were experienced in Linn County, where physical space limits the number of times that students can participate in PE classes each week.

Through coordination with the national CATCH office it was determined that the physical activity component of the program can be implemented with fidelity with a cumulative 150 minutes of physical activity in a given school week. This total could be attained through many small segments, or even if only offered three times a week. Arrangements were made with the schools to achieve the overall goal of 150 minutes of physical activity through a variety of techniques that included guided recess times, ten minute in-class physical activity breaks, classroom-teacher-led physical activity classes, in combination with what PE courses were available.

Part VII: Sustainability

A. Structure

The current structure of the Consortium will be maintained in the same manner beyond the current project. The members that comprise the Consortium serve at the executive level in their respective organization and all partners have agreed to continue with the Consortium.

On a practical note, since members of the Consortium consist of high-level executives and directors, they are occasionally unable to attend meetings. In the future, partners will set dates well in advance to improve attendance and continue to offer conference calling capabilities. A steering committee has now been established (consisting of a smaller number of members who are able to commit to bi-monthly meetings) will meet on a regular basis to ensure information is distributed and shared to the Consortium and actions that require the full Consortium input will be communicated via email or other electronic services. Also planned, given the larger size of the Consortium, is formation of special sub-committees to specifically address particular Outreach projects. Project-specific sub-committees will provide expanded support for projects and increased access for insight, collaboration, and strategic planning.

B. On-going Projects and Activities/Services To Be Provided

All elements of the program will be sustained

Some parts of the program will be sustained

None of the elements of the program will be sustained (i.e. the program will completely end after the grant period)

The Consortium will also continue to sustain and expand the current CATCH program in local communities. The main components of CATCH, as it has been implemented here, are physical activity and nutrition education. Other successful components of CATCH that the Consortium will continue to promote include the monthly Tasting Table and corresponding Pick of the Month, an annual outreach event and/or activity hosted by each partnering site, and community collaboration and partnerships around nutrition and activity.

Consortium members strongly favor continuing to support these activities for four key reasons: First, the evaluation of CATCH has provided evidence of effectiveness and success in reaching the program's objectives and goals. Second, Consortium members have seen firsthand that CATCH is having a positive effect on their communities. Third, analysis of the cost per student on an annual basis proves a very cost effective program. And finally, Consortium members believe that CATCH is having a positive impact on the health of the participants. The Consortium will be successful in sustaining CATCH because of the buy-in by implementation sites.

C. Sustained Impact

Sustained impact is anticipated through both the Consortium itself as well as its current and anticipated outreach programs. Related to the Consortium, new and stronger bonds have developed between Consortium partners, and their quarterly meetings will continue with the goal to identify and collaboratively address community health priorities. Strong collaborative relationships will continue, as already seen in several instances. For example, the Consortium was instrumental in the formation of the Interprofessional Education (IPE) program at the neighboring College of Osteopathic Medicine of the Pacific-Northwest when the college Dean collaborated with Consortium members to organize and implement the multi-disciplinary approach to include disciplines such as pharmacy and community involvement into their IPE program. An asthma prevention program is another community health service project that continues to be strengthened by the Consortium. Through partnerships with organizations such as Linn County Health Department, Community Services Consortium, and Samaritan Health Services, the program is able to specifically target high need recipients that otherwise would not be possible without such collaboration. The Consortium benefits from a deepening connection with Oregon State University Extension Services that will strengthen local initiatives related to healthy eating. Our evaluation provides evidence that the Consortium structure and program management process used to support local activities was successful and will continue to provide guidance at the local level.

Sustained impacts related to the CATCH outreach program are already indicating lasting effects on the community. At a minimum, these include:

- A trained CATCH champion within each local site ensures the continuation of the program and institutionalizes an internal advocate for nutrition education, physical activity, and healthy living.
- Teachers and administrators will take what they have learned from this program and be able to apply it where ever they may be employed.
- Children have grown accustomed to physical activity levels and often request CATCH activities during "free days" when the choice of activity is theirs to make.
- CATCH nutrition education lessons and the concepts of Go, Slow, Whoa have given teachers, children and their families a new lens through which to view healthy food choices.
- Tasting Tables have become a standard occurrence across all the sites to the degree that they are now a model for other sites, higher grade levels within the schools, and community organizations.
- Local partnerships around healthy eating and active living are being established or strengthened.
- CATCH sites are working together with other community organizations to promote nutrition around community gardens where children and families can learn about fresh fruits and vegetables.

Part VIII: Implications for Other Communities

The overall structure, strategic plan and success of the CATCH program will serve as a model to other communities interested in implementing a similar program. The adaptability of CATCH itself is reflected in how our program implementation process can be modified to fit the needs of many organization types. Because of our breadth of experience working with schools and children's programs of various types, sizes, and locations, other schools and community programs will have much to gain from our experience.

Most notably, the benefits to share with others are ease of implementation, community collaboration, low cost and high sustainability of the program. From a single to multi-site school district, implementation is achieved through leadership buy-in, supplying equipment, and providing training. The program was truly an example of community collaboration with high participation from multiple organizations involved at the Consortium level, within each county's Childhood Obesity Partnership, and within and across sites. The annual cost per child to implement the program is tremendously low – our average was \$24 per child. Once implemented, the program is highly sustainable only requiring some equipment maintenance, and staff can share knowledge with any new staff.

Since the program exists largely as a knowledge base that must be transferred to incoming staff, measures must be taken to ensure this transfer. After identifying this need, we found success training as many staff as possible, both in the school and after school settings. Having a large majority of the staff trained also helps with changing the culture within a school or community organization. Once a few key leaders bought in, and several staff steadily implemented the program the culture can change within that site. By this example, it will help with the last barrier of a general resistance of school administrators to add another program. The success of one school to adapt and customize the program has shown to encourage other schools to join.

Part IX: Outreach grant experience

A. **ORHP Support:**

Our program had two Project Officers during our grant period. Both Project Officers that served our program were very helpful throughout the entire grant cycle. They were very accessible by either telephone or email. They responded to our questions within 24 hours of a request and were very thorough in their explanation of federal rules and guidelines. They offered feedback to the team and suggested ways to improve the overall project. Our monthly calls were very valuable in assisting us in our project implementation.

B. **Grants Management Support:**

The Grant Management Specialist was very helpful to our project during our grant period. We were able to make sure all budget and program services were in alignment with her assistance.

C. **GHPC Technical Assistance Provider support:**

The technical assistance we received throughout the grant cycle was fantastic. Her knowledge, experience and background in public health allowed her to offer us many suggestions to improve our overall project. She provided us with many tools to assist not only with our consortium, but with the CATCH program. She organized monthly check-in telephone calls to make certain any questions or concerns could be worked through as a team. She was also available by telephone or email to answer any immediate questions from the team. The site visit during the grant period was very helpful. The Consortium was very impressed with her knowledge and skills to help facilitate the strategic planning process and work with the group on internal issues. One way to improve the technical assistance provider support is to allow site visits each year of the grant. Although the telephone and email communications were well received during the grant period, the face-to-face connection with the TA was invaluable.

D. **Suggestions**

The Office of Rural Health Policy overall provides a good structure for grantees to be successful during their project period. Additional improvement to the grant program could include a more timely notification when grants are approved/disapproved and when notice of funding awards are released.

During the past year, the work with our Project Director and Technical Advisor was extremely beneficial. Not only their responsiveness to our questions and information requests, but the input they provided to our program closeout process.

Again, telephone and email communications are great, however face-to-face peer meetings annually can be helpful for grantees. The opportunity to network with agencies that are doing the same or similar work across the nation in one room is much more effective than webinars and conference calls.