

Your Health Matters: Growing Active Communities
Physical Activity, Policy Improvements, System and Environmental Changes Curriculum

Deliverables:

Contractor shall, by October 15th, 2013 complete the following performance measures for “Your Health Matters: Growing Active Communities” curriculum on Physical Activity:

Curriculum Development

1. Continue to review existing physical activity curriculum for appropriateness of adaptation into a revised physical activity training curriculum for *promotores* and CHWs and submit documentation of this review;
2. Continue to engage the target audience in determining learning goals and objectives, general content, implementation, and evaluation strategies of a revised curriculum and submit formative process notes;
3. Continue to develop an outline of high-level topics, lesson plans, and plan to incorporate policy improvements, systems and environmental change approach strategies;

Curriculum Testing

4. Continue to update curriculum content with policy improvements, systems and environmental change approach strategies and current physical activity recommendations and resources and submit a draft copy of curriculum in English and Spanish, with notations of teaching methodologies and a draft of evaluation report summarizing curriculum development;
5. Continue to test the curriculum in English/Spanish with a representative group of *promotores* and CHWs, and submit testing process notes and learning outcome results; and
6. Continue to revise training curriculum according to testing outcomes and submit final training curriculum and evaluation report summarizing curriculum development in electronic format on CD in English and Spanish;

Curriculum Dissemination

7. Create a curriculum dissemination/distribution plan including train the trainer and instructor meetings, presentations, and/or sessions;
8. Implement the finalized curriculum dissemination/distribution plan including train the trainer and instructor meetings, presentations, and/or sessions;

Curriculum Evaluation

9. Create an evaluation plan that will evaluate effectiveness of the curriculum, its implementation, and dissemination and include pilot testing;
10. Implement the evaluation plan that will evaluate effectiveness of the curriculum, its implementation, and dissemination and include pilot testing;
11. Provide regular Summary Reports including all (positive, negative, and neutral) pilot test and evaluation findings;

Final Materials and Reports

12. Provide a final Summary Report including all (positive, negative, and neutral) evaluation findings; and
13. Provide a final copy of revised curriculum (in English and Spanish) to include revisions based on findings of pilot testing and train the trainer session- upon completion of project (hard and electronic copies to DSHS).

SUMMARY REPORT

Due October 15, 2013 for work completed on:
“Your Health Matters: Growing Active Communities”
Physical Activity, Policy Improvements, System and Environmental Changes Curriculum

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Your Health Matters: Growing Active Communities Curriculum

The *Your Health Matters: Growing Active Communities* curriculum was created by The University of Texas Health Science Center School of Public Health, Brownsville Regional Campus and the Department of State Health Services Nutrition, Physical Activity & Obesity Prevention Program. It is a DSHS-certified Community Health Worker (CHW) training that awards CHW's 9.0 continuing education units upon completion of training, and 12.0 for Community Health Worker Instructors who complete the take-home assignment. This curriculum trains CHWs to understand health promotion as it relates to policy improvements, systems and environmental change for physical activity and learn basic skills used in public health practice.

This training complements the *Your Health Matters: Nutritious Eating* and *Your Health Matters: Fitness for Life* curricula, previously developed by the University of Texas Health Science Center School of Public Health, Brownsville Regional Campus which focus on promoting individual behavior change toward healthy nutrition and physical activity.

The sections in the *Your Health Matters: Growing Active Communities* curriculum are:

- 1) The Issue
- 2) Communities Can Change
- 3) Consider What Works
- 4) Community Assessments
- 5) Partners
- 6) Prioritize Strategies
- 7) Take Action
- 8) Conclusion

This day-long training gives CHWs an understanding of the growing obesity epidemic and why regular physical activity is important for a healthy lifestyle. It also educates them on evidence-based policy improvements, systems and environmental changes to promote physical activity. Participants gain knowledge and skills to identify and analyze policy, systems and environmental barriers in their community that contribute to a sedentary lifestyle and to identify evidence-based strategies to address them. Participants also practice skills to engage community partners, prioritize approaches and develop an action plan to support activities that create opportunities for physical activity in their communities. The curriculum uses videos and multiple activities to help participants learn. They are provided with shared online resources and tools to bring back to their communities. The day-long training is complimented by creative activity breaks that engage participants in the recommended 30 minutes of daily physical activity.

The training was piloted in English in Dallas and Nacogdoches, Texas and in Spanish in Laredo and Brownsville, Texas, in diverse rural and urban settings. In February 2013, the training was certified by DSHS as a continuing education unit (CEU) option for CHWs to support community health workers to maintain their certification and expand their community outreach efforts. The final continuing education curriculum, available in English and Spanish, is ready for dissemination.

Curriculum Development (Deliverables 1-3, *see Appendix A for deliverables*)

During the curriculum development phase existing physical activity curricula were reviewed for their appropriateness to adapt into the revised physical activity *Your Health Matters: Growing Active Communities* curriculum for CHWs (*see Appendices B and C for the reviewed curricula*).

Engaging the Priority Audience

Focus groups were conducted at three different community health worker sites. The CHWs at the University of Texas do mostly door-to-door education and group classes focusing on nutrition, physical activity, and diabetes. Mano a Mano is a CHW group based in a clinical setting that provides patient navigation. Proyecto Juan Diego is a religious-sponsored group with CHWs doing education and community organizing.

Meeting with these CHW groups provided valuable feedback on the existing outline and also provided important additions to the content. Some key points and changes resulting from this feedback include: simplification of the language and some of the content; replacement of some of the research components; addition of contacts or places to look for help researching evidence-based programs; a simplified listing of proven-effective approaches and programs; addition of a section on engaging and empowering communities to be a part of policy and environmental change; and addition of clear and concise steps to action planning and team-building.

A Curriculum Advisory Group consisting of individuals from around the state of Texas who have an expertise in policy improvement, systems and environmental change and with community health workers, provided content review. This group met regularly to provide input and guide the development of curriculum goals and objectives as well as expert advice on curriculum content and resources.

Goals of Curriculum:

- 1) Expand understanding about why creating policy improvements, systems and environmental changes around physical activity are important.
- 2) Demonstrate how community health workers are a vital part of community change.
- 3) Empower community health workers to be advocates of change for physical activity in their communities.
- 4) Provide a curriculum which gives community health workers the knowledge, skills, and building blocks to create policy improvements, system and environmental changes in their communities.

Learning Objectives of Curriculum:

The initial learning objectives were adapted throughout the curriculum development process. The final learning objectives include thirteen objectives for community health workers with the fourteenth and fifteenth additional objectives for community health worker instructors.

Initial Learning Objectives	Final Learning Objectives:
1) Describe the benefits of physical activity.	1) Discuss the causes and health

<ul style="list-style-type: none"> 2) Be familiar with programs that have been shown to work in similar communities/success stories. 3) Describe methods of organizing a community. 4) Explain how to create a plan. 5) Explain the benefits of evaluation. 6) Identify valid resources, including local and internet sources (from funding to physical activity). 	<p>consequences of inactivity and the growing obesity epidemic in the United States.</p> <ul style="list-style-type: none"> 2) Communicate current physical activity recommendations. 3) Discuss why it is important to listen to members of your local community. 4) Determine what defines a community i.e. culture, language, geography. 5) Define policy improvements, systems and environmental change as it relates to physical activity. 6) Identify evidence-based strategies to support increased physical activity in your community. 7) Identify ways to determine gaps and assets which influence physical activity in your community. 8) Identify potential community partners to work with to create an active community. 9) Practice techniques to increase confidence in and ability to engage community partners and grow active communities. 10) Prioritize evidence-based strategies to support increased physical activity in your community. 11) Describe the roles of decision makers to influence/improve public policy and create active communities. 12) Communicate effectively with your community leaders and decision makers. 13) Identify appropriate techniques to evaluate physical activity initiatives. <p>Additional Instructor Learning Objectives:</p> <ul style="list-style-type: none"> 14) Identify two policy improvements, systems or environmental changes that are currently in place in your community that promote physical activity and identify two policy improvements, systems or environmental changes that should be introduced to further enhance physical activity in your community. 15) Talk to a community leader or decision maker about the needed policy improvements, systems and environmental changes to improve physical activity in your community.
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Implementation

The training is set up as a one-day training in Powerpoint and multimedia. The training will be implemented throughout existing training center networks throughout the state of Texas. CHWs will receive continuing education units (CEUs) for attendance and participation in the training. Implementation of online aspects of the curriculum is still in the planning phase.

Curriculum Testing (Deliverables 4-6)

After the development phase of the curriculum, a draft copy of the curriculum was submitted along with notations of teaching methodologies and a draft of the evaluation report (see Appendix # for evaluation report).

The *Your Health Matters: Growing Active Communities* curriculum was pilot tested in four difference cities, with a total of 83 participants. Pilot testing was done in English in Dallas and Nacogdoches. The curriculum was translated from English to Spanish by staff of the Department of State Health Services. Following the Spanish translation, the curriculum was pilot tested in Laredo and Brownsville.

The Dallas training was held on March 19, 2013 at the Diabetes Health and Wellness Center in the southeast side of Dallas. There were 22 individuals in attendance; this included DSHS-certified CHWs, CHW instructors, and community members. The majority of the participants work in diabetes education and were African American. This curriculum was the first time many of them had learned about policy improvements, systems and environmental changes. Throughout the training, many of the community health workers made the connection of using the content of this curriculum within their churches, as many of them based their outreach in church communities.

The Nacogdoches training was held on April 5, 2013 at Texas AHEC East, Piney Woods Region. There were 12 individuals in attendance. Nacogdoches is a rural area and had a group of community health workers that were getting certified through the AHEC center. Many of the participants did not work as CHWs as their primary job; two of the participants were students at a local university; one held a job within a city wellness department, and another was a physician who recognized the ability to use the CHW model within her practice.

After the English pilot tests the curriculum revisions were made. Following the revision process, the DSHS Translation Department translated the curriculum in its entirety from English to Spanish during May 2013. The Spanish curriculum was then pilot tested at two more sites: Laredo and Brownsville.

The Laredo training was held in Spanish on June 20, 2013 at the University of Texas Health Science Center at San Antonio, Laredo Regional Campus. There were 16 individuals in attendance. The participants at this training shared their frustration with the difficulties with infighting and duplication of efforts to implement healthy changes in their communities. By the end of the training they had brainstormed numerous opportunities for partnership and collaboration, based on examples discussed throughout the day, in order to make policy

improvements and environmental change to promote physical activity. After one of the activity breaks where participants take a walk around an area of their community to perform a walkability survey, they noted there were improvements and changes that could be made that would not compete with the uniqueness of their city.

The Brownsville training was held in Spanish on June 28, 2013 at Proyecto Juan Diego. There were 33 individuals in attendance, including many DSHS-certified CHWs, some uncertified community health workers, as well as CHW instructors. The participants were primarily of Hispanic decent and had an education background in multiple individual behavior change areas, including nutrition, physical activity, and diabetes. This is a group of CHWs who have access to a fair amount of trainings, but they expressed their interest in this unique approach to improving the health of their communities.

Throughout the pilot tests, trainers and participants offered comments and suggestions on Instructor Observation Forms and Participant Satisfaction Surveys. Both forms were reviewed and changes were made during the pilot testing process.

Curriculum Evaluation (Deliverables 9-11)

An evaluation of the *Your Health Matters: Growing Active Communities* curriculum was completed by conducting a process and outcome evaluation which involved 4 pilot tests of the *Your Health Matters: Growing Active Communities* curriculum. CHWs were assessed pre training and post training to determine whether knowledge and self-efficacy improved from pre to post training and to determine whether the CHWs had been involved in community policy improvement, systems or environmental change efforts related to physical activity since the training (*see Appendix E for evaluation plan*).

Data Collection Methods and Instruments:

The following instruments were used to evaluate the curriculum:

- Debriefing Sessions
- Instructor Observation Form (*Appendix F*)
- Participant Satisfaction Survey and Evaluation Form (*Appendix G*)
 - Part I: Comments on Pilot Session Sections
 - Part II: Overall Training Evaluation
 - Part III: Confidence Scale
- Pre/ post Knowledge Questionnaire (*Appendix H*)
- 3-month SurveyMonkey Survey (*Appendix I*)
- 3-month Telephone Interview (*Appendix J*)

Debriefing sessions:

Focus groups, called debriefing sessions, were used at the end of the first training in Dallas, Texas and in Brownsville, Texas to evaluate satisfaction with the pilot training and to ask for suggestions and changes. These debriefing sessions provided insight into measures of the dose received and context constructs. These sessions were comprised of a subgroup of the CHWs who attended the all-day training. Immediately following the training we held a debriefing session to hear from the participants about their experience. Questions posed included: What

was engaging? What could be improved? What other influences should we account for in the delivery of the training? What barriers and facilitating factors do you anticipate when applying the training content to daily practice? These sessions were moderated by two members of the UT Health, School of Public Health team and notes were taken.

The feedback received from this debriefing session was used to clarify and improve topics and timing throughout the training.

Instructor Observation Form:

The instructor observation forms were used during the training as tools on which to take detailed notes and systematically measure the delivery of the training content within each section, from timeliness, placement, materials, and activities (dose received and fidelity). These forms were completed by the instructor who is not teaching the section, who instead is watching, listening, and taking notes, which allows them to evaluate more successfully. During each section the Instructor Observation Form was used as a guide to help the instructor to answer questions on the level of understanding and participation of the students, to assess whether the time allotted for the section was a good fit, and if there are aspects they would recommend changing.

These forms were analyzed qualitatively to examine not only how sections and activities were taught but also to provide suggestions for improving the curriculum. The forms were used to analyze whether the curriculum was implemented in full and as planned.

Participant Satisfaction Surveys:

Participant satisfaction surveys measured the participant's engagement in the learning and their satisfaction with the training experience (the dose received). Quantitative data was collected through written surveys. These surveys were passed out at the end of the day-long training and were comprised of three parts. Part I of this survey provided a space for participants to report aspects from each topic of the training they enjoyed or thought needed improvement. Part II asked eight questions about the quality, usefulness, and timing of the overall training; a question was also asked about whether the training met the participant's expectations. Part III used a Likert scale to assess the confidence of the participants to create change in their community toward improving physical activity before and after the training.

The results of these surveys were manually entered in an excel spreadsheet. The quantitative information was analyzed to obtain mean scores. Participant's qualitative comments were summarized and used to improve the curriculum.

3-Month SurveyMonkey Survey:

The 3-month post-training SurveyMonkey measured reach and content. Each participant in the pilot training received a 3 month SurveyMonkey survey via email 3-months after their pilot training date. Their email addresses were collected on the sign-in sheets at the training.

These surveys were analyzed to see what the participants did with the knowledge they received during the training. The information was used to determine the number of policy improvements, systems or environmental changes made by the CHW post-training. Additionally a Likert scale was used to look at how the training helped them to be a better CHW.

Pre/Post Knowledge Questionnaire:

The Pre/Post Knowledge Questionnaire measured change in participant's knowledge from the beginning of the training to the end and whether or not instructors were successful in teaching all of the material to be easily understood. Each participant in the pilot training completed a Pre-test Knowledge Questionnaire at the beginning of the training, to assess their knowledge of policy improvements and systems and environmental changes. The same questionnaire was given as a post-test at the end of the day-long training to assess gain in knowledge. The questionnaire consisted of ten questions, with one or two questions from each of the eight topic areas. As this is a pilot, a few questions may be modified on the knowledge questionnaire as we finalize the tool.

The results of these questionnaires were matched and manually entered into an excel spreadsheet and analyzed to determine the average participant change in knowledge from the beginning to the end of the training.

3-Month Telephone Interviews:

For each training site, a primary person led the effort in arranging the training and recruiting CHWs to attend. These individuals served as the training center contact and provided this coordination for numerous training topics. These four site coordinators were asked to complete the 3-month telephone interview. Additionally, we asked the site coordinator to identify two training CHWs from their site whose experience with the curriculum seems unique (maybe particularly positive or particularly negative). This snowball sampling method was used to further discuss how the training may or may not have supported CHW involvement in policy improvements, systems and environmental changes in their community.

These eight interviews (2 per site) allowed us to gather in depth information about features of the curriculum that may require further modification, unexpected consequences, or positive outcomes resulting from participation in such a curriculum. During these interviews we gathered standard information about any of their change efforts including 1) the date of initiation, 2) who the CHW partnered with, 3) how far into the process they are, 4) what has been accomplished, and 5) what could be modified in the curriculum to better support positive outcomes and avoid negative outcomes. In addition, they were asked to describe the barriers and facilitating factors associated with policy improvements, systems or environmental changes found.

This information was analyzed and used to describe how the curriculum helped the CHWs to engage in policy improvements, systems, and environmental changes as a result of the training. In addition, it helped to describe the common post training experiences among CHW's (barriers and facilitating factors). This information was used to refine the curriculum as necessary and create marketing information for the curriculum.

Process Evaluation:

Our process evaluation examined several key evaluation components including recruitment, fidelity, dose delivered, dose received, reach, and context (Steckler & Linnan, 2002). Each of these key evaluation components are mentioned in the following paragraphs. The curriculum was disseminated by CHW instructors at the University of Texas Health Science Center School of Public Health, Brownsville Regional Campus. These CHW instructors are certified by the

Texas Public Health Training Center. This Center is one of 40 DSHS-certified training centers within the state of Texas. Dissemination through this training center has proven successful on previous curricula; maintaining this relationship has greatly increased the success of scheduling trainings and recruiting participants.

Recruitment

The first evaluation component we looked at was recruitment. These are the procedures occurring at the individual and community levels to attract participants. We wanted to know which planned and actual recruitment procedures were used to attract individuals, groups, and/or organizations.

The locations and connections for the two English trainings, Dallas and Nacogdoches, were set up by the University of Texas Public Health Training Center. One key individual was identified at each of the sites and they recruited from within their organizations and contacts first and then extended the training to other CHWs in the area. Many of the CHWs from Dallas were employed by the Diabetes Health and Wellness Center and the majority of the CHWs from Nacogdoches were a part of the CHW training program at Texas AHEC East, Piney Woods Region.

The Spanish training sites were also set up with the guidance of the Texas Public Health Training Center. The announcement for the training went out through local CHW email lists, slightly different than the English training. Specific groups of CHWs in the areas were also told about the training. Although some CHW organizations or groups brought multiple CHWs, they were among many other organizations.

Location	Date	Number of Participants
Dallas, TX	March 19, 2013	22 attendees
Nacogdoches, TX	April 5, 2013	12 attendees
Laredo, TX	June 20, 2013	16 attendees
Brownsville, TX	June 28, 2013	33 attendees

We used the narrative description and documentation of all planned and actual recruitment activities to assess this component. Communication by means of email to current community health worker groups proved to be a successful recruitment method. Also using locations for trainings that CHWs are familiar with and locations that are easily accessible greatly improved our participant turnout.

Fidelity

Fidelity is the extent to which the intervention implemented is consistent with how it was planned. We wanted to answer the following question: Was the curriculum delivered to CHWs in the manner designed and for the time planned? To assess this component we looked at the sign-in sheets and Instructor Observation Forms. The pilot trainings were all completed in the time planned (9 hour period). In addition, the curriculum was delivered in the manner designed. However, we feel it is important to note that some section times varied based on the group discussions and overall understanding of the material. In other words, all of the activities were used at each training site, though occasionally some felt rushed due to the 9 hour time constraint.

For both the Laredo and Brownsville trainings, trainers took more time explaining the first two sections and giving additional examples; this left the final section and activity feeling rushed. However, the CHWs said they felt confident with the material, even at a rapid pace.

Dose Delivered and Received

Dose delivered addresses the number of intended sections that were delivered. To evaluate this component we use the Instructor Observation Forms to address the question: Did the certified trainers deliver all of the sections to the CHWs? Eight out of the eight sections were delivered at each of the four pilot sites and all activities and physical activity breaks were completed as well. Each of the four trainings took 9 hours to complete.

Dose received is the extent to which participants engage with or are receptive to the training. The debriefing sessions and the three parts of the Participant Satisfaction Survey: I) Comments on Pilot Session Sections, II) Overall Training Evaluation and III) Confidence Scale were used to assess the question: were the CHWs satisfied and confident with the information? The CHWs were satisfied with the training. 100% of all CHWs who attended the four trainings responded “excellent” or “good” for the statement “my overall evaluation of the course is...” To the statement, “the overall quality of the presentations is...,” 100% responded either “excellent” or “good.” To measure the confidence of the CHWs a Likert scale was used. The CHWs were asked the following question at the beginning and end of the training: how confident are you that you can reduce obesity in your community by making policy improvements, systems and environmental changes that increase physical activity and healthy eating? On average participants responded 6.319 at the beginning of the training and their confidence rose to an average of 8.688 by the end of the training.

Participant Satisfaction Survey Results

		English		Spanish		
Question	Rating	Dallas	Nacogdoches	Laredo	Brownsville	TOTAL
My overall evaluation of the course is:	Excellent	73.9%	90.9%	100%	51.9%	68.3%
	Good	26.1%	9.1%	0%	48.1%	31.7%
Overall quality of presentations is:	Excellent	69.6%	90.9%	100%	46.4%	64.1%
	Good	30.4%	9.1%	0%		
Did the program meet your expectations?	Yes	100%	100%	100%	93.5%	97.0%
	No	0%	0%	0%	6.5%	3.0%
Would you tell a friend to take this course?	Yes	100%	100%	100%	100%	100%
	No	0%	0%	0%	0%	0%
Was there enough time for discussion	Yes	95.7%	100%	100%	93.5%	95.5%
	No	4.3%	0%	0%	6.5%	4.5%

and questions?						
Can you use the information right away?	Yes	69.6%	90.9%	100%	93.1%	84.6%
	Some	30.4%	9.1%	0%	6.9%	15.4%
Confidence:	Before	Not noted	5.714	5.875	6.563	6.319
	After	8.304	9.000	8.400	9.036	8.688

The feedback received from the debriefing session in Dallas helped us to clarify terminology in the training, such as Cyclovia to “open streets.” Those who attended the debriefing sessions said the activities were especially helpful and interesting. In reference to the Unhealthy, TX activity, a participant noted “I will use that activity with kids, and also Photovoice, I want to see what the kids will think about it, I’m going to try that.” The participants strongly grasped the idea of partnership. One participant commented, “when we get a chance we can all partner together and if we can show the need we can get organized and go far with it.” The timing was particularly of interest to our team. When asking about the pace and timing for the day, a participant commented, “we were in it, you didn’t lose us, it wasn’t boring.” Another participant commented though that an “extra day would help them to come together to think about and work on issues.”

The feedback we received from the debriefing session in Brownsville revealed that the participants felt the training was applicable to their work as CHWs, specifically promoting physical activity and creating or finding locations for safe and well supported physical activity. The CHWs felt comfortable with the material. The CHWs we spoke with suggested some more group work, one participant suggested to “use the groups to keep people engaged especially after lunch.” Some of the participants felt the training was long and that some of the examples could be less stretched out and more concise. They enjoyed the physical activity breaks, but stated the “10 minute walk outdoors should be moved to the morning, when the temperature was cooler.”

Reach

The reach is characterized by the participants who received the training. The sign-in sheet demographic questions and the 3-month SurveyMonkey Survey results were used to evaluate this component. The question asked was: what are the demographic characteristics of the CHWs who received the curriculum content. Across all four pilot sites, the majority of the participants were female, ranging between 81.3-97.0%. The majority of participants were also certified by DSHS as CHWs, with the exception of Brownsville where there was a slightly higher percentage of DSHS-certified CHW Instructors. There was a higher percentage of non DSHS-certified CHWs at the time of the training in Nacogdoches, but that was because our pilot training was being offered as a part of their certifying process.

Sign-in Sheet Demographics

	Male	Female	DSHS CHW certified*	DSHS CHWI certified**	Not DSHS certified
Dallas	1 (4.5%)	21 (95.5%)	15 (68.2%)	4 (18.2%)	3 (13.6%)
Nacogdoches	2 (16.7%)	10 (83.3%)	4 (33.3%)	1 (8.3%)	7 (58.3%)
Laredo	3 (18.8%)	13 (81.3%)	7 (43.8%)	5 (31.3%)	4 (25.0%)

Brownsville	1 (3.0%)	32 (97.0%)	15 (45.5%)	16 (48.5%)	2 (6.1%)
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*Certified as Department of State Health Services Community Health Workers

**Certified as Department of State Health Services Community Health Worker Instructors

We were able to look at the number of years of experience the CHWs who attended our training had by the 3-month SurveyMonkey Survey. The participants who responded to the survey in Nacogdoches and Brownsville had relatively little experience as community health workers at the time of the training, with the majority having less than 1 year of training. Dallas had the majority of their survey respondents with 1 through 5 years of experience. Lastly, Laredo had a split group, with 50% of the survey respondents having less than 3 years of experience and 50% having over 5 years of experience; two of them had as much as 24 years of experience as a CHW.

Years of Experience as a Community Health Worker from 3-month follow-up survey

Location	<1 Year	1<Years<3	3<Years<5	5+ Years
Dallas	2 (15.4%)	6 (46.2%)	4 (30.8%)	1 (7.7%)
Nacogdoches	6 (60.0%)	3 (30.0%)	1 (10.0%)	0 (0.0%)
Laredo	2 (25.0%)	2 (25.0%)	0 (0.0%)	4 (50.0%)
Brownsville	17 (73.9%)	2 (8.7%)	0 (0.0%)	4 (17.4%)

Context

For this evaluation we are defining context as the environmental influences which may affect the implementation of the curriculum in communities. The 3-month SurveyMonkey Survey and debriefing sessions were used to evaluate the question: What were barriers to implementing the strategies discussed in the curriculum in daily practice? We found that within the three month follow-up, 59.2% of the CHWs, who completed the SurveyMonkey Survey, were able to start the process of finding partners, doing assessments, and bringing small initiatives to their work, church, and communities. Some of the main barriers mentioned were time and support. Participants noted that policy improvements, systems or environmental changes can take a long time, especially to see to completion. One participant mentioned she does not have the support necessary to currently make these changes since her job is not related to this. Another participant mentioned the need for group support to continue to encourage and assist each other in making these improvements and changes.

Outcome Evaluation:

The outcome evaluation examined changes in knowledge and changes in daily practice of policy improvements, systems, and environmental changes that were made because of the training received.

The Pre/Post Knowledge Questionnaire was used to measure participant's knowledge on the content of the training at the beginning of the training and at the end of the training. All sites had improvement in their knowledge score from pre to post test. Dallas, Nacogdoches, and Laredo had significant changes, with a $p=0.05$. The English training sites had the highest percentages of improvement. From the 3-month SurveyMonkey Survey, we are also able to determine who, at a 3-month follow-up, consider themselves able or very able to accomplish the training objectives. All of the sites noted they have a high ability toward the training objectives, even 3 months after

the training. An average of 59.2% of all participants at all the sites who completed the 3-month follow-up noted they had been involved in a policy improvement, systems or environmental change within 3-months post-training.

Language/ Location	Improvement in knowledge score from pre to post test	Marked able or very able to accomplish training objectives (at 3-month follow-up)	Been involved in a policy improvement, systems or environmental change within 3 months post-training
English			
Dallas	22.6% (p=.033)	84.6%	53.8%
Nacogdoches	34.5% (p=.001)	77%	40%
Spanish			
Laredo	18.8% (p=.044)	89.0%	71.4%
Brownsville	19.4% (p=.061)	83.4%	68.4%

The 3-month Telephone Interview was also used to determine policy improvements, systems, and environmental changes that are made because of the training received from the curriculum. One CHW created a walking track inside around the basketball court at their church, another was working with a worksite wellness program to increase incentives for City employees to be physical active, and yet another CHW was attending community meetings addressing the issue of safety and got the local police department to participate in a neighborhood walk around the community to see how they could make the neighborhood more safe to get more people out walking and spending time on their porches. Others who had not started to make an improvement or change noted the training had provided them with all the information they felt they needed to make an improvement or change, but that they were just waiting for the right time.

Recommendations for Curriculum Dissemination (Deliverables 7-8)

This training series has developed and grown to explain the Determinants of Health Model. The feedback we have received from the evaluation has led us to see how holistic and natural the addition of nutrition content would be into this curriculum. The addition of this content to the curriculum will improve the overall curriculum allowing it to be used to improve health policy, systems, and environments overall or still to focus toward physical activity or nutrition.

We certainly recommend further distribution and dissemination of this training statewide due to the large amount of positive feedback we have received during the trainings and post training through a variety of evaluation measures. Further dissemination of this curriculum is pending further funding. The goal for this curriculum is to disseminate throughout the state of Texas to community health workers and expand the target audience. We suggest further dissemination through Texas Childhood Obesity Research Demonstration (CORD), Texas Training Centers, and the Department of State Health Services (DSHS) Nutrition, Physical Activity & Obesity Prevention (NPAOP) Program (*see Appendix D for dissemination plan*).

How to Access the Final Curriculum Materials

The *Your Health Matters: Growing Active Communities* curriculum is available in English and Spanish in PDF format to view at the link below:

<https://drive.google.com/folderview?id=0By5BDbysGV0YLVhVQWJ5dVcxNnc&usp=sharing>

If you are interested in organizing or hosting a training on this curriculum, please contact:

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Bibliography

Steckler, A., & Linnan, L. (2002). *Process Evaluation for Public Health Interventions and Research*. San Francisco: Jossey-Bass.

Appendices

Your Health Matters: Growing Active Communities
Physical Activity, Policy Improvements, System and Environmental Changes Curriculum

Deliverables:

Contractor shall, by October 15th, 2013 complete the following performance measures for “Your Health Matters: Growing Active Communities” curriculum on Physical Activity:

Curriculum Development

1. Continue to review existing physical activity curriculum for appropriateness of adaptation into a revised physical activity training curriculum for *promotores* and CHWs and submit documentation of this review;
2. Continue to engage the target audience in determining learning goals and objectives, general content, implementation, and evaluation strategies of a revised curriculum and submit formative process notes;
3. Continue to develop an outline of high-level topics, lesson plans, and plan to incorporate policy improvements, systems and environmental change approach strategies;

Curriculum Testing

4. Continue to update curriculum content with policy improvements, systems and environmental change approach strategies and current physical activity recommendations and resources and submit a draft copy of curriculum in English and Spanish, with notations of teaching methodologies and a draft of evaluation report summarizing curriculum development;
5. Continue to test the curriculum in English/Spanish with a representative group of *promotores* and CHWs, and submit testing process notes and learning outcome results; and
6. Continue to revise training curriculum according to testing outcomes and submit final training curriculum and evaluation report summarizing curriculum development in electronic format on CD in English and Spanish;

Curriculum Dissemination

7. Create a curriculum dissemination/distribution plan including train the trainer and instructor meetings, presentations, and/or sessions;
8. Implement the finalized curriculum dissemination/distribution plan including train the trainer and instructor meetings, presentations, and/or sessions;

Curriculum Evaluation

9. Create an evaluation plan that will evaluate effectiveness of the curriculum, its implementation, and dissemination and include pilot testing;
10. Implement the evaluation plan that will evaluate effectiveness of the curriculum, its implementation, and dissemination and include pilot testing;
11. Provide regular Summary Reports including all (positive, negative, and neutral) pilot test and evaluation findings;

Final Materials and Reports

12. Provide a final Summary Report including all (positive, negative, and neutral) evaluation findings; and
13. Provide a final copy of revised curriculum (in English and Spanish) to include revisions based on findings of pilot testing and train the trainer session- upon completion of project (hard and electronic copies to DSHS).

**Existing Physical Activity Curricula/Materials appropriate for adaptation into a
revised physical activity training curriculum for Promotores/Community Health Workers**

Source: Texas Department of State Health Services

Title	Description	Link	Notes
Getting Fit Texas Curriculum - Texas Department of State Health Services Promotoras in Action	<p>Physical Activity Curriculum available in English and Spanish for training CHWs/ Promotores to lead group classes and activities.</p> <p>Materials:</p> <ul style="list-style-type: none"> • Curriculum Guide • (8) Curriculum Lessons with handouts for children and adults. • Appendix for Activities • Appendix for Other Materials <p>Topics:</p> <ul style="list-style-type: none"> • Basic information on healthy eating for all ages • Journal writing as a motivation tool for lifestyle changes • Community Outreach Tips • Family Outreach Tips 	http://www.dshs.state.tx.us/obesity/physicalactivity/promot.shtm	Free download

Source: The University of Texas Community Outreach Program (UTCO)

<http://utco.org/>

Title	Description	Link	Notes
Your Health Matters: Fitness for Life	<p data-bbox="600 211 1094 391">Presentations, activities, and video available in English and Spanish aligned with Texas Department of State Health Services Community Health Worker core competencies</p> <p data-bbox="600 431 737 462">Materials:</p> <ul data-bbox="600 467 1094 760" style="list-style-type: none"> <li data-bbox="600 467 1016 498">• DVD with 15-minute video <li data-bbox="600 505 1094 760">• CD with printed materials including Instructor Information Sheets, PowerPoint presentations with notes, activities, glossary, handouts, activity breaks, and Home Visit PowerPoint presentations <p data-bbox="600 800 953 831">Topics in main materials:</p> <ul data-bbox="600 836 1094 1060" style="list-style-type: none"> <li data-bbox="600 836 1094 867">• Background on obesity epidemic <li data-bbox="600 873 873 904">• Energy Balance <li data-bbox="600 911 852 941">• Fitness Basics <li data-bbox="600 948 999 979">• Why Fitness is Important <li data-bbox="600 985 1058 1060">• How to Get Started and Stay Active <p data-bbox="600 1101 1094 1131">Topics in Home Visit presentations:</p> <ul data-bbox="600 1136 1050 1406" style="list-style-type: none"> <li data-bbox="600 1136 940 1167">• Diabetes Knowledge <li data-bbox="600 1174 1026 1205">• Eating Fruits & Vegetables <li data-bbox="600 1211 884 1242">• Healthy Portions <li data-bbox="600 1248 1045 1279">• Hypertension & Your Health <li data-bbox="600 1286 999 1317">• Living an Active Lifestyle <li data-bbox="600 1323 932 1354">• Your Health Matters <li data-bbox="600 1360 968 1406">• Understanding Cancer 		6 contact hours available via statewide trainings

Source: Research-Based Programs Available For Adoption from James Sallis, Professor, San Diego State University

<http://www.drjamessallis.sdsu.edu/researchforadoption.html>

Title	Description	Link	Notes
PACE+: Patient-centered Assessment and Counseling for Exercise plus Nutrition.	Disseminated through San Diego Center for Health Interventions(CHI). PACE materials and training for health care providers include: Physical Activity Manual (revised 1999); Nutrition Manual; Training Services. For more information call: 619-594-5949 or fax: 619-594-3639	http://www.paceproject.org	Unable to find materials online
Measures to download	Protocols and surveys <i>Please refer to attached sheet for listing.</i>	http://www.drjamessallis.sdsu.edu/measures.html	Free download

Source: Centers for Disease Control and Prevention (CDC)

Title	Description	Link	Notes
Promoting Physical Activity – A Guide to Community Action	Translates current research into accessible practice, laying out all the information you need to create a physical activity promotion program or intervention that meets your community's needs. It provides an overview of recommended interventions and a flexible blueprint for planning, implementing, and evaluating programs in any community setting. <i>Please refer to attached sheet for listing of contents.</i>	http://www.humankinetics.com/products/all-products/The-Promoting-Physical-Activity---2nd-Edition	\$47 textbook

Title	Description	Link	Notes
Growing Stronger – Strength Training for Older Adults	<p>Exercise program based upon sound scientific research involving strengthening exercises</p> <p>Materials/Topics:</p> <ul style="list-style-type: none"> • Why strength training? — benefits, research, background • Motivation—tips, setting goals and celebrating success • Preparation—safety, equipment needs, scheduling exercise • Intensity—how to judge your effort • Progression—when and when not to increase intensity, how and why it's important • Staying on Track—log sheets with motivational and instructional tips. • Exercises—from warmup to cooldown. • Frequently Asked Questions • Other Resources—print-friendly PDF version, fitness and nutrition links and more 	http://www.cdc.gov/physicalactivity/growingstronger/index.html	Free download

Title	Description	Link	Notes
Play Hard portion from Eat Smart. Play Hard™	<p>USDA Food and Nutrition Service (FNS) campaign to encourage and teach children, parents, and caregivers to eat healthy and be physically active every day.</p> <p>Eat Smart, Play Hard Resources:</p> <ul style="list-style-type: none"> • Web Site for Parents • Activity Sheets, Comics, Stickers • Brochures, Mini Posters, Handouts • Additional Resources – campaign materials, lesson plans, songs, PSAs, scripts <p>Play Hard Your Way Resources:</p> <ul style="list-style-type: none"> • Make Family Time Active Time – online tips • Stay Motivated – online tips <p>Additional Online Tools:</p> <ul style="list-style-type: none"> • Menu Planning Table + Tips • Calorie Burner Chart • MyPyramid Tracker 	http://teamnutrition.usda.gov/Resources/eatsmartmaterials.html	Free download
Social Marketing for Nutrition and Physical Activity	<p>Provides training for public health professionals about how to use social marketing to plan programs</p> <p>Course features:</p> <ul style="list-style-type: none"> • Glossary • Downloadable worksheets • Planning Questions document • Hypothetical scenario 	http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/index.htm	Free download

Title	Description	Link	Notes
Workplace Stairwell Modification and Promotion to Increase Daily Physical Activity	<p>Information based on a low-cost intervention with data suggesting that physical improvements, motivational signs, and music can increase stairwell use among building occupants.</p> <p>Topics:</p> <ul style="list-style-type: none"> • Stairwell Appearance • Motivational Signs • Installing Music • Other Ideas to Consider • Tracking Stair Usage • Project Checklist • Related Resources 	http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/stairwell/index.htm	Information online; free download of sample signs
Physical Activity Toolkits for Worksites	Toolkits designed specifically for work sites to encourage physical activity and may contain checklists, step-by-step guides, budgets, and other tools that aid in program planning, design, and management.	http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/physicalactivity.htm	Free downloads

Title	Description	Link	Notes
Community Health Workers' Sourcebook – Training Manual for Preventing Heart Disease and Stroke	<p>Chapter 13 (pages 13-1 to 13-25) - Physical Activity</p> <p>Materials:</p> <ul style="list-style-type: none"> • Scripted Lessons • Handouts <p>Topics:</p> <ul style="list-style-type: none"> • Why physical activity is important • Basics of a personal physical activity program • How much physical activity is necessary • How physical activity helps people lose weight • Ways to motivate people to become more physically active • Ways to help the community be more supportive of physical activity 	http://www.cdc.gov/dhdsp/programs/nhdsp_program/chw_sourcebook/pdfs/sourcebook.pdf	Free download
National Diabetes Prevention Program Training Curriculum	<p>Curriculum is based on the Diabetes Prevention Program (DPP) research study led by the National Institutes of Health</p> <p>Chapter 5 – Move Those Muscles Chapter 6 – Being Active Chapter 13 – Jump Start Your Activity Plan</p> <p><i>Please refer to attached sheet for listing of entire contents.</i></p>	http://www.cdc.gov/diabetes/prevention/curriculum.htm	Free download

Source: General Internet Search

Title	Description	Link	Notes
School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools	Comprehensive guide that provides information, practical tools and resources for school employee wellness programs	http://www.schoolempwell.org/c/userpreg.web?nocache@4+s@ONxHHe9tHXLEU+frompage@downloads	Download upon free registration
Your Heat Your Life – Physical Activity: A Lay Educator's Health Program	<p>Online interactive tutorial available in English & Spanish</p> <p>Materials:</p> <ul style="list-style-type: none"> • Manual • Picture cards • Comic <p>Topics:</p> <ul style="list-style-type: none"> • Facts About Physical Activity • Exercise • Benefits of Physical Activity • Types of Physical Activity • Getting Started: Important Things to Know • Finding Time to be Active • Walking 	http://hp2010.nhlbihin.net/salud/pa/index.htm	Free online interactive tutorial

<p>We Can! Energize Our Families: Parent Program</p>	<p>Curriculum for parents available in four- and six-lesson versions. Both versions include activities that help parents encourage a healthy weight in their family.</p> <p>Materials:</p> <ul style="list-style-type: none">• Leader Guide• PowerPoint presentations• Activities• Stretching breaks <p>Topics:</p> <ul style="list-style-type: none">• Energy Balance• Portion Distortion• Reducing screen time• Maintaining a healthy weight• Healthy eating tips	<p>http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#parentprogram</p>	<p>Free download</p>
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Physical Activity Guidelines for Americans Toolkit	<p>Provides resources in English and Spanish that will complement what an organization is doing to encourage people in their community to get the amount of physical activity they need.</p> <p>Materials/Topics:</p> <ul style="list-style-type: none">• 2008 Physical Activity Guidelines for Americans• Be Active Your Way: A Guide for Adults• Be Active Your Way: A Fact Sheet for Adults• Physical Activity Guidelines for Americans Toolkit User's Guide• Posters (4)• Event Flyers (4)• At-A-Glance: A Fact Sheet for Professionals• Frequently Asked Questions (FAQ)• Link to more Federal Resources• PowerPoint® Presentation (available on CD-ROM only)	http://www.health.gov/paguidelines/toolkit.aspx	Free download or CD-ROM
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Existing Physical Activity Curricula/Materials, continued

[7 Day PAR- Protocol](#)

[7 Day PAR- Survey](#)

[7 Day PAR - Interview 1 \(mp3\); Interview 1 \(pdf\); Interview 2 \(mp3\); Interview 2 \(pdf\); Interview 3 \(mp3\); Interview 3 \(pdf\)](#)

[7 Day PAR - Spanish Protocol](#)

[Accelerometer Data Collection and Scoring Manual](#)

[Active Where Parent-Child Survey](#)

[Active Where Parent-Adolescent Survey](#)

[Active Where Adolescent Survey](#)

[Active Where Reliability and Validity - Methods and Overview](#)

[Active Where Item Reliability - Overview](#)

[Active Where Item Reliability - Parent Child Survey](#)

[Active Where Item Reliability - Parent Adolescent Survey](#)

[Active Where Item Reliability - Adolescent Survey](#)

[Active Where Presentations & Publications](#)

[Amherst Health & Activity Study: Adult Survey](#)

[Amherst Health & Activity Study: Student Survey](#)

[Audit of Physical Activity Resources for Seniors \(APARS\) tool](#)

[Audit of Physical Activity Resources for Seniors \(APARS\) user manual](#)

[Audit of Physical Activity Resources for Seniors \(APARS\) supplemental reliability table](#)

[BEACHES](#)

[BEACHES code sheet](#)

[CATCH: PACI and SAPAC survey scoring](#)

[CATCH: Physical Activity Checklist Interview \(PACI\) Protocol](#)

[CATCH: Self-Administered Physical Activity Checklist \(SAPAC\) Protocol](#)

[CHEW Administration Procedures](#)

[CHEW Cover Letter](#)

[CHEW Survey](#)

[CHEW Survey Scoring](#)

[Dietary Fat Screening - Adolescents](#)

[Family Health Project](#)

[Fruit and Vegetable Screener - Adolescents](#) [Click here for abstract](#)

[GRAD Survey: May 1995](#)

[GRAD Survey with variable names and scoring notes](#)

[GRAD 2-year follow up Survey](#)

[GRAD Measurement References](#)

[Health Assessment Survey \(HAS\) for Cohort 1 and Chort 2](#)

[Healthy Generations Parent Survey - English \(Youth Smoking Study\)](#)

[Healthy Generations Parent Survey - Spanish \(Youth Smoking Study\)](#)

[Healthy Generations Student Survey - English \(Youth Smoking Study\)](#)

[Healthy Generations Student Survey - Spanish \(Youth Smoking Study\)](#)

[GRAD: Test-Retest Intraclass Correlations](#)

[International Physical Activity Questionnaire \(IPAQ\)](#)
[IPS/IPAQ Environmental Survey Module, Self-Administered](#)
[MSPAN Student/Parent Survey](#)
[MSPAN Student/Parent Survey Reliabilities](#)
[Neighborhood Environment Walkability Scale \(NEWS\): Sample Survey](#)
[Neighborhood Environment Walkability Scale \(NEWS\): Individual item reliability](#)
[Neighborhood Environment Walkability Scale \(NEWS\): Scoring procedures](#)
[Neighborhood Environment Walkability Scale Confirmatory Factor Analysis \(NEWS-CFA\): Sample Survey](#)
[Neighborhood Environment Walkability Scale Confirmatory Factor Analysis \(NEWS-CFA\): Scoring procedures](#)
[Neighborhood Environment Walkability Scale-Abbreviated \(NEWS-A\) Sample Survey](#)
[Neighborhood Environment Walkability Scale-Abbreviated \(NEWS-A\): Scoring procedures.](#)
[Neighborhood Environment Walkability Scale-Youth \(NEWS-Y\) parent version](#)
[Neighborhood Environment Walkability Scale-Youth \(NEWS-Y\) adolescent version](#)
[Neighborhood Environment Walkability Scale-Youth \(NEWS-Y\) scoring procedures](#)
[Neighborhood Quality of Life Study Survey \(NQLS\): Time 1 with references included.](#)
[Neighborhood Quality of Life Study Survey \(NQLS\): Time 2 with references included.](#)
[PACE+ Physical Activity Screening Measure \(Adolescents\)](#)
[PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Physical Activity and Sedentary Behavior](#)
[PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Dietary Fat Reduction and Fruit & Vegetable Consumption](#)
[PACE Adult Diet and Physical Activity Measures](#)
[Project: Juarez Survey \(Spanish\)](#)
[Project PACE information sheet](#)
[Project WALK: Exercise & Health Survey](#)
[San Diego Health & Exercise Survey - Original](#)
[San Diego Health & Exercise Survey - 2 year follow-up](#)
[San Diego High School Survey](#)
[Self-Efficacy for Diet Behaviors: Survey](#)
[Self-Efficacy for Exercise Behaviors: Survey and Scoring](#)
[Estudio De Confianza En Costumbres De Comer](#) (Self-Efficacy for Diet and Exercise)
[Social Support for Diet: Survey](#)
[Social Support for Exercise: Survey](#)
[Social Support for Diet and Exercise Behaviors: Scoring](#)
[Estudio De Apoyo Social Y Costumbres De Comer](#) (Social Support for Exercise and Diet)
[SOFIT: Overview & Training Manual](#)
[System for Observing Play and Leisure Activity in Youth \(SOPLAY\): Protocol](#)
[System for Observing Play and Leisure Activity in Youth \(SOPLAY\): Data Recording Form](#)
[SPARK Survey: use and scoring of measures](#)
[SPARK Psychometrics: Spring 1993](#)
[SPARK Activity Checklist](#)
[SPARK Parent Survey](#)
[SPARK Student Survey](#)
[SPARK Yesterday's Activities Checklist](#)

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Preventive Health Benefits of Physical Activity
Health Benefits of Physical Activity in Children
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Therapeutic Exercise
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Physical Activity Recommendations for Adults—Historical Considerations
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Current Physical Activity Guidelines for Adults
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Appendix A. Physical Activity and Disability by James H. Rimmer, PhD

Appendix B. Physical Activity Surveillance by Sandra A. Ham

Appendix C. Physical Activity and Fitness (HP 2010 Progress Review)

Appendix D. Physical Activity and Health: A Report of the Surgeon General (Executive Summary)

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About the Organization

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National Diabetes Prevention Program Training Curriculum

The one-year lifestyle program is divided into two components:

Core Sessions: The 16, one-hour core sessions are focused on the process of adopting lifestyle changes for healthy eating and physical activity. These sessions are designed to help participants develop lifelong skills for healthy living and reinforce step-by-step change. Groups generally meet with their lifestyle coach each week at the same time and location.

Post-Core Sessions: Following the core phase, participants attend one hour “post-core” sessions on a monthly basis. The post-core sessions are intended to provide additional support and learning opportunities to participants, and help them transition to independently maintaining their lifestyle changes

Materials:

Participant Notebook (Core) contains worksheets and handouts for participants to use in each of the 16 core sessions of the lifestyle intervention.

Participant Notebook (Post-Core) contains worksheets and handouts for participants to use in the post-core phase of the lifestyle intervention.

Lifestyle Coach Facilitation Guide (Core) step-by-step guide assists lifestyle coaches in facilitating each of the 16 core sessions of the lifestyle program.

Lifestyle Coach Facilitation Guide (Post-Core) is an annotated version of the post-core participant notebook that includes additional facilitation tips for lifestyle coaches.

Lifestyle Coach Training Manual guide is for master trainers to help in training lifestyle coaches.

Master Trainer Supplement contains materials to assist master trainers, including information on preparing for instruction, a training agenda, course activities, and trainee evaluation.

Additional materials used by participants during the lifestyle intervention include the following:

Food and Activity Tracker log book is for participants to write down daily food intake, physical activity, and weight, and which the lifestyle coach reviews to provide feedback to the participant.

Fat and Calorie Counter book is for participants to use to identify fat and calorie information for foods and beverages they consume.

Contents

Front Matter: How to Use the Lifestyle Coach Facilitation Guide

Chapter 1: Welcome to the National Diabetes Prevention Program

Chapter 2: Be a Fat and Calorie Detective

Chapter 3: Three Ways to Eat Less Fat and Fewer Calories

Chapter 4: Healthy Eating

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Chapter 16: Ways to Stay Motivated

Your Health Matters: Growing Active Communities
Curriculum Dissemination Plan

Texas Childhood Obesity
 Research Demonstration
 (CORD)

Texas Training Centers

Department of State Health
 Services (DSHS) Nutrition,
 Physical Activity & Obesity
 Prevention (NPAOP) Program

- Expand the curriculum to include nutrition
- Train trainers in Austin and Houston
- Train Community Advisory Board members in Austin and Houston

- Determine how to certify the training for other health professionals to receive CEUs/CECs for participation
- Continue to work with the Texas Public Health Training Center to train Community Health Workers across Texas

- Train the staff in HHSC and the Health Promotion and Chronic Disease Prevention Section of DSHS to increase awareness of the training
- Determine how the training can be used and disseminated to support their efforts in chronic disease and obesity prevention

**Train trainers to teach the curriculum in all public health service regions
 across the state of Texas**

Your Health Matters: Growing Active Communities Evaluation Plan

EVALUATION STRATEGY:

An evaluation of the *Your Health Matters: Growing Active Communities* curriculum will be completed by conducting a process and outcome evaluation which involves 4 pilot tests of the *Growing Active Communities* curriculum. Two of the pilots will be in English, in Dallas and Nacogdoches, and the other two will be in Spanish, in Laredo and Brownsville. Community health workers (CHWs) will be assessed whether knowledge and self-efficacy improve from pre to post training and whether the CHWs have been involved in community policy improvement, systems or environmental change (PSE) efforts related to physical activity since the training.



Data Collection Methods and Instruments:

The following instruments will be used to evaluate the *Curriculum*:

- Debriefing Sessions
- Instructor Observation Form
- Participant Satisfaction Survey and Evaluation Form
 - Part I: Comments on Pilot Session Sections
 - Part II: Overall Training Evaluation
 - Part III: Confidence Scale
- Pre/ post Knowledge Questionnaire
- 3-month SurveyMonkey survey
- 3-month Telephone Interviews

PROCESS EVALUATION:

Our process evaluation will examine several key evaluation components including recruitment, fidelity, dose delivered, dose received, reach, and context (Steckler & Linnan, 2002).

Process Evaluation Plan for Your Health Matters: Growing Active Communities

Component Definition	Evaluation Questions Asked	Assessment Tools	Analysis
Recruitment Procedures occurring at the individual and community levels to attract participants	What planned and actual recruitment procedures were used to attract individuals, groups, and/or organizations?	Narrative description and documentation of all planned and actual recruitment activities.	Summarize location and methods of recruitment, organizations in attendance, number of people in attendance by session
Fidelity	Was the <i>Curriculum</i>	Sign-in sheets	Calculate time spent teaching curriculum by

Extent to which the intervention implemented is consistent with how it was planned	delivered to CHWs in the manner designed and for the time planned?		training site compared to what was expected
		Instructor observation form	Summary of observation notes describing sections taught, activities used, time spent and any changes to curriculum implementation from planned approach
Dose Delivered Number of intended sections delivered	Did the certified trainers deliver all sections to CHWs?	Instructor observation form	Summarize sections delivered by certified trainers Summary of observation notes describing sections taught, and activities taught Calculate time spent teaching curriculum by training site
Dose Received Extent to which participants engage with or are receptive to training	Were the CHWs satisfied and confident with the information?	Participant Satisfaction Survey Part I: Comments on Pilot Session Sections	Summarize individual feedback on each section
		Participant Satisfaction Survey Part II: Overall Training Evaluation	Calculate percentage of CHWs who report satisfaction
		Participant Satisfaction Survey Part III: Confidence Scale	Calculate percentage of CHWs who report confidence of Likert scale
		Debriefing sessions	Summarize feedback on what worked/suggestions for change
Reach Characteristics of participants who received training	What are the demographic characteristics of the CHWs who received the Curriculum content?	Sign-in sheet demographic questions	Descriptive analysis showing frequencies and percentages of CHWs gender and certification
		3-month SurveyMonkey survey	Descriptive analysis showing frequencies and percentages of CHWs time as a CHW
Context Environmental influences which may affect the implementation	What were barriers to implementing the strategies discussed in the Curriculum in daily practice?	3-month SurveyMonkey survey	Describe difficulties initiating policy improvements, systems or environmental changes?
		Debriefing sessions	Describe general barriers and facilitating factors

Debriefing Sessions:

Focus groups, called debriefing sessions, will be used at the end of the first training in Dallas, Texas to evaluate satisfaction with the pilot training and to ask for suggestions on changes. We will also have a debriefing session after our first Spanish pilot sessions. These debriefing sessions provide insight into measures of the dose received and context constructs. These sessions will be comprised of a subgroup of the community health workers who attended the all-day training. Immediately following the training we have a debriefing session to hear from the participants about the experience, what was engaging, what could be improved, what other influences we should account for in the delivery of the training, and what barriers and facilitating factors they anticipate when applying the training content to their daily practice. These sessions will be moderated by two members of the UT Health, School of Public Health team, notes will be taken.

The feedback received from this debriefing session will be used to clarify and improve topics and timing throughout the training.

Instructor Observation Form:

The instructor observation forms are used during the training as tools on which to take detailed notes and systematically measure the delivery of the training content within each section, from timeliness, placement, materials, and activities (dose received and fidelity). These forms are completed by the instructor who is not teaching the section, who instead is watching, listening, and taking notes, which allows them to evaluate more successfully. During each section the Instructor Observation Form is used as a guide to help the instructor to answer questions on the level of understanding and participation of the students, to assess whether the time allotted for the section was a good fit, and if there are aspects they would recommend changing.

These forms will be analyzed qualitatively to examine not only how sections and activities were taught but also suggestions for improving the curriculum. The forms will be used to analyze whether the curriculum is implemented in full and as planned.

Participant Satisfaction Surveys:

Participant satisfaction surveys measures the participant's engagement in the learning and their satisfaction with the training experience (the dose received). Quantitative data will be collected through written surveys. These surveys are passed out at the end of the day-long training and are comprised of three parts. Part I of this survey provides a space for participants to report aspects from each topic of the training they enjoyed or thought needed improvement. Part II asks eight questions about the quality, usefulness, and timing of the overall training; a question is also asked about whether the training met the participant's expectations. Part III uses a Likert scale to assess the confidence of the participants to create change in their community toward improving physical activity before and after the training.

The results of these surveys will then be manually entered in an excel spreadsheet. The quantitative information will be analyzed to obtain mean scores. Participant's qualitative comments will be summarized and used to improve the curriculum.

3-Month SurveyMonkey Survey:

The 3-month post-training SurveyMonkey measure reach and content. Each participant in the pilot training will receive a 3 month SurveyMonkey survey via email 3-months after their pilot training date. Their email addresses will be collected on the sign-in sheets at the training.

These surveys are analyzed to see what the participants did with the knowledge they received during the training. The information will be used to determine the number of policy improvements, systems or environmental changes made by the CHW post-training. Additionally a Likert scale is used to look at how the training helped them to be a better CHW.

OUTCOME EVALUATION:

The outcome evaluation will examine changes in knowledge and changes in daily practice of policy improvements, systems, and environmental changes that are made because of the training received.

Pre/Post Knowledge Questionnaire:

The Pre/Post Knowledge Questionnaire will measure change in participant's knowledge from the beginning of the training to the end and whether or not instructors were successful in teaching all of the material to be easily understood. Each participant in the pilot training will complete a Pre-test Knowledge Questionnaire at the beginning of the training, to assess their knowledge of policy improvements and systems and environmental changes. The same questionnaire will be given as a post-test at the end of the day-long training to assess gain in knowledge. The questionnaire consists of ten questions, with one or two questions from each of the eight topic areas. As this is a pilot, a few questions may be modified on the knowledge questionnaire as we finalize the tool.

The results of these questionnaires will be matched and manually entered into an excel spreadsheet and analyzed to determine the average participant change in knowledge from the beginning to the end of the training.

3-Month Telephone Interviews:

The 3-month post-training telephone interviews will examine the implementation of training content into daily practice. For each training site, a primary person will lead the effort in arranging the training and recruiting CHWs to attend. These individuals have served as the training center contact and provide this coordination for numerous training topics. These four site coordinators will be asked to complete the 3 – month telephone interview. We will be asking them to describe the barriers and facilitating factors associated with policy improvements, systems or environmental changes found among their CHW attendees. This information will help to describe the common experiences among CHWs post training. Additionally, we will ask the site coordinator to identify two training CHWs from their site to further discuss how the training may or may not have supported CHW involvement in policy improvements, systems and environmental changes in their community, called snowball sampling. The site coordinator will be asked to identify these two CHWs whose experience with the curriculum seems unique (maybe particularly positive or particularly negative). These two interviews (per site) will allow us to gather in depth information about features of the curriculum that may require further modification, unexpected consequences, or positive outcomes resulting from participation in such a curriculum. During these interviews we will gather standard information about any change efforts including 1) the date of initiation, 2) who the CHW partnered with, 3) how far into the process they are, and 4) what has been accomplished, 5) what could be modified in the curriculum to better support positive outcomes and avoid negative outcomes.

This information will be analyzed and used to describe how the curriculum has helped the CHWs to engage in policy improvements, systems, and environmental changes that are made because of the training received from the *Curriculum*. It will also be used to refine the curriculum as necessary and create marketing information for the curriculum.

IMPLEMENTATION DATES OF CURRICULUM:

- Dallas, Texas (March 19, 2013)
 - 3-month follow up is (June 19, 2013)
- Nacogdoches, Texas (April 5, 2013)
 - 3-month follow up is (July 5, 2013)

- Laredo, Texas (June 20, 2013)
 - 3-month follow up is (September 20, 2013)
- Brownsville, Texas (June 28, 2013)
 - 3-month follow up is (September 28, 2013)

LIMITATIONS AND STRENGTHS OF EVALUATION PLAN:

As with all evaluation plans there are corresponding weaknesses and strengths. The primary limitation with the proposed evaluation is the lack of a control group for the outcome evaluation. This will limit the conclusions about the outcomes associated with exposure to the curriculum specifically causing changes in knowledge and practice behaviors related to policy improvements, systems, and environmental changes as compared to a group who are not exposed to the curriculum. There are inherent biases associated with the snowball sampling method used for the 3-month telephone interviews but given limited funding to support a full evaluation and that the evaluation is focused on the pilot version of the curriculum we believe this selection method will provide the best option for capturing potential final needed modifications to training content. Future evaluation efforts may be able to expand the resources dedicated to evaluation to accommodate costs associated with gathering data from a comparison or control group. Additionally, future evaluations will be better served to assess outcomes because the curriculum will be finalized and consistently implemented across training groups. In the current implementation effort the curriculum is under development and purposefully being refined to ensure adequate time for content and focus on most beneficial activities. The main strength of the proposed evaluation is its multi-method approach including a variety of evaluation tools and the different perspectives and experience of the people being assessed. These methods will allow a relatively full description of how the curriculum was implemented compared to the plans for implementation and some potential insight into outcomes that may be more fully assessed in future evaluation efforts.

Bibliography

Steckler, A., & Linnan, L. (2002). *Process Evaluation for Public Health Interventions and Research*. San Francisco: Jossey-Bass.

Your Health Matters: Growing Active Communities Instructor Observation Form

For each section of the course, consider the following questions:

Section title: _____

Time section started: _____

1. Did this section successfully help students meet at least one of the course objectives? If not, why not?
2. Was this section in the right place on the agenda? If not, where should it be?
3. Did the students seem to understand the information in this section? If no, what was confusing?
4. Is there a different way to present the information in this section that might help students better understand the content? If yes, how?
5. Was the amount of time allotted for this section a good fit? If no, how much time is needed?
6. Was there enough participation and interaction from the students? If no, why not? How can the section be improved so there is more participation?

General questions to consider:

1. What do you think the strongest part of the section was? What was the weakest?
2. Do you have other suggestions for improvement?
3. Does the Instructor's Guide need to be improved to better help trainers prepare for and offer the course? If so, how?

Time section ended: _____

Your Health Matters: Growing Active Communities
Community Health Workers/Community Health Worker Instructors
Pilot Training Satisfaction Survey and Evaluation Form
Location, Date

Please help us improve! Your input is important to us. It helps us improve the quality and effectiveness of the course. This form consists of two parts:

Part 1: *An outline of the course with space for you to write down comments about this session as it is delivered. This part of the evaluation form is included because this session is a pilot of the course. Your comments will help us figure out how to improve the format of the course.*

Part 2: *A general evaluation section. This part of the evaluation form asks you to provide an overall evaluation of this session.*

Part 3: *The confidence section is a space for you to mark your confidence with this material at the beginning and end of the training.*

Put a circle around the number that represented your confidence level at the *start* of the training:

How confident are you that you can reduce obesity in your community by making policy improvements, systems and environmental and policy changes that increase physical activity?

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
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Part 1: Comments on Pilot Session Sections

If you think a section worked well, please put a checkmark in the “Okay” column. If it needs work, please put a checkmark in the “Needs work” column and write down how you think the section can be improved.

Section	Okay	Needs Work	How to Improve

Part 2: Overall Training Evaluation

1. My overall evaluation of the course is:	EXCELLENT	GOOD	FAIR	POOR
2. Overall quality of presentations:	EXCELLENT	GOOD	FAIR	POOR
3. Did the program meet your expectations?	YES	PARTLY	NO	
4. Would you tell a friend to take this course?	YES	MAYBE	NO	
5. Was there enough time for discussion and questions?	YES		NO	
6. Can you use information right away?	YES	SOME	NO	

7. What did you like **best** about the course?

8. What did you like **least** about the course?

Part 3: Confidence Scale

9. Put a **circle** around the number that best represents your confidence level at the **end** of the training:

How confident are you that you can reduce obesity in your community by making policy improvements, systems and environmental and policy changes that increase physical activity?

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
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Describe how you will use the information presented today.

Additional Comments:

Name (Optional): _____

Your Health Matters: Growing Active Communities

Pre/Post Knowledge Questionnaire

March 19, 2013

1. The Centers for Disease Control states that ____ out of 5 individuals are not physically active enough to achieve health benefits.
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. I don't know.
2. House cleaning is an example of which level of activity?
 - a. Light
 - b. Moderate
 - c. Vigorous
 - d. House cleaning does not count as being active.
 - e. I don't know.
3. Posting mile markers on trails and other areas for physical activity is an example of ____ change.
 - a. Policy
 - b. Environmental
 - c. Unnecessary
 - d. Nature
 - e. I don't know.
4. Business and faith communities, clinics and health care centers, schools, city officials, and community members are all important partners to consider having in a coalition.
 - a. True
 - b. False
 - c. I don't know.
5. In order to find data about the health of my community, I should:
 - a. Only collect data myself.
 - b. Only rely on one partner.
 - c. Collect some data myself and look for partners at universities, hospitals, or clinics.
 - d. Not collect any data.
 - e. I don't know.
6. "Evidence-based strategies" are based on studies that have not been funded or published.
 - a. True
 - b. False
 - c. I don't know.

7. For policy and environmental change, I should prioritize changes that affect:
 - a. Myself
 - b. My family
 - c. My community
 - d. Myself, my family, and my community
 - e. I don't know.
8. Policy makers play multiple roles in a community. They may be members of school boards, parks and recreation departments, and law enforcement.
 - a. True
 - b. False
 - c. I don't know.
9. The most effective way to influence a policy maker is:
 - a. By making phone calls.
 - b. By writing letters.
 - c. By meeting in person.
 - d. At town hall meetings.
 - e. I don't know.
10. Which of these is NOT an example of policy and environmental change?
 - a. Increasing safety with better crosswalks, traffic speed reduction measures, and street lighting.
 - b. Agreements between schools and the community that let the community use school grounds after school hours.
 - c. A health fair focused on healthy eating and physical activity.
 - d. Posting mile markers on trails and other areas for physical activity.
 - e. I don't know.

Your Health Matters: Growing Active Communities

Knowledge Questionnaire

April 5, 2013

1. The Centers for Disease Control states that ____ out of 5 individuals are not physically active enough to achieve health benefits.
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. I don't know.
2. House cleaning is an example of which level of activity?
 - a. Light
 - b. Moderate
 - c. Vigorous
 - d. House cleaning does not count as being active.
 - e. I don't know.
3. A healthy community is one that:
 - a. Puts resources into prevention.
 - b. Has sidewalks, parks, and other infrastructure to be active.
 - c. Has community members who keep to themselves.
 - d. Answers A and B.
 - e. All of the above
 - f. I don't know.
4. Posting mile markers on trails and other areas for physical activity is an example of ____ change.
 - a. Policy
 - b. Environmental
 - c. Unnecessary
 - d. Nature
 - e. I don't know.
5. Which of the following are the most important partners to consider having in a coalition?
 - a. Business and faith communities
 - b. Clinics and health care centers
 - c. Schools and community members
 - d. All of the above are important partners.
 - e. I don't know.

6. “Evidence-based strategies” are recommended because:
 - a. They are shown to work in scientific studies.
 - b. They are trendy.
 - c. They are less expensive.
 - d. All of the above.
 - e. I don’t know.
7. For policy and environmental change, I should prioritize changes that:
 - a. Improve my own health.
 - b. Improve the health of my family.
 - c. Are doable and important for the community.
 - d. Are popular with policymakers.
 - e. I don’t know.
8. Policy makers play multiple roles in a community. They may be members of school boards, parks and recreation departments, and law enforcement.
 - a. True
 - b. False
 - c. I don’t know.
9. The most effective way to influence a policy maker is:
 - a. By making phone calls.
 - b. By writing letters.
 - c. By meeting in person.
 - d. At town hall meetings.
 - e. I don’t know.
10. Which of these is NOT an example of policy and environmental change?
 - a. Increasing safety with better crosswalks, traffic speed reduction measures, and street lighting.
 - b. Agreements between schools and the community that let the community use school grounds after school hours.
 - c. A health fair focused on healthy eating and physical activity.
 - d. Posting mile markers on trails and other areas for physical activity.
 - e. I don’t know.

Your Health Matters: Growing Active Communities
Knowledge Questionnaire
June 20 and 28, 2013

1. The Centers for Disease Control states that ____ out of 5 individuals are not physically active enough to achieve health benefits.
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. I don't know.
2. House cleaning is an example of which level of activity?
 - a. Light
 - b. Moderate
 - c. Vigorous
 - d. House cleaning does not count as being active.
 - e. I don't know.
3. Posting mile markers on trails and other areas for physical activity is an example of _____.
 - a. Policy improvement
 - b. Environmental change
 - c. Systems change
 - d. Nature change
 - e. I don't know.
4. "Evidence-based strategies" are recommended because:
 - a. They are shown to work in scientific studies.
 - b. They are trendy.
 - c. They are less expensive.
 - d. All of the above.
 - e. I don't know.
5. Which of the following assessment tools best allows community members to take an active role in determining the safety of a route in their neighborhood?
 - a. Observations.
 - b. Discussion groups.
 - c. Walkability survey.
 - d. PhotoVoice.
 - e. I don't know.

6. Which of the following are important partners to consider having in a coalition?
 - a. Business and faith communities
 - b. Clinics and health care centers,
 - c. Schools and community members
 - d. All of the above.
 - e. I don't know.
7. An effective coalition is made up of representatives who all share the same background.
 - a. True
 - b. False
 - c. I don't know.
8. For policy improvements, systems and environmental change, I should prioritize changes that are:
 - a. Important and doable.
 - b. Inexpensive and easy.
 - c. Important and easy.
 - d. Doable and inexpensive.
 - e. I don't know.
9. Which of the following statements is true?
 - a. Evaluation is something to do once and you can be done with it.
 - b. Evaluation is a whole new set of activities that we do not have time or resources for.
 - c. Evaluation is not important because I have asked my community and they have told me what works.
 - d. None of the above.
 - e. I don't know.
10. Which of these is NOT an example of policy improvements, systems or environmental change?
 - a. Increasing safety with better crosswalks, traffic speed reduction measures, and street lighting.
 - b. Agreements between schools and the community that let the community use school grounds after school hours.
 - c. A health fair focused on healthy eating and physical activity.
 - d. Posting mile markers on trails and other areas for physical activity.
 - e. I don't know.

Your Health Matters: Growing Active Communities 3-Month Follow Up

***1. In which city did you attend the Your Health Matters: Growing Active Communities training?**

- ☐ Dallas, Texas (March 19, 2013)
- ☐ Nacogdoches, Texas (April 5, 2013)
- ☐ Laredo, Texas (June 20, 2013)
- ☐ Brownsville, Texas (June 28, 2013)

***2. How long have you been a community health worker?**

Years

Months

***3. How long have you been certified by the Department of State Health Services as a Community Health Worker? If you are not certified, please put a "0" in the boxes below.**

Years

Months

***4. Gender:**

- ☐ Female
- ☐ Male

***5. Are you currently paid to work as a CHW?**

- ☐ Yes
- ☐ No

Your Health Matters: Growing Active Communities 3-Month Follow Up

***6. Where are you currently employed as a CHW?**

- ☐ City Health Department
- ☐ University
- ☐ Community Organization
- ☐ Hospital/Clinic
- ☐ Self-employed
- ☐ Not currently working as a CHW

Other (please specify)

***7. Are you certified by DSHS as a Community Health Worker Instructor?**

- ☐ Yes
- ☐ No

Your Health Matters: Growing Active Communities 3-Month Follow Up

***8. How long have you been certified by the Department of State Health Services as a Community Health Worker Instructor?**

Years

Months

***9. BEFORE you participated in the Your Health Matters: Growing Active Communities training had you been involved in a policy improvement, system or environmental change effort related to physical activity? (Examples: promoted access to free or low-cost exercise classes, created safe paths or trails for walking/bicycling, been involved in the creation of complete streets policies to provide access to all users, pedestrians, bicyclists, cars, etc.)**

☐ Yes

☐ No

Your Health Matters: Growing Active Communities 3-Month Follow Up

***10. Please describe the change effort(s) to improve physical activity you were involved in prior to the training.**

***11. Please rate your ability to do the following AFTER the Your Health Matters: Growing Active Communities training:**

	Not at all	A little	Somewhat	Able	Very able
Discuss the causes and health consequences of inactivity and the growing obesity epidemic in the United States.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate current physical activity recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss why it is important to listen to members of your local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine what defines a community i.e. culture, language, geography.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Define policy improvements, systems and environmental change as it relates to physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify evidence-based strategies to support increased physical activity in your community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify ways to determine gaps and assets which influence physical activity in your community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify potential community partners to work with to create an active community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice techniques to increase confidence in and ability to engage community partners and grow active communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prioritize evidence-based strategies to support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Health Matters: Growing Active Communities 3-Month Follow Up

increased physical activity
in your community.

Describe the roles of
decision makers to
influence/improve public
policy and create active
communities.



Communicate effectively
with your community
leaders and decision
makers.



Identify appropriate
techniques to evaluate
physical activity initiatives.



***12. In the PAST THREE MONTHS, since the Your Health Matters: Growing Active Communities training, have you been involved in a policy improvement, system or environmental change effort related to physical activity? (Examples: promoted access to free or low-cost exercise classes, created safe paths or trails for walking/bicycling, been involved in the creation of complete streets policies to provide access to all users, pedestrians, bicyclists, cars, etc.)**

☐ Yes

☐ No

Your Health Matters: Growing Active Communities 3-Month Follow Up

***13. Please describe the change effort(s) to improve physical activity referred to in the previous question.**

14. Please describe in what ways, if any, you used the information you learned from the Your Health Matters: Growing Active Communities curriculum to make changes in your community.

***15. On a scale of 0-10, please rate how much the Your Health Matters: Growing Active Communities training helped you become more confident in implementing a policy improvement, system or environmental change to promote physical activity in your community.**

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***16. On a scale of 0-10, please rate how much the Your Health Matters: Growing Active Communities training helped you become a better Community Health Worker.**

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please type your email address:

Please note the information in parentheses, italics and bolded is for the site coordinators

Telephone Interview

Hi my name is name. I am calling to follow up on the Your Health Matters: Growing Active Communities training for Community Health Workers that you attended on date in city. I would like to ask you a few questions about your experiences / **(or knowledge of CHW experiences in your role as a site coordinator)** since the training, do you have 5-10 minutes to talk or is there another time that would be better for me to call back at?

If good time, continue.

If bad time, ask for a date and time to call back.

I am interested in learning about any community change efforts you (or the CHWs) have started or made as a result of the Your Health Matters: Growing Active Communities training.

Have you **(or the CHWs)** been involved in a policy improvement or a systems or environmental change to improve physical activity in your community since the training? (Give examples if necessary)

For each effort, obtain the following information:

Effort 1:

-Describe effort

-Date initiated

-Did you partner with others? If so who?

-How far into the process are you?

-What has been accomplished?

Effort 2:

-Describe effort

-Date initiated

-Did you partner with others? If so who?

-How far into the process are you?

-What has been accomplished?

Effort 3:

-Describe effort

-Date initiated

-Did you partner with others? If so who?

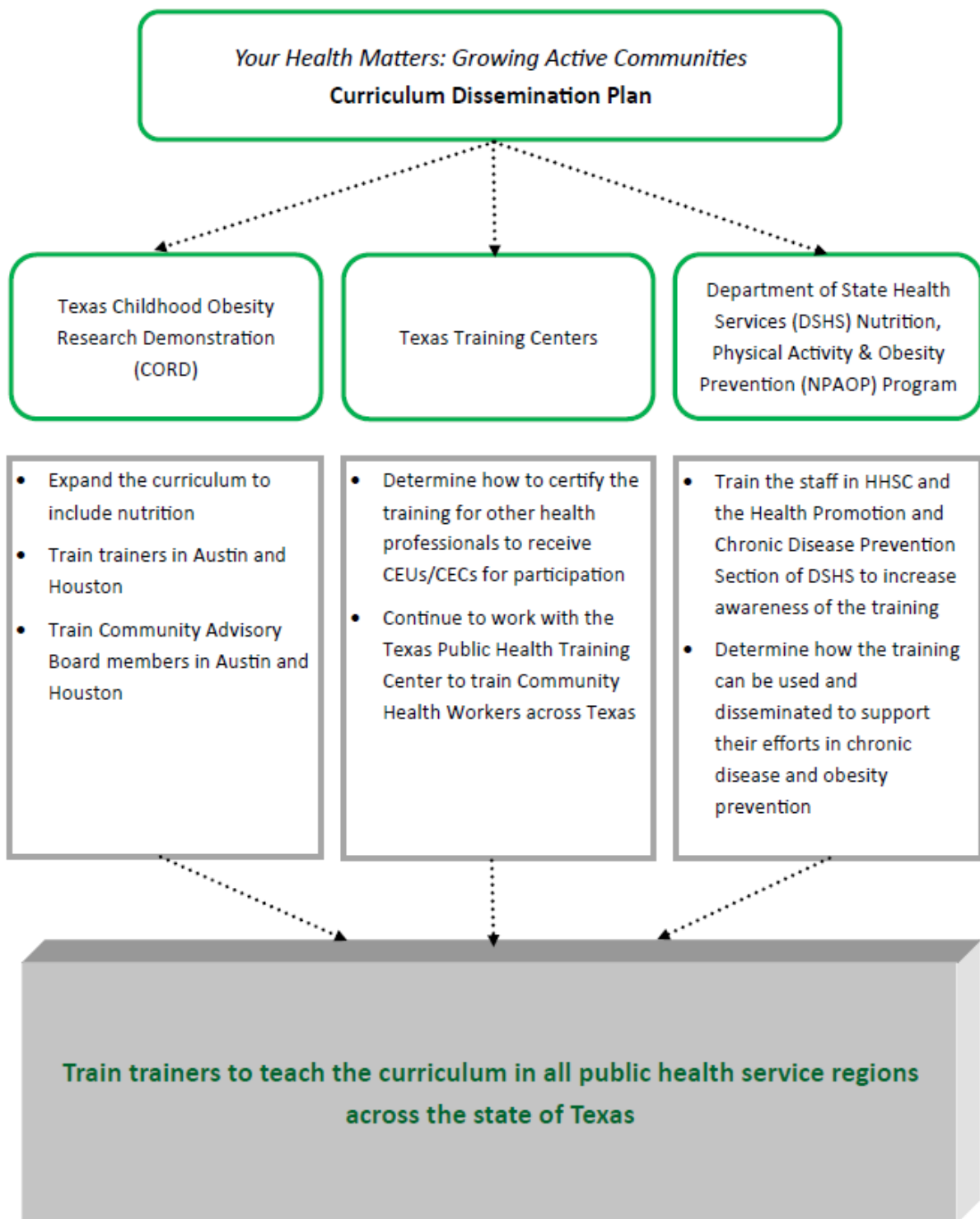
-How far into the process are you?

-What has been accomplished?

If they haven't started improvements/changes yet:

Are there improvements you have started (**the CHWs have discussed with you that they have started**) to create action plans for in your community?

Based on the experiences in the last three months since the Your Health Matters: Growing Active Communities training please make suggestions for what could be modified in the curriculum to better support positive outcomes and avoid negative outcomes?



Summary Report and Dissemination Plan for the *Your Health Matters: Growing Active, Healthy Communities Curriculum*

What are we disseminating?

The Your Health Matters curricula began as trainings for Community Health Workers (CHWs) and Community Health Worker Instructors (CHWIs) created by The University of Texas (UTHealth) School of Public Health, Brownsville Regional Campus. The first two curriculum in the series focus on individual healthy behavior changes on the topics of healthy eating and physical activity, titled “Your Health Matters: Nutritious Eating” and “Your Health Matters: Active Living,” respectively. These two curricula were and still are certified by the Texas Department of State Health Services for continuing education units for CHWs and CHWIs. Cancer Prevention Research Institute of Texas and Texas Department of State Health Services were funders for these initial curricula and their evaluation. These curricula are in Spanish or English and incorporate current scientific facts and guidelines about the topics.

The curriculum Your Health Matters: Growing Active, Healthy Communities grew out of these first curricula as well as the understanding that behavioral changes are difficult to make when a person’s surroundings and environment do not support the behavior change. Through funding by the Texas Department of State Health Services this curriculum has been developed, translated into Spanish, pilot tested at sites throughout the state of Texas, and evaluated. This curricula was also pilot tested in conjunction with the Childhood Obesity Research Demonstration project (CORD). This curricula is available in English and Spanish.

The curriculum provides trainees with an understanding of the growing obesity epidemic and why regular physical activity and health eating are important for a healthy lifestyle. It educates participants on evidence-based policy improvements, system and environmental changes to promote physical activity and healthy eating. Participants gain knowledge and skills to identify and analyze policy, system and environmental barriers in their community that contribute to an unhealthy lifestyle and to identify evidence-based strategies to address them. Participants also practice skills to engage community partners, prioritize approaches and develop an action plan to support activities that create opportunities for physical activity and healthy eating in their communities. The curriculum uses videos and multiple interactive activities to help participants learn. Activity Breaks throughout the training provide attendees the opportunity to reach the recommended 30-minute of daily physical activity. Participants leave the training with a plan to work toward creating policy improvements, and system and environmental changes in their own communities.

Dissemination Goals:

- Train trainers in Austin
- Train Community Advisory Board Members
- Train staff in HHSC and Health Promotion and Chronic Disease Section of DSHS to increase awareness of curriculum and concepts
- Determine how to certify training for other health professionals to receive CEU's for participation
- Continue to work with the Texas Public Health Training Center to train CHWs across Texas
- Determine how the training can be used and disseminated to support their efforts to address chronic disease and obesity, including in coordination with the CATCH program.

Where have we disseminated curriculum? We have disseminated the Your Health Matters: Growing Active, Healthy Communities in various communities throughout the state of Texas, including Brownsville, Dallas, Laredo, Nacogdoches, and Austin. We have disseminated through Train-the-Trainer collaboration with CORD in in El Paso (in Spanish and English), Harlingen (in Spanish), Houston (English), and in Austin (English and Spanish).



★ Upcoming training site
★ Past training site

These trainings have been offered for CHWs, CHWIs, and community members ranging in community roles from doctor to social worker to student and community organizer. In total we have trained nearly 367 individuals, with an average class size of 30 per site.

Location	Date	Number of Participants
Dallas, TX	March 19, 2013	22 attendees
Nacogdoches, TX	April 5, 2013	12 attendees
Laredo, TX	June 20, 2013	16 attendees
Brownsville, TX	June 28, 2013	33 attendees
Austin, TX	November 5, 2013	39 attendees
Brownsville, TX	January 16, 2014	14 attendees
El Paso, TX	May 19, 2014	24 attendees
El Paso, TX	May 20, 2014	26 attendees
Harlingen, TX	June 25, 2014	95 attendees
Houston, TX	August 19, 2014	31 attendees
Austin, TX	September 3, 2014	30 attendees
Austin, TX	September 4, 2014	25 attendees

Who are our stakeholders?

We have stakeholders who have been involved in the development of the curriculum. These stakeholders include faculty and trainers at The University of Texas, School of Public Health Brownsville Regional Campus. The Texas Department of State Health Services has provided funding for the development and testing of this curriculum and continues to support the dissemination of this curriculum. The CORD project has funded aspects of development of the curriculum as well as dissemination in Austin and Houston. The Texas Public Health Training Center has helped to promote the curriculum as well as assist with its certification.

We also have stakeholders who have supported past trainings. These organizations include:

- Proyecto Juan Diego *Brownsville, Texas*
- El Buen Samaritano *Austin, Texas*
- Diabetes Health and Wellness Institute *Dallas, Texas*
- Texas AHEC *Nacogdoches, Texas*
- UT Health Science Center, Laredo *Laredo, Texas*
- UT Health Science Center, El Paso *El Paso, Texas*
- Texas Department of State Health Services *Harlingen, Texas*
Office of Border Health
- United Way of Greater Houston *Houston, Texas*
- Cameron County Red de Promotoras *Cameron County*
- South Texas Promotora Association *Hidalgo County*

We are pursuing future collaboration efforts with the Coordinated Approach to Child Health (CATCH) program and 9 city governments in Cameron County as part of a Community-wide campaign. We have also shared the curriculum with local Community Development Corporations and the United Way of Southern Cameron County, as well as the Robert Wood Johnson Foundation as part of our local Culture of Health Prize network connections.

When did we disseminate?

2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
El Paso training (English and Spanish)		19 th /20 th							
El Paso 3-month follow-up					19 th /20 th				
Harlingen training (Spanish)			25 th						
Harlingen 3-month follow-up						25 th			
Houston training					19 th				
Houston 3-month follow-up							19 th		
Austin training						3rd/4th			
Austin 3-month follow-up									3rd/4th

What are the most effective ways of disseminating?

Past experience and research has shown that face to face meetings with stakeholders, website promotion, short-sessions at conferences, and brochures/material handouts are excellent strategies to promote curriculum (Hoelscher et al., 2001). Additionally, today social media is being used to help inform populations about the availability of trainings and workshops.

The diffusion of innovations theory, created by Everett Rogers, sets out to explain how, why, and at what rate a new idea, technology, or in this case curriculum will spread through populations. Diffusion is the route through which this new innovation plays out in a community or social system (Rogers, 2003). As we begin the broad dissemination of this curriculum, we look to organizations in the state that are leaders in the use of CHWs. We will seek out opportunities to provide training to these organizations and then capture testimonials from them about its effectiveness.

Who might help us disseminate?

- Texas Department of State and Health Services
- Texas Training Centers
- National Commission for Health Education Credentialing (NCHEC) offering Certified Health Educator Specialist (CHES) CEUs
- Nursing CEU programs and/or other professional organizations requiring CEUs
- CORD
- UT Health
- CATCH

- Community Organizing groups
- Universities
- Community Health Worker Associations
- United Way
- YMCA

How do we prepare to disseminate?

In preparation for dissemination, modifications from previous curriculum delivery have been incorporated into the curriculum and it is currently being translated from English into Spanish. We are working to train additional trainers and support them. The curriculum is in the process of being certified by the Department of State Health Services as continuing education units (CEUs) for both CHWs and CHWIs. We are searching for additional partners, locations, and funding sources to help us disseminate this curriculum across the state of Texas, and nationally.

The training in Harlingen, TX on June 25, 2014 was for Community Health Workers across the Rio Grande Valley and border region, totaling 85 attendees. In addition to this training, we will be searching out other CHW conferences and promote the curriculum there. We will be identifying main employers of CHWs in the state and send them promotional materials.

2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Continue meeting with stakeholders and looking for ways to expand curriculum									
Evaluation results captured and marketing materials created									
Interviews and video testimonials captured and used in marketing materials									
Identify 2 CHW conferences and promote materials there									
Identify main employers of CHWs in the state and send promotional materials									
Add curriculum links to the Tu Salud ¡Sí Cuenta! website and like-minded partner websites, such as Dell Center and UT Health									
Seek funding from foundations and possible CPRIT grant									

How will we evaluate the dissemination?

The following evaluation components will be implemented at each training. Our evaluation results will be captured and used in marketing materials.

Process Evaluation

Our process evaluation will examine several key evaluation components including recruitment, fidelity, dose delivered, dose received, reach, and context (Steckler & Linnan, 2002).

- *Sign-in sheet:* The sign-in sheet will include basic demographic information such as name, organization, address, email, phone number
- *Participant Satisfaction Surveys:* Participant satisfaction surveys measures the participant's engagement in the learning and their satisfaction with the training experience.
- *3-Month SurveyMonkey Survey:* The 3-month post-training SurveyMonkey measure reach and content. Each participant in the pilot training will receive a 3 month SurveyMonkey survey via email 3-months after their pilot training date. Their email addresses will be collected on the sign-in sheets at the training.

Outcome Evaluation

The outcome evaluation will examine changes in knowledge and changes in daily practice of policy improvements, systems, and environmental changes that are made because of the training received.

- *Pre/Post Knowledge Questionnaire:* The Pre/Post Knowledge Questionnaire will measure change in participant's knowledge from the beginning of the training to the end and whether or not instructors were successful in teaching all of the material to be easily understood.
- *Rate the Objectives:* The Rate the Objectives paper will be completed at the beginning of the training. This will assess attendees comfort and confidence with the content prior to training.
- *3-month Telephone Interviews:* The 3-month post-training telephone interviews will examine the implementation of training content into daily practice.
- *CHW Instructor Additional CEU Form:* The CHW Instructor Additional CEU Form is explained and given to CHW Instructors at the end of the training. If the instructors take this form home, discuss with a stakeholder what they learned in the training, start to work toward one of the changes/improvements, write about their experience, and return the form, the CHW Instructors are eligible for an additional 3 Teaching CEUs.

How do we fund our dissemination activities?

Currently we are disseminating the curriculum within the state of Texas, but with time this curriculum will be marketed nationally. We will be using a cost based pricing model to expand the dissemination of this curriculum. We will be paid to train CHWs, CHWIs, community partners, and other professional groups in this curriculum in their quest to support healthier populations and chronic disease management programs. Revenue covers costs of the training including staffing, travel, time necessary to ensure curriculum is fresh and accurate, and marketing of the curriculum.

Personnel

- Trainers (2) – Two trainers will deliver the one day training and its activities. \$400 each
- Curriculum editor – This person will be responsible for incorporating any suggestions based on curriculum delivery and to incorporate newly released facts or guidelines. \$75 (1 hour work)
- Training support – This person is responsible for compiling evaluation data and writing reports, marketing, and managing registration. \$600 (4 hours work per training)

Travel

Trainers and project staff will be required to travel to the training locations. Based on previous work we have estimated \$1,100 for two individuals to travel (based on a 2 nights stay \$250, per diem \$150, and flight/car rental \$700).

Project Materials

Training binders, DVDs, and materials cost \$25 per attendee. We plan for a group of 30 trainees at maximum per training. The total project materials per training come to \$750.

Lunch and refreshments during training

A healthy lunch, snacks, water, and coffee will be provided during the training. The total cost of food per trainee is estimated to cost \$15, totaling \$45

Marketing Costs

Costs for making copies of flyers, posters, and other graphic files are estimated at a total of \$600. Interviews and video testimonials with past participants will be used in the marketing materials.

Based on current projections we expect the per person cost for this in-person 9-hour training to be approximately \$200 / person.

Web Hosting

The University of Texas School of Public Health is working to add links to the curriculum that would be available on their Your Health Matters website to host materials and manuals for availability indefinitely as a resource for trainers, and institutions interested in viewing the curriculum.

Bibliography

Hoelscher, D., Kelder, S., Murray, N., Cribb, P., Conroy, J., & Parcel, G. (2001). Dissemination and Adoption of the Child and Adolescent Trial for Cardiovascular Health (CATCH): A Case Study in Texas. *Journal of Public Health Management and Practice*, 7(2), 90-100.

Rogers, E. M. (2003). *Diffusion of innovations* (5th edition). New York, NY: Free Press.

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Your Health Matters: Growing Active Communities Evaluation Plan

EVALUATION STRATEGY:

An evaluation of the *Your Health Matters: Growing Active Communities* curriculum will be completed by conducting a process and outcome evaluation which involves 4 pilot tests of the *Growing Active Communities* curriculum. Two of the pilots will be in English, in Dallas and Nacogdoches, and the other two will be in Spanish, in Laredo and Brownsville. Community health workers (CHWs) will be assessed whether knowledge and self-efficacy improve from pre to post training and whether the CHWs have been involved in community policy improvement, systems or environmental change (PSE) efforts related to physical activity since the training.



Data Collection Methods and Instruments:

The following instruments will be used to evaluate the *Curriculum*:

- Debriefing Sessions
- Instructor Observation Form
- Participant Satisfaction Survey and Evaluation Form
 - Part I: Comments on Pilot Session Sections
 - Part II: Overall Training Evaluation
 - Part III: Confidence Scale
- Pre/ post Knowledge Questionnaire
- 3-month SurveyMonkey survey
- 3-month Telephone Interviews

PROCESS EVALUATION:

Our process evaluation will examine several key evaluation components including recruitment, fidelity, dose delivered, dose received, reach, and context (Steckler & Linnan, 2002).

Process Evaluation Plan for Your Health Matters: Growing Active Communities

Component Definition	Evaluation Questions Asked	Assessment Tools	Analysis
Recruitment Procedures occurring at the individual and community levels to attract participants	What planned and actual recruitment procedures were used to attract individuals, groups, and/or organizations?	Narrative description and documentation of all planned and actual recruitment activities.	Summarize location and methods of recruitment, organizations in attendance, number of people in attendance by session
Fidelity	Was the <i>Curriculum</i>	Sign-in sheets	Calculate time spent teaching curriculum by

Extent to which the intervention implemented is consistent with how it was planned	delivered to CHWs in the manner designed and for the time planned?		training site compared to what was expected
		Instructor observation form	Summary of observation notes describing sections taught, activities used, time spent and any changes to curriculum implementation from planned approach
Dose Delivered Number of intended sections delivered	Did the certified trainers deliver all sections to CHWs?	Instructor observation form	Summarize sections delivered by certified trainers Summary of observation notes describing sections taught, and activities taught Calculate time spent teaching curriculum by training site
Dose Received Extent to which participants engage with or are receptive to training	Were the CHWs satisfied and confident with the information?	Participant Satisfaction Survey Part I: Comments on Pilot Session Sections	Summarize individual feedback on each section
		Participant Satisfaction Survey Part II: Overall Training Evaluation	Calculate percentage of CHWs who report satisfaction
		Participant Satisfaction Survey Part III: Confidence Scale	Calculate percentage of CHWs who report confidence of Likert scale
		Debriefing sessions	Summarize feedback on what worked/suggestions for change
Reach Characteristics of participants who received training	What are the demographic characteristics of the CHWs who received the Curriculum content?	Sign-in sheet demographic questions	Descriptive analysis showing frequencies and percentages of CHWs gender and certification
		3-month SurveyMonkey survey	Descriptive analysis showing frequencies and percentages of CHWs time as a CHW
Context Environmental influences which may affect the implementation	What were barriers to implementing the strategies discussed in the Curriculum in daily practice?	3-month SurveyMonkey survey	Describe difficulties initiating policy improvements, systems or environmental changes?
		Debriefing sessions	Describe general barriers and facilitating factors

Debriefing Sessions:

Focus groups, called debriefing sessions, will be used at the end of the first training in Dallas, Texas to evaluate satisfaction with the pilot training and to ask for suggestions on changes. We will also have a debriefing session after our first Spanish pilot sessions. These debriefing sessions provide insight into measures of the dose received and context constructs. These sessions will be comprised of a subgroup of the community health workers who attended the all-day training. Immediately following the training we have a debriefing session to hear from the participants about the experience, what was engaging, what could be improved, what other influences we should account for in the delivery of the training, and what barriers and facilitating factors they anticipate when applying the training content to their daily practice. These sessions will be moderated by two members of the UT Health, School of Public Health team, notes will be taken.

The feedback received from this debriefing session will be used to clarify and improve topics and timing throughout the training.

Instructor Observation Form:

The instructor observation forms are used during the training as tools on which to take detailed notes and systematically measure the delivery of the training content within each section, from timeliness, placement, materials, and activities (dose received and fidelity). These forms are completed by the instructor who is not teaching the section, who instead is watching, listening, and taking notes, which allows them to evaluate more successfully. During each section the Instructor Observation Form is used as a guide to help the instructor to answer questions on the level of understanding and participation of the students, to assess whether the time allotted for the section was a good fit, and if there are aspects they would recommend changing.

These forms will be analyzed qualitatively to examine not only how sections and activities were taught but also suggestions for improving the curriculum. The forms will be used to analyze whether the curriculum is implemented in full and as planned.

Participant Satisfaction Surveys:

Participant satisfaction surveys measures the participant's engagement in the learning and their satisfaction with the training experience (the dose received). Quantitative data will be collected through written surveys. These surveys are passed out at the end of the day-long training and are comprised of three parts. Part I of this survey provides a space for participants to report aspects from each topic of the training they enjoyed or thought needed improvement. Part II asks eight questions about the quality, usefulness, and timing of the overall training; a question is also asked about whether the training met the participant's expectations. Part III uses a Likert scale to assess the confidence of the participants to create change in their community toward improving physical activity before and after the training.

The results of these surveys will then be manually entered in an excel spreadsheet. The quantitative information will be analyzed to obtain mean scores. Participant's qualitative comments will be summarized and used to improve the curriculum.

3-Month SurveyMonkey Survey:

The 3-month post-training SurveyMonkey measure reach and content. Each participant in the pilot training will receive a 3 month SurveyMonkey survey via email 3-months after their pilot training date. Their email addresses will be collected on the sign-in sheets at the training.

These surveys are analyzed to see what the participants did with the knowledge they received during the training. The information will be used to determine the number of policy improvements, systems or environmental changes made by the CHW post-training. Additionally a Likert scale is used to look at how the training helped them to be a better CHW.

OUTCOME EVALUATION:

The outcome evaluation will examine changes in knowledge and changes in daily practice of policy improvements, systems, and environmental changes that are made because of the training received.

Pre/Post Knowledge Questionnaire:

The Pre/Post Knowledge Questionnaire will measure change in participant's knowledge from the beginning of the training to the end and whether or not instructors were successful in teaching all of the material to be easily understood. Each participant in the pilot training will complete a Pre-test Knowledge Questionnaire at the beginning of the training, to assess their knowledge of policy improvements and systems and environmental changes. The same questionnaire will be given as a post-test at the end of the day-long training to assess gain in knowledge. The questionnaire consists of ten questions, with one or two questions from each of the eight topic areas. As this is a pilot, a few questions may be modified on the knowledge questionnaire as we finalize the tool.

The results of these questionnaires will be matched and manually entered into an excel spreadsheet and analyzed to determine the average participant change in knowledge from the beginning to the end of the training.

3-Month Telephone Interviews:

The 3-month post-training telephone interviews will examine the implementation of training content into daily practice. For each training site, a primary person will lead the effort in arranging the training and recruiting CHWs to attend. These individuals have served as the training center contact and provide this coordination for numerous training topics. These four site coordinators will be asked to complete the 3 – month telephone interview. We will be asking them to describe the barriers and facilitating factors associated with policy improvements, systems or environmental changes found among their CHW attendees. This information will help to describe the common experiences among CHWs post training. Additionally, we will ask the site coordinator to identify two training CHWs from their site to further discuss how the training may or may not have supported CHW involvement in policy improvements, systems and environmental changes in their community, called snowball sampling. The site coordinator will be asked to identify these two CHWs whose experience with the curriculum seems unique (maybe particularly positive or particularly negative). These two interviews (per site) will allow us to gather in depth information about features of the curriculum that may require further modification, unexpected consequences, or positive outcomes resulting from participation in such a curriculum. During these interviews we will gather standard information about any change efforts including 1) the date of initiation, 2) who the CHW partnered with, 3) how far into the process they are, and 4) what has been accomplished, 5) what could be modified in the curriculum to better support positive outcomes and avoid negative outcomes.

This information will be analyzed and used to describe how the curriculum has helped the CHWs to engage in policy improvements, systems, and environmental changes that are made because of the training received from the *Curriculum*. It will also be used to refine the curriculum as necessary and create marketing information for the curriculum.

IMPLEMENTATION DATES OF CURRICULUM:

- Dallas, Texas (March 19, 2013)
 - 3-month follow up is (June 19, 2013)
- Nacogdoches, Texas (April 5, 2013)
 - 3-month follow up is (July 5, 2013)

- Laredo, Texas (June 20, 2013)
 - 3-month follow up is (September 20, 2013)
- Brownsville, Texas (June 28, 2013)
 - 3-month follow up is (September 28, 2013)

LIMITATIONS AND STRENGTHS OF EVALUATION PLAN:

As with all evaluation plans there are corresponding weaknesses and strengths. The primary limitation with the proposed evaluation is the lack of a control group for the outcome evaluation. This will limit the conclusions about the outcomes associated with exposure to the curriculum specifically causing changes in knowledge and practice behaviors related to policy improvements, systems, and environmental changes as compared to a group who are not exposed to the curriculum. There are inherent biases associated with the snowball sampling method used for the 3-month telephone interviews but given limited funding to support a full evaluation and that the evaluation is focused on the pilot version of the curriculum we believe this selection method will provide the best option for capturing potential final needed modifications to training content. Future evaluation efforts may be able to expand the resources dedicated to evaluation to accommodate costs associated with gathering data from a comparison or control group. Additionally, future evaluations will be better served to assess outcomes because the curriculum will be finalized and consistently implemented across training groups. In the current implementation effort the curriculum is under development and purposefully being refined to ensure adequate time for content and focus on most beneficial activities. The main strength of the proposed evaluation is its multi-method approach including a variety of evaluation tools and the different perspectives and experience of the people being assessed. These methods will allow a relatively full description of how the curriculum was implemented compared to the plans for implementation and some potential insight into outcomes that may be more fully assessed in future evaluation efforts.

Bibliography

Steckler, A., & Linnan, L. (2002). *Process Evaluation for Public Health Interventions and Research*. San Francisco: Jossey-Bass.

**Existing Physical Activity Curricula/Materials appropriate for adaptation into a
revised physical activity training curriculum for Promotores/Community Health Workers**

Source: Texas Department of State Health Services

Title	Description	Link	Notes
Getting Fit Texas Curriculum - Texas Department of State Health Services Promotoras in Action	<p>Physical Activity Curriculum available in English and Spanish for training CHWs/ Promotores to lead group classes and activities.</p> <p>Materials:</p> <ul style="list-style-type: none"> • Curriculum Guide • (8) Curriculum Lessons with handouts for children and adults. • Appendix for Activities • Appendix for Other Materials <p>Topics:</p> <ul style="list-style-type: none"> • Basic information on healthy eating for all ages • Journal writing as a motivation tool for lifestyle changes • Community Outreach Tips • Family Outreach Tips 	http://www.dshs.state.tx.us/obesity/physicalactivity/promot.shtm	Free download

Source: The University of Texas Community Outreach Program (UTCO)

<http://utco.org/>

Title	Description	Link	Notes
Your Health Matters: Fitness for Life	<p data-bbox="600 212 1094 391">Presentations, activities, and video available in English and Spanish aligned with Texas Department of State Health Services Community Health Worker core competencies</p> <p data-bbox="600 431 737 464">Materials:</p> <ul data-bbox="600 469 1094 756" style="list-style-type: none"> <li data-bbox="600 469 1020 501">• DVD with 15-minute video <li data-bbox="600 506 1094 756">• CD with printed materials including Instructor Information Sheets, PowerPoint presentations with notes, activities, glossary, handouts, activity breaks, and Home Visit PowerPoint presentations <p data-bbox="600 797 957 829">Topics in main materials:</p> <ul data-bbox="600 834 1115 1057" style="list-style-type: none"> <li data-bbox="600 834 1115 867">• Background on obesity epidemic <li data-bbox="600 872 873 904">• Energy Balance <li data-bbox="600 909 852 941">• Fitness Basics <li data-bbox="600 946 999 979">• Why Fitness is Important <li data-bbox="600 984 1062 1057">• How to Get Started and Stay Active <p data-bbox="600 1097 1104 1130">Topics in Home Visit presentations:</p> <ul data-bbox="600 1135 1052 1406" style="list-style-type: none"> <li data-bbox="600 1135 936 1167">• Diabetes Knowledge <li data-bbox="600 1172 1031 1205">• Eating Fruits & Vegetables <li data-bbox="600 1209 884 1242">• Healthy Portions <li data-bbox="600 1247 1041 1279">• Hypertension & Your Health <li data-bbox="600 1284 999 1317">• Living an Active Lifestyle <li data-bbox="600 1321 936 1354">• Your Health Matters <li data-bbox="600 1359 968 1406">• Understanding Cancer 		6 contact hours available via statewide trainings

Source: Research-Based Programs Available For Adoption from James Sallis, Professor, San Diego State University

<http://www.drjamessallis.sdsu.edu/researchforadoption.html>

Title	Description	Link	Notes
PACE+: Patient-centered Assessment and Counseling for Exercise plus Nutrition.	Disseminated through San Diego Center for Health Interventions(CHI). PACE materials and training for health care providers include: Physical Activity Manual (revised 1999); Nutrition Manual; Training Services. For more information call: 619-594-5949 or fax: 619-594-3639	http://www.paceproject.org	Unable to find materials online
Measures to download	Protocols and surveys <i>Please refer to attached sheet for listing.</i>	http://www.drjamessallis.sdsu.edu/measures.html	Free download

Source: Centers for Disease Control and Prevention (CDC)

Title	Description	Link	Notes
Promoting Physical Activity – A Guide to Community Action	Translates current research into accessible practice, laying out all the information you need to create a physical activity promotion program or intervention that meets your community's needs. It provides an overview of recommended interventions and a flexible blueprint for planning, implementing, and evaluating programs in any community setting. <i>Please refer to attached sheet for listing of contents.</i>	http://www.humankinetics.com/products/all-products/The-Promoting-Physical-Activity---2nd-Edition	\$47 textbook

Title	Description	Link	Notes
Growing Stronger – Strength Training for Older Adults	<p>Exercise program based upon sound scientific research involving strengthening exercises</p> <p>Materials/Topics:</p> <ul style="list-style-type: none"> • Why strength training? — benefits, research, background • Motivation—tips, setting goals and celebrating success • Preparation—safety, equipment needs, scheduling exercise • Intensity—how to judge your effort • Progression—when and when not to increase intensity, how and why it's important • Staying on Track—log sheets with motivational and instructional tips. • Exercises—from warmup to cooldown. • Frequently Asked Questions • Other Resources—print-friendly PDF version, fitness and nutrition links and more 	http://www.cdc.gov/physicalactivity/growingstronger/index.html	Free download

Title	Description	Link	Notes
Play Hard portion from Eat Smart. Play Hard™	<p>USDA Food and Nutrition Service (FNS) campaign to encourage and teach children, parents, and caregivers to eat healthy and be physically active every day.</p> <p>Eat Smart, Play Hard Resources:</p> <ul style="list-style-type: none"> • Web Site for Parents • Activity Sheets, Comics, Stickers • Brochures, Mini Posters, Handouts • Additional Resources – campaign materials, lesson plans, songs, PSAs, scripts <p>Play Hard Your Way Resources:</p> <ul style="list-style-type: none"> • Make Family Time Active Time – online tips • Stay Motivated – online tips <p>Additional Online Tools:</p> <ul style="list-style-type: none"> • Menu Planning Table + Tips • Calorie Burner Chart • MyPyramid Tracker 	http://teamnutrition.usda.gov/Resources/eatsmartmaterials.html	Free download
Social Marketing for Nutrition and Physical Activity	<p>Provides training for public health professionals about how to use social marketing to plan programs</p> <p>Course features:</p> <ul style="list-style-type: none"> • Glossary • Downloadable worksheets • Planning Questions document • Hypothetical scenario 	http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/index.htm	Free download

Title	Description	Link	Notes
Workplace Stairwell Modification and Promotion to Increase Daily Physical Activity	<p>Information based on a low-cost intervention with data suggesting that physical improvements, motivational signs, and music can increase stairwell use among building occupants.</p> <p>Topics:</p> <ul style="list-style-type: none"> • Stairwell Appearance • Motivational Signs • Installing Music • Other Ideas to Consider • Tracking Stair Usage • Project Checklist • Related Resources 	http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/stairwell/index.htm	Information online; free download of sample signs
Physical Activity Toolkits for Worksites	Toolkits designed specifically for work sites to encourage physical activity and may contain checklists, step-by-step guides, budgets, and other tools that aid in program planning, design, and management.	http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/physicalactivity.htm	Free downloads

Title	Description	Link	Notes
Community Health Workers' Sourcebook – Training Manual for Preventing Heart Disease and Stroke	<p>Chapter 13 (pages 13-1 to 13-25) - Physical Activity</p> <p>Materials:</p> <ul style="list-style-type: none"> • Scripted Lessons • Handouts <p>Topics:</p> <ul style="list-style-type: none"> • Why physical activity is important • Basics of a personal physical activity program • How much physical activity is necessary • How physical activity helps people lose weight • Ways to motivate people to become more physically active • Ways to help the community be more supportive of physical activity 	http://www.cdc.gov/dhdsp/programs/nhdsp_program/chw_sourcebook/pdfs/sourcebook.pdf	Free download
National Diabetes Prevention Program Training Curriculum	<p>Curriculum is based on the Diabetes Prevention Program (DPP) research study led by the National Institutes of Health</p> <p>Chapter 5 – Move Those Muscles Chapter 6 – Being Active Chapter 13 – Jump Start Your Activity Plan</p> <p><i>Please refer to attached sheet for listing of entire contents.</i></p>	http://www.cdc.gov/diabetes/prevention/curriculum.htm	Free download

Source: General Internet Search

Title	Description	Link	Notes
School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools	Comprehensive guide that provides information, practical tools and resources for school employee wellness programs	http://www.schoolempwell.org/c/userpreg.web?nocache@4+s@ONxHHe9tHXLEU+frompage@downloads	Download upon free registration
Your Heat Your Life – Physical Activity: A Lay Educator's Health Program	<p>Online interactive tutorial available in English & Spanish</p> <p>Materials:</p> <ul style="list-style-type: none"> • Manual • Picture cards • Comic <p>Topics:</p> <ul style="list-style-type: none"> • Facts About Physical Activity • Exercise • Benefits of Physical Activity • Types of Physical Activity • Getting Started: Important Things to Know • Finding Time to be Active • Walking 	http://hp2010.nhlbihin.net/salud/pa/index.htm	Free online interactive tutorial

We Can! Energize Our Families: Parent Program	<p>Curriculum for parents available in four- and six-lesson versions. Both versions include activities that help parents encourage a healthy weight in their family.</p> <p>Materials:</p> <ul style="list-style-type: none">• Leader Guide• PowerPoint presentations• Activities• Stretching breaks <p>Topics:</p> <ul style="list-style-type: none">• Energy Balance• Portion Distortion• Reducing screen time• Maintaining a healthy weight• Healthy eating tips	http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#parentprogram	Free download
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Physical Activity Guidelines for Americans Toolkit	<p>Provides resources in English and Spanish that will complement what an organization is doing to encourage people in their community to get the amount of physical activity they need.</p> <p>Materials/Topics:</p> <ul style="list-style-type: none"> • 2008 Physical Activity Guidelines for Americans • Be Active Your Way: A Guide for Adults • Be Active Your Way: A Fact Sheet for Adults • Physical Activity Guidelines for Americans Toolkit User's Guide • Posters (4) • Event Flyers (4) • At-A-Glance: A Fact Sheet for Professionals • Frequently Asked Questions (FAQ) • Link to more Federal Resources • PowerPoint® Presentation (available on CD-ROM only) 	http://www.health.gov/paguidelines/toolkit.aspx	Free download or CD-ROM
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Your Health Matters: Growing Active Communities Instructor Observation Form

For each section of the course, consider the following questions:

Section title: _____

Time section started: _____

1. Did this section successfully help students meet at least one of the course objectives? If not, why not?

2. Was this section in the right place on the agenda? If not, where should it be?

3. Did the students seem to understand the information in this section? If no, what was confusing?

4. Is there a different way to present the information in this section that might help students better understand the content? If yes, how?

5. Was the amount of time allotted for this section a good fit? If no, how much time is needed?

6. Was there enough participation and interaction from the students? If no, why not? How can the section be improved so there is more participation?

General questions to consider:

1. What do you think the strongest part of the section was? What was the weakest?

2. Do you have other suggestions for improvement?

3. Does the Instructor's Guide need to be improved to better help trainers prepare for and offer the course? If so, how?

Time section ended: _____

Measures & Surveys to Download from James Sallis

[7 Day PAR- Protocol](#)

[7 Day PAR- Survey](#)

7 Day PAR - [Interview 1 \(mp3\)](#); [Interview 1 \(pdf\)](#); [Interview 2 \(mp3\)](#); [Interview 2 \(pdf\)](#); [Interview 3 \(mp3\)](#); [Interview 3 \(pdf\)](#)

[7 Day PAR - Spanish Protocol](#)

[Accelerometer Data Collection and Scoring Manual](#)

[Active Where Parent-Child Survey](#)

[Active Where Parent-Adolescent Survey](#)

[Active Where Adolescent Survey](#)

[Active Where Reliability and Validity - Methods and Overview](#)

[Active Where Item Reliability - Overview](#)

[Active Where Item Reliability - Parent Child Survey](#)

[Active Where Item Reliability - Parent Adolescent Survey](#)

[Active Where Item Reliability - Adolescent Survey](#)

[Active Where Presentations & Publications](#)

[Amherst Health & Activity Study: Adult Survey](#)

[Amherst Health & Activity Study: Student Survey](#)

[Audit of Physical Activity Resources for Seniors \(APARS\) tool](#)

[Audit of Physical Activity Resources for Seniors \(APARS\) user manual](#)

[Audit of Physical Activity Resources for Seniors \(APARS\) supplemental reliability table](#)

[BEACHES](#)

[BEACHES code sheet](#)

[CATCH: PACI and SAPAC survey scoring](#)

[CATCH: Physical Activity Checklist Interview \(PACI\) Protocol](#)

[CATCH: Self-Administered Physical Activity Checklist \(SAPAC\) Protocol](#)

[CHEW Administration Procedures](#)

[CHEW Cover Letter](#)

[CHEW Survey](#)

[CHEW Survey Scoring](#)

[Dietary Fat Screening - Adolescents](#)

[Family Health Project](#)

[Fruit and Vegetable Screener - Adolescents](#) [Click here for abstract](#)

[GRAD Survey: May 1995](#)

[GRAD Survey with variable names and scoring notes](#)

[GRAD 2-year follow up Survey](#)

[GRAD Measurement References](#)

[Health Assessment Survey \(HAS\) for Cohort 1 and Chort 2](#)

[Healthy Generations Parent Survey - English \(Youth Smoking Study\)](#)

[Healthy Generations Parent Survey - Spanish \(Youth Smoking Study\)](#)

[Healthy Generations Student Survey - English \(Youth Smoking Study\)](#)

[Healthy Generations Student Survey - Spanish \(Youth Smoking Study\)](#)

[GRAD: Test-Retest Intraclass Correlations](#)

[International Physical Activity Questionnaire \(IPAQ\)](#)
[IPS/IPAQ Environmental Survey Module, Self-Administered](#)
[MSPAN Student/Parent Survey](#)
[MSPAN Student/Parent Survey Reliabilities](#)
[Neighborhood Environment Walkability Scale \(NEWS\): Sample Survey](#)
[Neighborhood Environment Walkability Scale \(NEWS\): Individual item reliability](#)
[Neighborhood Environment Walkability Scale \(NEWS\): Scoring procedures](#)
[Neighborhood Environment Walkability Scale Confirmatory Factor Analysis \(NEWS-CFA\): Sample Survey](#)
[Neighborhood Environment Walkability Scale Confirmatory Factor Analysis \(NEWS-CFA\): Scoring procedures](#)
[Neighborhood Environment Walkability Scale-Abbreviated \(NEWS-A\) Sample Survey](#)
[Neighborhood Environment Walkability Scale-Abbreviated \(NEWS-A\): Scoring procedures.](#)
[Neighborhood Environment Walkability Scale-Youth \(NEWS-Y\) parent version](#)
[Neighborhood Environment Walkability Scale-Youth \(NEWS-Y\) adolescent version](#)
[Neighborhood Environment Walkability Scale-Youth \(NEWS-Y\) scoring procedures](#)
[Neighborhood Quality of Life Study Survey \(NQLS\): Time 1 with references included.](#)
[Neighborhood Quality of Life Study Survey \(NQLS\): Time 2 with references included.](#)
[PACE+ Physical Activity Screening Measure \(Adolescents\)](#)
[PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Physical Activity and Sedentary Behavior](#)
[PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Dietary Fat Reduction and Fruit & Vegetable Consumption](#)
[PACE Adult Diet and Physical Activity Measures](#)
[Project: Juarez Survey \(Spanish\)](#)
[Project PACE information sheet](#)
[Project WALK: Exercise & Health Survey](#)
[San Diego Health & Exercise Survey - Original](#)
[San Diego Health & Exercise Survey - 2 year follow-up](#)
[San Diego High School Survey](#)
[Self-Efficacy for Diet Behaviors: Survey](#)
[Self-Efficacy for Exercise Behaviors: Survey and Scoring](#)
[Estudio De Confianza En Costumbres De Comer](#) (Self-Efficacy for Diet and Exercise)
[Social Support for Diet: Survey](#)
[Social Support for Exercise: Survey](#)
[Social Support for Diet and Exercise Behaviors: Scoring](#)
[Estudio De Apoyo Social Y Costumbres De Comer](#) (Social Support for Exercise and Diet)
[SOFIT: Overview & Training Manual](#)
[System for Observing Play and Leisure Activity in Youth \(SOPLAY\): Protocol](#)
[System for Observing Play and Leisure Activity in Youth \(SOPLAY\): Data Recording Form](#)
[SPARK Survey: use and scoring of measures](#)
[SPARK Psychometrics: Spring 1993](#)
[SPARK Activity Checklist](#)
[SPARK Parent Survey](#)
[SPARK Student Survey](#)
[SPARK Yesterday's Activities Checklist](#)

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Physical Activity Recommendations for Adults—Historical Considerations
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Appendix A. Physical Activity and Disability by James H. Rimmer, PhD

Appendix B. Physical Activity Surveillance by Sandra A. Ham

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National Diabetes Prevention Program Training Curriculum

The one-year lifestyle program is divided into two components:

Core Sessions: The 16, one-hour core sessions are focused on the process of adopting lifestyle changes for healthy eating and physical activity. These sessions are designed to help participants develop lifelong skills for healthy living and reinforce step-by-step change. Groups generally meet with their lifestyle coach each week at the same time and location.

Post-Core Sessions: Following the core phase, participants attend one hour “post-core” sessions on a monthly basis. The post-core sessions are intended to provide additional support and learning opportunities to participants, and help them transition to independently maintaining their lifestyle changes

Materials:

Participant Notebook (Core) contains worksheets and handouts for participants to use in each of the 16 core sessions of the lifestyle intervention.

Participant Notebook (Post-Core) contains worksheets and handouts for participants to use in the post-core phase of the lifestyle intervention.

Lifestyle Coach Facilitation Guide (Core) step-by-step guide assists lifestyle coaches in facilitating each of the 16 core sessions of the lifestyle program.

Lifestyle Coach Facilitation Guide (Post-Core) is an annotated version of the post-core participant notebook that includes additional facilitation tips for lifestyle coaches.

Lifestyle Coach Training Manual guide is for master trainers to help in training lifestyle coaches.

Master Trainer Supplement contains materials to assist master trainers, including information on preparing for instruction, a training agenda, course activities, and trainee evaluation.

Additional materials used by participants during the lifestyle intervention include the following:

Food and Activity Tracker log book is for participants to write down daily food intake, physical activity, and weight, and which the lifestyle coach reviews to provide feedback to the participant.

Fat and Calorie Counter book is for participants to use to identify fat and calorie information for foods and beverages they consume.

Contents

Front Matter: How to Use the Lifestyle Coach Facilitation Guide

Chapter 1: Welcome to the National Diabetes Prevention Program

Chapter 2: Be a Fat and Calorie Detective

Chapter 3: Three Ways to Eat Less Fat and Fewer Calories

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Your Health Matters: Growing Active Communities
Community Health Workers/Community Health Worker Instructors
Pilot Training Satisfaction Survey and Evaluation Form
Location, Date

Please help us improve! Your input is important to us. It helps us improve the quality and effectiveness of the course. This form consists of two parts:

Part 1: *An outline of the course with space for you to write down comments about this session as it is delivered. This part of the evaluation form is included because this session is a pilot of the course. Your comments will help us figure out how to improve the format of the course.*

Part 2: *A general evaluation section. This part of the evaluation form asks you to provide an overall evaluation of this session.*

Part 3: *The confidence section is a space for you to mark your confidence with this material at the beginning and end of the training.*

Put a circle around the number that represented your confidence level at the *start* of the training:

How confident are you that you can reduce obesity in your community by making policy improvements, systems and environmental and policy changes that increase physical activity?

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
-------------------	---	---	---	---	-----------------	---	---	---	---	--------------

Part 1: Comments on Pilot Session Sections

If you think a section worked well, please put a checkmark in the “Okay” column. If it needs work, please put a checkmark in the “Needs work” column and write down how you think the section can be improved.

Section	Okay	Needs Work	How to Improve

[illegible]

Part 2: Overall Training Evaluation

1. My overall evaluation of the course is:	EXCELLENT	GOOD	FAIR	POOR
2. Overall quality of presentations:	EXCELLENT	GOOD	FAIR	POOR
3. Did the program meet your expectations?	YES	PARTLY	NO	
4. Would you tell a friend to take this course?	YES	MAYBE	NO	
5. Was there enough time for discussion and questions?	YES		NO	
6. Can you use information right away?	YES	SOME	NO	

7. What did you like **best** about the course?

8. What did you like **least** about the course?

Part 3: Confidence Scale

9. Put a **circle** around the number that best represents your confidence level at the **end** of the training:

How confident are you that you can reduce obesity in your community by making policy improvements, systems and environmental and policy changes that increase physical activity?

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
-------------------	---	---	---	---	-----------------	---	---	---	---	--------------

Describe how you will use the information presented today.

Additional Comments:

Name (Optional): _____

ID# _____

Date _____

Location _____

Your Health Matters: Growing Active, Healthy Communities Evaluation Form

Please help us improve! Your input is important to us. It helps us improve the quality and effectiveness of the course.

Confidence Scale: Before

1. Put a *circle* around the number that represented your confidence level at the *start* of the training:

How confident are you that you can reduce obesity in your community by making policy improvements, systems and environmental and policy changes that increase physical activity and healthy eating?

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
-------------------	---	---	---	---	-----------------	---	---	---	---	--------------

Overall Training Evaluation

2. My overall evaluation of the course is:	EXCELLENT	GOOD	FAIR	POOR
3. Overall quality of presentations:	EXCELLENT	GOOD	FAIR	POOR
4. Did the program meet your expectations?	YES	PARTLY	NO	
5. Would you tell a friend to take this course?	YES	MAYBE	NO	
6. Was there enough time for discussion and questions?	YES		NO	
7. Can you use information right away?	YES	SOME	NO	

8. What did you like **best** about the course?

9. What did you like **least** about the course?

ID# _____

Date _____

Location _____

Confidence Scale: After

10. Put a *circle* around the number that best represents your confidence level at the *end* of the training:

How confident are you that you can reduce obesity in your community by making policy improvements, systems and environmental and policy changes that increase physical activity and healthy eating?

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
-------------------	---	---	---	---	-----------------	---	---	---	---	--------------

11. Describe how you will use the information presented today.

12. Additional Comments:

Name (Optional): _____

Your Health Matters: Growing Active Communities 3-Month Follow Up

***1. In which city did you attend the Your Health Matters: Growing Active Communities training?**

- ☐ Dallas, Texas (March 19, 2013)
- ☐ Nacogdoches, Texas (April 5, 2013)
- ☐ Laredo, Texas (June 20, 2013)
- ☐ Brownsville, Texas (June 28, 2013)

***2. How long have you been a community health worker?**

Years

Months

***3. How long have you been certified by the Department of State Health Services as a Community Health Worker? If you are not certified, please put a "0" in the boxes below.**

Years

Months

***4. Gender:**

- ☐ Female
- ☐ Male

***5. Are you currently paid to work as a CHW?**

- ☐ Yes
- ☐ No

Your Health Matters: Growing Active Communities 3-Month Follow Up

***6. Where are you currently employed as a CHW?**

- ☐ City Health Department
- ☐ University
- ☐ Community Organization
- ☐ Hospital/Clinic
- ☐ Self-employed
- ☐ Not currently working as a CHW

Other (please specify)

***7. Are you certified by DSHS as a Community Health Worker Instructor?**

- ☐ Yes
- ☐ No

Your Health Matters: Growing Active Communities 3-Month Follow Up

***8. How long have you been certified by the Department of State Health Services as a Community Health Worker Instructor?**

Years

Months

***9. BEFORE you participated in the Your Health Matters: Growing Active Communities training had you been involved in a policy improvement, system or environmental change change effort related to physical activity? (Examples: promoted access to free or low-cost exercise classes, created safe paths or trails for walking/bicycling, been involved in the creation of complete streets policies to provide access to all users, pedestrians, bicyclists, cars, etc.)**

☐ Yes

☐ No

Your Health Matters: Growing Active Communities 3-Month Follow Up

***10. Please describe the change effort(s) to improve physical activity you were involved in prior to the training.**

***11. Please rate your ability to do the following AFTER the Your Health Matters: Growing Active Communities training:**

	Not at all	A little	Somewhat	Able	Very able
Discuss the causes and health consequences of inactivity and the growing obesity epidemic in the United States.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate current physical activity recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss why it is important to listen to members of your local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine what defines a community i.e. culture, language, geography.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Define policy improvements, systems and environmental change as it relates to physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify evidence-based strategies to support increased physical activity in your community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify ways to determine gaps and assets which influence physical activity in your community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify potential community partners to work with to create an active community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice techniques to increase confidence in and ability to engage community partners and grow active communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prioritize evidence-based strategies to support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Health Matters: Growing Active Communities 3-Month Follow Up

increased physical activity
in your community.

Describe the roles of
decision makers to
influence/improve public
policy and create active
communities.



Communicate effectively
with your community
leaders and decision
makers.



Identify appropriate
techniques to evaluate
physical activity initiatives.



***12. In the PAST THREE MONTHS, since the Your Health Matters: Growing Active Communities training, have you been involved in a policy improvement, system or environmental change effort related to physical activity? (Examples: promoted access to free or low-cost exercise classes, created safe paths or trails for walking/bicycling, been involved in the creation of complete streets policies to provide access to all users, pedestrians, bicyclists, cars, etc.)**

☐ Yes

☐ No

Your Health Matters: Growing Active Communities 3-Month Follow Up

***13. Please describe the change effort(s) to improve physical activity referred to in the previous question.**

14. Please describe in what ways, if any, you used the information you learned from the Your Health Matters: Growing Active Communities curriculum to make changes in your community.

***15. On a scale of 0-10, please rate how much the Your Health Matters: Growing Active Communities training helped you become more confident in implementing a policy improvement, system or environmental change to promote physical activity in your community.**

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***16. On a scale of 0-10, please rate how much the Your Health Matters: Growing Active Communities training helped you become a better Community Health Worker.**

0 (Not at all)	1	2	3	4	5 (Somewhat)	6	7	8	9	10 (Very)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please type your email address:

Please note the information in parentheses, italics and bolded is for the site coordinators

Telephone Interview

Hi my name is name. I am calling to follow up on the Your Health Matters: Growing Active Communities training for Community Health Workers that you attended on date in city. I would like to ask you a few questions about your experiences / **(or knowledge of CHW experiences in your role as a site coordinator)** since the training, do you have 5-10 minutes to talk or is there another time that would be better for me to call back at?

If good time, continue.

If bad time, ask for a date and time to call back.

I am interested in learning about any community change efforts you (or the CHWs) have started or made as a result of the Your Health Matters: Growing Active Communities training.

Have you **(or the CHWs)** been involved in a policy improvement or a systems or environmental change to improve physical activity in your community since the training? (Give examples if necessary)

For each effort, obtain the following information:

Effort 1:

-Describe effort

-Date initiated

-Did you partner with others? If so who?

-How far into the process are you?

-What has been accomplished?

Effort 2:

-Describe effort

-Date initiated

-Did you partner with others? If so who?

-How far into the process are you?

-What has been accomplished?

Effort 3:

-Describe effort

-Date initiated

-Did you partner with others? If so who?

-How far into the process are you?

-What has been accomplished?

If they haven't started improvements/changes yet:

Are there improvements you have started (**the CHWs have discussed with you that they have started**) to create action plans for in your community?

Based on the experiences in the last three months since the Your Health Matters: Growing Active Communities training please make suggestions for what could be modified in the curriculum to better support positive outcomes and avoid negative outcomes?

ID# _____

Date _____

Location _____

Your Health Matters: Growing Active, Healthy Communities

Participant Demographics Form

1. What is your ethnicity? (Please select all that apply.)

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ White / Caucasian
- ☐ Prefer not to answer

Other (please specify): _____

2. Gender:

- ☐ Female
- ☐ Male

3. Are you a Community Health Worker or CHW Instructor? (Please select all that apply.)

- ☐ Yes, I am a Community Health Worker
- ☐ Yes, I am a Community Health Worker Instructor
- ☐ No, I am neither

If NO, what is your title? _____

4. Where are you currently employed?

- ☐ City Health Department
- ☐ University
- ☐ Community Organization
- ☐ Hospital/Clinic
- ☐ Government
- ☐ Self-employed
- ☐ Not currently working
- ☐ Other: _____

5. How long have you been in your current position?

Years: _____

Months: _____

6. Please list the health topic(s) you most often work in:

Demographics Form Table

					Ethnicity (%)								Gender (%)			Certification (%)			Workplace (%)											Years in current position (%)			
Date	City	Language	# attended	n=	AIAN	API	BAA	HL	WC	PNA	O	n=	F	M	n=	CHW	CHWI	n=	CHD	U	CO	HC	G	SE	NCW	O	n=	< 1	1- 3	3- 5	5+		
Your Health Matters: Growing Active Communities																																	
*3/19/13	Dallas	English	22										95	5		68	18											15	46	31	8		
*4/5/13	Nacogdoches	English	12										83	17		33	8											60	30	10	0		
*6/20/13	Laredo	Spanish	16										81	19		44	31											25	25	0	50		
*6/28/13	Brownsville	Spanish	33										97	3		46	49											74	9	0	17		
*11/5/13	Austin	English	39										84	16		46	27											18	59	0	24		
*1/16/14	Brownsville	English	14										100	0		31	0											67	0	0	33		
Your Health Matters: Growing Active, Healthy Communities																																	
5/19/14	El Paso	English	24	24	0	0	8	67	25	0	0	24	83	17	24	38	4	24	4	21	8	8	38	0	4	25	24	42	17	21	21		
5/20/14	El Paso	Spanish	26	26	0	0	0	96	4	0	0	26	100	0	26	81	15	26	4	31	42	12	4	0	4	12	22	8	46	23	19		
6/25/14	Harlingen	Spanish	95	68	1	0	0	96	3	0	0	64	91	9	65	89	11	67	6	21	34	1	3	3	15	16	54	20	20	24	35		
8/19/14	Houston	English	31	26	4	0	50	35	12	0	0	26	100	0	25	81	4	27	4	4	15	26	4	0	19	30	20	25	35	15	25		
9/3/14	Austin	English	30	29	0	0	10	48	41	0	0	29	66	34	29	52	34	29	3	7	24	10	3	7	3	41	28	14	18	18	50		
9/4/14	Austin	Spanish	25	24	0	0	0	100	0	0	0	24	92	8	23	83	17	24	4	0	21	17	4	8	21	25	21	14	43	24	19		

Health topics most often worked in: Community Health, Mental Health, STIs, Obesity Prevention, Cancer, Water Quality, Youth Engagement, Latent TB Infection, Immunizations, Nutrition, Colorectal Cancer, Diabetes, Cardiovascular Diseases, Physical Activity, Health Prevention, Tobacco Cessation

Ethnicity: American Indian or Alaskan Native (AIAN); Asian or Pacific Islander (API); Black or African American (BAA); Hispanic or Latino (HL); White/Caucasian (WC); Prefer not to answer (PNA); Other (O)
Certification: Community Health Worker (CHW); Community Health Worker Instructor (CHWI)
Workplace: City Health Department (CHD); University (U); Community Organization (CO); Hospital/Clinic (HC); Government (G); Self-employed (SE); Not currently working (NCW); Other (O)

*: Demographics Form not created until May 2014, this data was taken from the Sign-In Sheet and 3-Month Follow-Up Survey, some categories left blank for unknown data



Texas State Board of Social Workers Examiners

P.O. Box 149347 - Austin, Texas 78714-9347

(800) 232-3162 or (512) 719-3521 - fax (512) 834-6677

lsw@dshs.state.tx.us - <http://www.dshs.state.tx.us/socialwork>

July 25, 2014

ROSALIA GUERRERO
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
SCHOOL OF PUBLIC HEALTH
1200 PRESSLER, RAS E907
HOUSTON TX 77030

Dear Continuing Education Sponsor:

This letter is official notification that the Texas State Board of Social Worker Examiners has approved your organization to provide continuing education activities for social workers. It is important that each organization familiarize itself with Title 22, Texas Administrative Code, Chapter 781-Subchapter E, regarding continuing education.

PROVIDER NAME: THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
PROVIDER NUMBER: 6700
EXPIRATION DATE: July 31, 2015

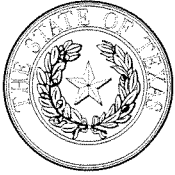
The board audits a random sample of continuing education providers each quarter. If you are selected for audit, you will be required to submit documentation relating to your continuing education offerings. The documentation will be evaluated for compliance with the rules cited above. If necessary, it will be forwarded to the appropriate board committee for review. The board may rescind approval to offer continuing education programs for failure to respond to an audit request or failure to offer continuing education programs that comply with the board's rules.

For further assistance, please contact us by phone at 512/719-3521 or 800/232-3162, by fax at 512/834-6677, or by e-mail at lsw@dshs.state.tx.us, and include your license number and license profession in all correspondence. Please visit the program website at <http://www.dshs.state.tx.us/socialwork/> for updated program information, license verification, and to review or print current board laws and rules.

Sincerely,

Licensing Staff
Board of Social Work Examiners
Division for Regulatory Services

Consumer Complaint Hotline 1-800-942-5540
Consumer Complaints: PO Box 141369, Austin, TX 78714-1369



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

April 16, 2013

University of Texas School of Public Health
Nancy Crider, Dr. PH, RN
1200 Herman Pressler Dr. E-905
Houston, Texas 77030

Dear Nancy:

The Texas Department of State Health Services (DSHS) has received the application for renewal of certification of University of Texas School of Public Health as a training program/sponsoring organization for promotores or community health workers and instructors of promotores or community health workers. This is to inform you that the application was:

☒ Approved

University of Texas School of Public Health has been re-certified as a training program/sponsoring organization for promotores or community health workers under the following category(ies):

- ☒ Provide training to promotores or community health workers.
- ☐ Provide training to instructors of promotores or community health workers.
- ☒ Provide training to fulfill continuing education requirements (20) continuing education units per biennium for promotores community health workers as detailed in § 146.12).
- ☒ Provide training to fulfill continuing education requirements (20) continuing education units per biennium for instructors as detailed in § 146.12).

Enclosed please find your Certificate of Competence. The certificate will expire on March 31, 2015

As a reminder, certified training programs/sponsoring organizations are required to:

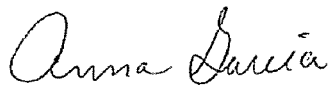
- Report the names of individuals to the department who have successfully completed the training program within 30 days of program completion.
- Maintain an accurate record of each person's attendance and participation for not less than five years.

Right to inspect

The Texas Department of State Health Services reserves the right to inspect facilities and documentation and to monitor training programs/sponsoring organizations, and instructors.

Please be sure to periodically check our web site for revisions to the application, renewal and administrative rules at: <http://www.dshs.state.tx.us/mch/chw.shtm>. For questions, please contact the Promotor(a) or Community Health Worker Training and Certification Program at CHW@dshs.state.tx.us or call 512.776.3860.

Sincerely,

A handwritten signature in cursive script that reads "Anna Garcia".

Anna Garcia
Program Coordinator
Promotor(a)/Community Health Worker Training and Certification Program



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Be it known that

University of Texas School of Public Health

is hereby authorized and certified in the State of Texas as a Sponsoring Institution or Training Program for Promotores or Community Health Workers to: Provide training to Promotores or Community Health Workers and provide training to fulfill continuing education requirements for Promotores or Community Health Worker and instructors of Promotores or Community Health Workers and is hereby entitled to rights and privileges set forth by Texas Health and Safety Code, Chapter 48, 25 Texas Administrative Code, Subsections 146.1-146.12 rules regarding training and certification of Promotores or Community Health Workers so long as the certificate is not revoked or suspended and is renewed according to the law.

Oscar Muñoz, MPA
Presiding Officer
Promotor(a)/Community Health Worker
Training and Certification Program Advisory Committee

David L. Lakey, M.D.
Commissioner
Texas Department of State Health Services

Certificate Number: 27
Expiration Date: March 31, 2015

Your Health Matters: Growing Active Communities

Pre/Post Knowledge Questionnaire

March 19, 2013

1. The Centers for Disease Control states that ____ out of 5 individuals are not physically active enough to achieve health benefits.
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. I don't know.
2. House cleaning is an example of which level of activity?
 - a. Light
 - b. Moderate
 - c. Vigorous
 - d. House cleaning does not count as being active.
 - e. I don't know.
3. Posting mile markers on trails and other areas for physical activity is an example of ____ change.
 - a. Policy
 - b. Environmental
 - c. Unnecessary
 - d. Nature
 - e. I don't know.
4. Business and faith communities, clinics and health care centers, schools, city officials, and community members are all important partners to consider having in a coalition.
 - a. True
 - b. False
 - c. I don't know.
5. In order to find data about the health of my community, I should:
 - a. Only collect data myself.
 - b. Only rely on one partner.
 - c. Collect some data myself and look for partners at universities, hospitals, or clinics.
 - d. Not collect any data.
 - e. I don't know.
6. "Evidence-based strategies" are based on studies that have not been funded or published.
 - a. True
 - b. False
 - c. I don't know.

7. For policy and environmental change, I should prioritize changes that affect:
 - a. Myself
 - b. My family
 - c. My community
 - d. Myself, my family, and my community
 - e. I don't know.
8. Policy makers play multiple roles in a community. They may be members of school boards, parks and recreation departments, and law enforcement.
 - a. True
 - b. False
 - c. I don't know.
9. The most effective way to influence a policy maker is:
 - a. By making phone calls.
 - b. By writing letters.
 - c. By meeting in person.
 - d. At town hall meetings.
 - e. I don't know.
10. Which of these is NOT an example of policy and environmental change?
 - a. Increasing safety with better crosswalks, traffic speed reduction measures, and street lighting.
 - b. Agreements between schools and the community that let the community use school grounds after school hours.
 - c. A health fair focused on healthy eating and physical activity.
 - d. Posting mile markers on trails and other areas for physical activity.
 - e. I don't know.

Your Health Matters: Growing Active Communities
Knowledge Questionnaire
April 5, 2013

1. The Centers for Disease Control states that ____ out of 5 individuals are not physically active enough to achieve health benefits.
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. I don't know.

2. House cleaning is an example of which level of activity?
 - a. Light
 - b. Moderate
 - c. Vigorous
 - d. House cleaning does not count as being active.
 - e. I don't know.

3. A healthy community is one that:
 - a. Puts resources into prevention.
 - b. Has sidewalks, parks, and other infrastructure to be active.
 - c. Has community members who keep to themselves.
 - d. Answers A and B.
 - e. All of the above
 - f. I don't know.

4. Posting mile markers on trails and other areas for physical activity is an example of ____ change.
 - a. Policy
 - b. Environmental
 - c. Unnecessary
 - d. Nature
 - e. I don't know.

5. Which of the following are the most important partners to consider having in a coalition?
 - a. Business and faith communities
 - b. Clinics and health care centers
 - c. Schools and community members
 - d. All of the above are important partners.
 - e. I don't know.

6. “Evidence-based strategies” are recommended because:
 - a. They are shown to work in scientific studies.
 - b. They are trendy.
 - c. They are less expensive.
 - d. All of the above.
 - e. I don’t know.
7. For policy and environmental change, I should prioritize changes that:
 - a. Improve my own health.
 - b. Improve the health of my family.
 - c. Are doable and important for the community.
 - d. Are popular with policymakers.
 - e. I don’t know.
8. Policy makers play multiple roles in a community. They may be members of school boards, parks and recreation departments, and law enforcement.
 - a. True
 - b. False
 - c. I don’t know.
9. The most effective way to influence a policy maker is:
 - a. By making phone calls.
 - b. By writing letters.
 - c. By meeting in person.
 - d. At town hall meetings.
 - e. I don’t know.
10. Which of these is NOT an example of policy and environmental change?
 - a. Increasing safety with better crosswalks, traffic speed reduction measures, and street lighting.
 - b. Agreements between schools and the community that let the community use school grounds after school hours.
 - c. A health fair focused on healthy eating and physical activity.
 - d. Posting mile markers on trails and other areas for physical activity.
 - e. I don’t know.

Your Health Matters: Growing Active Communities

Knowledge Questionnaire

June 20 and 28, 2013

1. The Centers for Disease Control states that ____ out of 5 individuals are not physically active enough to achieve health benefits.
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. I don't know.
2. House cleaning is an example of which level of activity?
 - a. Light
 - b. Moderate
 - c. Vigorous
 - d. House cleaning does not count as being active.
 - e. I don't know.
3. Posting mile markers on trails and other areas for physical activity is an example of _____.
 - a. Policy improvement
 - b. Environmental change
 - c. Systems change
 - d. Nature change
 - e. I don't know.
4. "Evidence-based strategies" are recommended because:
 - a. They are shown to work in scientific studies.
 - b. They are trendy.
 - c. They are less expensive.
 - d. All of the above.
 - e. I don't know.
5. Which of the following assessment tools best allows community members to take an active role in determining the safety of a route in their neighborhood?
 - a. Observations.
 - b. Discussion groups.
 - c. Walkability survey.
 - d. PhotoVoice.
 - e. I don't know.

6. Which of the following are important partners to consider having in a coalition?
 - a. Business and faith communities
 - b. Clinics and health care centers,
 - c. Schools and community members
 - d. All of the above.
 - e. I don't know.
7. An effective coalition is made up of representatives who all share the same background.
 - a. True
 - b. False
 - c. I don't know.
8. For policy improvements, systems and environmental change, I should prioritize changes that are:
 - a. Important and doable.
 - b. Inexpensive and easy.
 - c. Important and easy.
 - d. Doable and inexpensive.
 - e. I don't know.
9. Which of the following statements is true?
 - a. Evaluation is something to do once and you can be done with it.
 - b. Evaluation is a whole new set of activities that we do not have time or resources for.
 - c. Evaluation is not important because I have asked my community and they have told me what works.
 - d. None of the above.
 - e. I don't know.
10. Which of these is NOT an example of policy improvements, systems or environmental change?
 - a. Increasing safety with better crosswalks, traffic speed reduction measures, and street lighting.
 - b. Agreements between schools and the community that let the community use school grounds after school hours.
 - c. A health fair focused on healthy eating and physical activity.
 - d. Posting mile markers on trails and other areas for physical activity.
 - e. I don't know.

ID# _____
Date _____ A.M./P.M. (circle one)
Location _____

Your Health Matters: Growing Active, Healthy Communities
Knowledge Questionnaire
FINAL

1. The Centers for Disease Control states that ____ out of 7 individuals do not eat enough fruits and vegetables to achieve health benefits.
 - a. 3
 - b. 4
 - c. 5
 - d. 6
 - e. I don't know
2. House cleaning is an example of which level of activity?
 - a. Light
 - b. Moderate
 - c. Vigorous
 - d. House cleaning does not count as being active
 - e. I don't know
3. A community is solely defined by geographic or political boundaries.
 - a. True
 - b. False
 - c. I don't know
4. Starting a farmers market or community garden to improve access to fruits and vegetables is an example of _____.
 - a. Policy improvement
 - b. Environmental change
 - c. Systems change
 - d. Nature change
 - e. I don't know
5. "Evidence-based strategies" are recommended because _____.
 - a. They are shown to work in scientific studies
 - b. They are trendy
 - c. They are less expensive
 - d. All of the above
 - e. I don't know
6. Which of the following assessment tools best allows community members to take an active role in determining the safety of a route in their neighborhood?
 - a. Observations
 - b. Discussion groups
 - c. Walkability survey
 - d. PhotoVoice
 - e. I don't know
7. An effective coalition is made up of representatives who share the same background and perspectives.
 - a. True
 - b. False
 - c. I don't know

ID# _____
Date _____ A.M./P.M. (circle one)
Location _____

8. Which of the following are important partners to consider having in a coalition?
- a. Business and faith communities
 - b. Clinics and health care centers
 - c. Schools and community members
 - d. All of the above
 - e. I don't know
9. Which of the following is NOT part of the steps to talk with community leaders and decision makers?
- a. Hook
 - b. Line
 - c. Sinker
 - d. Catch
 - e. I don't know
10. For policy improvements, systems and environmental changes, I should prioritize changes that are ____.
- a. Important and doable
 - b. Inexpensive and easy
 - c. Important and easy
 - d. Doable and inexpensive
 - e. I don't know
11. Which of the following statements is true?
- a. Evaluation is something to do once when conducting an intervention
 - b. Evaluation does not require additional resources.
 - c. Evaluation is not important because I have asked my community and they have told me what works.
 - d. None of the above
 - e. I don't know
12. Which of these is NOT an example of policy improvements, systems or environmental change?
- a. Increasing safety with better crosswalks, traffic speed reduction measures, and street lighting along routes to grocery stores
 - b. Agreements between schools and the community that let the community use school grounds after school hours
 - c. A health fair focused on healthy eating and physical activity
 - d. Labeling menus with nutrition information to encourage healthy eating
 - e. I don't know
13. Which of the follow places will you NOT find evidence-based strategies and examples to support increased physical activity and healthy eating in your community?
- a. The Community Guide
 - b. Planhealthytexas.com
 - c. Evidence for Community Planning
 - d. All of the above
 - e. I don't know