



**Evaluation of Get Healthy San Mateo County Task Force
Activities and Selected Community
Outcomes for 2007-2008**

Task Force Evaluation Committee

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Introduction

For the last three years the Get Healthy San Mateo County (GHSMC) Task Force has been working to improve the nutrition and physical activity levels of children in San Mateo County. A *Blueprint for Prevention of Childhood Obesity: A Call to Action* (Blueprint) was created in the first year, followed by two years of implementation. Approximately 300 people have attended one or more Task Force meetings and at least nine working subcommittees have implemented components of the Blueprint. As of June 2008 there were eight active committees.

The evaluation committee of the GHSMC Task Force is tasked with monitoring these efforts and the impact they have on the health of San Mateo County children. This second evaluation report assesses changes in key indicators of organizational effectiveness and community health. It utilizes data from multiple sources including individual and committee surveys, an evaluation of the participation and retention of GHSMC Task Force members, and quantitative data from national and local reports. This report details the trends we see so far and also presents successes, challenges and recommendations.

Blueprint Objectives

The Blueprint identified five priority areas, with 29 objectives divided into 111 action steps. We examined the list of action steps to determine progress so far by the Task Force and its committees (Table 1).

Twenty-five of 29 objectives (86%) have been or are being addressed. Over one half of the action steps in this five year plan are completed or in progress. Considerable progress is being made to implement the initial Blueprint—a credit to the participation of Task Force members, the very active involvement of committees, and the great work that many community groups and other organizations are doing related to healthy eating and active living.

Table 1: Progress Made on 29 Objectives and 111 Action Items Listed in Blueprint, June 2008

Objectives	Action Items			
	Completed	In Progress	Not Done	Total
In Progress				
25 / 29	34	33	44	111
86%	30%	30%	40%	

Member Surveys and Interviews

Methods

In June 2008, members of the GHSMC Task Force had an opportunity to evaluate their experiences individually and in the context of their committees. Members responded to an individual survey during the final Task Force meeting of the fiscal year and answered questions with their committees during the same meeting or via email. Thirty-two Task Force members who attended the meeting completed individual surveys. All eight committees responded to the committee specific evaluation questions.

In addition to member surveys, a graduate student intern conducted 27 interviews in August 2008. Fifteen of these interviews were with more active members and 12 were with members who identified as participating less often in the Task Force. The purpose of this evaluation was to 1) learn about what motivates Task Force members to remain active over an extended period of time; 2) explore the perceived decline in Task Force membership as it relates to past membership levels; and 3) offer recommendations to the Task Force Advisory Council related to the retention of its members. The following section combines responses from the individual surveys, the committee surveys, and the members surveys in August 2008. Please see the attached executive summary for these results.

Results

Overall, the GHSMC Task Force members showed a high level of satisfaction with both the Task Force and their individual committees. Ninety-three percent of respondents reported good or outstanding satisfaction with the Task Force and 85% reported good or outstanding satisfaction with their committee. Additionally, participants felt a high level of opportunity for influence with both their committees (96% - good or outstanding) as well as with the Task Force as a whole (87% - good or outstanding). These are very similar findings to those seen during the 2006-07 evaluation.

Figures 1-4 on the next page show changes in responses to two questions regarding the county's ability to address nutrition and physical activity concerns. Between 2005-2006 and 2007-2008 there was a decrease in the percentage of respondents who "strongly agreed" with the statement that the county better understands their communities' perspective (Figure 1), from 24% to 8%, and an increase in the number of people who "agreed" with this statement, from 45% to 68%. Similarly, there was a decrease in the percentage of respondents who "strongly

agreed” with the statement that they have increased confidence in the county’s ability to address this health issue (Figure 2), from 33% to 17%, and an increase in the percentage of people who “agreed” with that statement, from 53% to 67%.

Figure 1: I Believe the County Better Understands my Communities' Perspective : Comparison of Responses 2005-2006 to 2007-2008

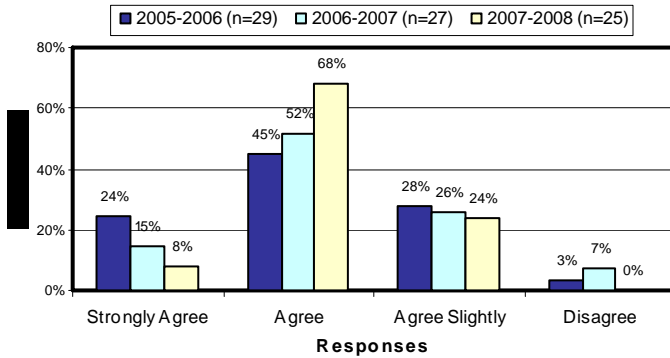
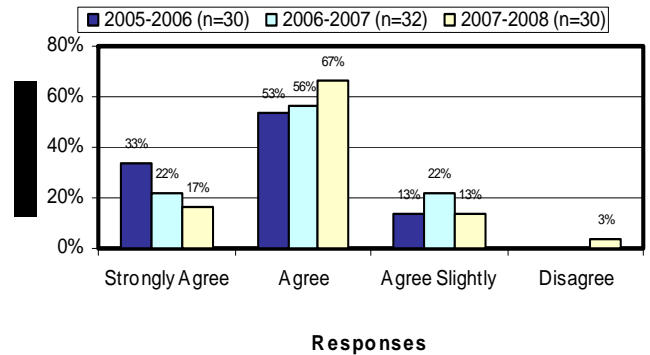


Figure 2: I Have Increased Confidence in County's Ability to Address this Health Issue: Comparison of Responses 2005-2006 to 2007-2008



The evaluation committee added five new questions to the individual surveys this year to explore members’ perceptions of diversity in the Task Force, value of time spent with the Task Force, comfort level with the way decisions are made (Figure 3), satisfaction related to collaborating, and whether participation in the Task Force has helped members better meet the needs of their constituents (Figure 4). Of the 29 respondents, 7% “agreed strongly” that the Task Force has a diverse membership, 65% “agreed”, 21% “agreed slightly” and 7% “disagreed” (results not shown). Sixty-six percent felt that the Task Force made “good” use of their time, while 10% said it made “excellent” use, 24% “fair” use of their time and none felt it made “poor use” of their time (results not shown). Sixty-nine percent were “satisfied” with the way people and organizations in the Task Force worked together, while 21% were “very satisfied” and 10% “somewhat satisfied,” and none

Figure 3: Comfort Level With Decisions Made in Task Force

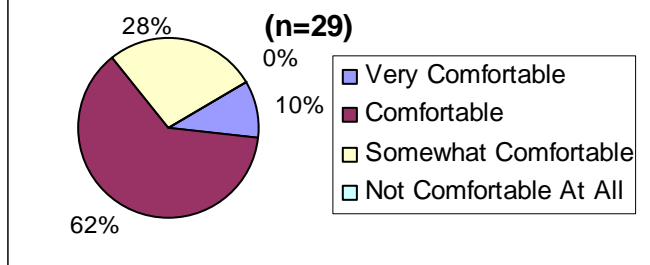
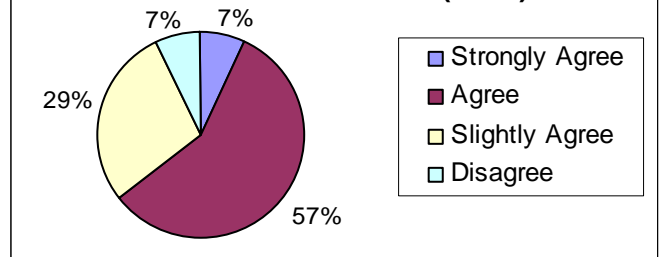


Figure 4: Enhanced Ability to Meet Constituents' Needs (n=28)



were “not satisfied” (results not shown).

Using information from these surveys and interviews, the committee also selected key

accomplishments, challenges and recommendations. Tables 2-4 on page 5 highlight these. All committees felt that they had set goals and had accomplished at least some of their identified objectives. All committees commented positively on their group dynamics including specific areas such as member collaboration, participation in discussions, ability to work through disagreements, and ensuring everyone had a voice.

Table 2: Selected Accomplishments

- Launched clearinghouse websites for adults and youth on healthy eating and active living (www.gethealthysmc.org) and (www.yspacesmc.org)
- Distributed breastfeeding resource guide to providers
- Completed nutrition and physical activity guidelines for early childhood in Spanish and English
- Designed nutrition and physical activity guidelines for afterschool programs
- Funded nutrition education classes for parents and childcare providers through Our Second Home, a childcare center in Daly City
- Worked with Environmental Health to begin collecting data on the local retail food environment
- Implemented Mobile Activity Van Project in three neighborhoods in North Fair Oaks, bringing healthy snacks and play equipment to areas with limited access to parks and gyms

Table 3: Challenges

- Limited participation by community members on some committees and follow-up, including distribution of tasks, was difficult because members were too busy
- Difficulty gathering and accessing data
- Under-representation by youth and under-served communities
- Members cited various time commitment issues and location/transportation concerns as concrete barriers to their participation in and attendance at Task Force and committee meetings

Table 4: Recommendations

- Several committees suggested that the Blueprint should be used more consistently as a guide and that they needed to identify clearer goals and objectives
- Support committees to access and/or collect needed data
- Increase outreach to populations that have limited access to healthy foods and physical activity
- Engage more community partners who work closely with populations disproportionately affected by childhood overweight
- Explore additional ways to measure access to healthy foods and physical activity
- Highlight local work during Task Force meetings.

Measurements of Community Health

Methods

In the 2006-07 report, we selected benchmarks from various data sources to evaluate

Table 5: Selected Data on Physical Activity, Nutrition and Childhood Overweight in San Mateo County

Pediatric Nutrition Surveillance Survey (PedNSS)				
<i>% of all children in various body weight zones</i>				
Group	2006 n	2006 Value	2007 n	2007 Value
<i>% of children 2-4 years 'overweight'</i>	2,904	19.4%	3,001	17.9%
<i>% of children 2-4 years 'at risk of overweight'</i>	2,904	16.0%	3,001	17.1%
<i>% of children 0-5 years 'underweight'</i>	10,306	7.3%	10,735	8.3%
<i>% of children 5-20 years 'overweight'</i>	3,362	24.7%	3,515	25.7%
<i>% of children 5-20 years 'at risk of overweight'</i>	3,362	21.6%	3,515	20.0%
<i>% of children 5-20 years underweight'</i>	3,362	1.6%	3,515	1.5%
California Healthy Kids Survey (CHKS) Data				
<i>Average Response of San Mateo County Students to Questions</i>				
Question	05-06 n	05-06 Value	07-08 n	07-08 Value
<i>Past 7 days, heavy exercise¹</i>	5,576	3.91	4,637	3.95
<i>Past 7 days, light exercise²</i>	5,564	3.44	4,581	3.53
<i>Past 24 hours, times drink soda</i>	5,551	1.29	4,504	1.17
<i>Past 24 hours, times eat fruit</i>	5,524	1.85	4,435	2.09
<i>Past 24 hours, times eat vegetables</i>	5,531	1.84	4,393	2.03
California Physical Fitness Test (CPFT) Data				
<i>% of students passing 6 of 6 fitness standards, by group³</i>				
Group	05-06 n	05-06 Value	06-07 n	06-07 Value
<i>All</i>	19,004	35.1%	18,013	38.1%
<i>Female</i>	9,442	37.0%	8,692	41.3%
<i>Male</i>	9,562	33.2%	9,321	35.0%
<i>White</i>	6,668	43.5%	6,336	45.5%
<i>Hispanic</i>	6,199	23.4%	5,711	26.1%
<i>Black</i>	802	24.3%	690	29.4%
<i>Filipino</i>	1,955	36.8%	1,946	37.0%
<i>Chinese</i>	1,341	51.2%	1,389	53.9%
<i>Other Pacific Islander</i>	449	18.3%	339	23.3%
<i>% of students inside each Healthy Fitness Zone</i>				
Zone	05-06 n	05-06 Value	06-07 n	06-07 Value
<i>Aerobic Capacity</i>	19,004	68.2%	18,013	71.9%
<i>Abdominal Strength</i>	19,004	86.2%	18,013	86.4%
<i>Trunk Extension Strength</i>	19,004	88.3%	18,013	89.0%
<i>Upper Body Strength</i>	19,004	73.8%	18,013	76.2%
<i>Flexibility</i>	19,004	74.3%	18,013	74.8%
Community Health and Quality of Life (HQOL) Survey Data				
<i>% of San Mateo County Residents responding that they had 'Excellent' or 'Very Good' Access</i>				
Question	2007 n	2007 Value	2010 ⁶ n	2010 ⁶ Value
<i>Do you have access to healthy food?⁴</i>	1,568	76.6%	n/a	n/a
<i>Do you have access to parks?⁵</i>	1,568	65.3%	n/a	n/a

¹ “Past 7 days, how many times did you do physical activity for at least 20 minutes that made you sweat or breathe hard?”

² “Past 7 days, how many times participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard?”

³ Due to differences in the populations tested and testing procedures from year to year, the values may not be directly comparable

⁴ “How would you rate your access to fresh fruits and vegetables that you can afford?” (On a 5-point Likert scale)

⁵ “How would you rate your access to good parks, playgrounds, or recreational facilities?” (On a 5-point Likert scale)

⁶ 2010 because this is the next year when survey will be implemented

the current status of overweight and healthy behavior among children in San Mateo County. These benchmarks come from four separate sources: the California Healthy Kids Survey (CHKS); the Pediatric Nutrition Surveillance Survey (PedNSS); the California Physical Fitness Test (CPFT); and the Community Health and Quality of Life Survey (HQOL). For this report we present each measures latest year’s value as well as its previous value for comparison.

Results

From Table 5, we see that 21 of the 27 indicators (81%) have moved in positive directions. This was particularly marked in the CPFT data, where all 14 of the indicators showed improvement. Each difference is small on its own, but the combined data provide some evidence that the nutritional health and physical fitness of San Mateo County’s children are improving.

Another important factor to consider is the relative ranking of San Mateo County compared to other counties in the state. It is possible that changes in the health of our community are a result of larger societal changes in California and the nation as a whole. One measure to try to detect if the Task Force’s activities are having an impact is a comparison of San Mateo County’s relative ranking among counties that are subject to the same state-wide and national trends. The PedNSS data is the only source that performs rankings of counties, and Table 6 shows the changes between 2005 to 2007, where a higher rank (smaller number) represents a smaller percent of children in these categories. San Mateo County has increased its ranking in all three categories, most notably in the 2-5 year olds rated as ‘overweight’ (>95% for their height and weight). San Mateo County was ranked 56th out of 61 jurisdictions in 2005 and 2006, but moved up to 14th in the 2007 rankings. This provides evidence suggesting that children in San Mateo County may be getting healthier at rates faster than the rest of the state.

Table 6: Ranking Among California Counties by PedNSS			
Category	2005 Value	2006 Value	2007 Value
2-5 years old - 'overweight'	56 / 61	56 / 61	14 / 63
5-20 years old - 'at risk of overweight'	53 / 62	53 / 62	43 / 59
5-20 years old - 'overweight'	56 / 62	56 / 62	44 / 59

Conclusions

This report shows that the GHSMC Task Force and its committees have moved for-

ward in the '07-'08 year to:

- o Successfully implement many of the Blueprint objectives and action items
- o Facilitate an improvement in health of San Mateo County youth in regard to nutrition and physical activity
- o Expand resources available to the community through projects such as the Early Childhood Nutrition and Physical Activity Guidelines, Clearinghouse Websites, and Mobile Activity Van
- o Better understand the level of commitment and concerns of stakeholders relative to the work of the Task Force
- o Identify areas requiring clarification, expanded effort, and/or a shift in focus to further implement the objectives of the Blueprint in '08-'09

While much has been accomplished, there is still a great amount of work to be done in the third year of Blueprint implementation. The evaluation committee encourages all committees within the Task Force to utilize the information in this report to help guide their efforts in the coming year. Expanded attention is needed to broaden outreach to and involvement of underserved communities, youth, and populations disproportionately impacted by the health risks of inadequate nutrition and physical activity. In addition, the evaluation committee will continue to work to identify and incorporate additional, meaningful methods to evaluate and quantify the impact of the work of the GHSMC Task Force.

Acknowledgements

The evaluation committee of the GHSMC Task Force acknowledges the Board of Supervisors for their support of this effort, the Advisory Council and the GHSMC Task Force members for their commitment to this work.

Get Healthy San Mateo County Task Force

**A Qualitative Evaluation Report of Task Force Member
Participation and Retention
September 2008**

**Written by:
Danielle Vosburg**

EXECUTIVE SUMMARY

The Get Healthy San Mateo County Task Force (Task Force) Evaluation Committee initiated this evaluation to: 1) learn about what motivates Task Force members to remain active over an extended period of time; 2) explore the perceived decline in Task Force membership as it relates to past membership levels; and 3) offer recommendations to the Task Force Advisory Council related to the retention of its members, and more importantly the activity of members and former members. A graduate level intern with the Health Policy and Planning Unit of the San Mateo County Health Department conducted 27 interviews with Task Force members to explore these questions. Individuals were selected based on when they joined the Task Force and when they ceased participating in Task Force meetings (this was intended as an indicator that they may be less active in meeting the Task Force goals, but this was not assumed).

Key findings include:

- The most significant role of Task Force meetings is the opportunity for networking and the resulting collaboration between partners. This highlighted the importance of maintaining a diverse base of Task Force members.
- The Clearinghouse website, newsletters, and email summaries sent out by project staff are all considered useful communications tools. Members viewed these communications as facilitating collaboration between Task Force members and strengthening their relationship with the Health Department.
- The presence of speakers at Task Force meetings is valuable. In addition, having interactive aspects to the meetings encourages participation and increases the likelihood that members will attend regularly. Members who used to be more active earlier in the Task Force process indicated that opportunities to highlight their work would increase their likelihood of participating in meetings.
- Key challenges detailed by respondents include a lack of clarity regarding the role of county staff and their relationship to the committees and the need for redefinition of Task Force goals. Addressing these two issues will refocus energy and help evaluate progress in meeting goals. The redefinition, while supported by the Health Department, should be completed by the committee members. Some members recommended utilizing data from the various assessments as a tool for redefining goals.
- Members cited various time commitment issues and location/transportation as concrete barriers to their participation in and attendance at Task Force meetings. Some members suggested changing meeting locations on a regular basis to ease the transportation burden for Task Force members throughout the county and to increase the ability of community members to attend more meetings. Members also proposed changing the time of meetings to make them more convenient for community members.
- Access to grants and funding was also a motivating factor for Task Force participation.

Members felt that their volunteer time was compensated when their organization or committee received funds. Current funding levels were perceived to be insufficient for the number of community projects in the county.

- Members suggested that the Task Force assess which groups are not as well represented in the Task Force. Seeking out specific individuals from these groups or parts of the county would help revitalize the Task Force membership.
- Two ways to engage populations disproportionately affected by childhood obesity emerged. Participants recommended holding focus groups to encourage these groups to learn about and contribute their ideas to the Task Force. Conducting focus groups brings attention back to the populations disproportionately affected by childhood obesity and allows these groups to have a voice in the process of change. Participants also suggested reaching out to community partners who work closely with these groups in schools and community organizations. This is an important sector of the county from which to recruit more community partners.