CHI approach: Environmental and policy change
Why focus on place?

San Francisco Bay Area – Kaiser Permanente Members
Poverty, Diabetes and Obesity (2010)
Current CHI communities: 40 and growing
Evaluation methods overview

Community capacity & collaborative functioning
- Key informant interviews

Progress and strategy level evaluation
- DOCC (regional & community specific strategy evaluation)
- Photovoice and photo documentation
- School survey (some community specific questions)
- Adult survey (some community specific questions)

Population level behavior & biometric trends

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<tr>
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<th>0-4 yrs</th>
<th>Grade K-5</th>
<th>Grade 7-8</th>
<th>Grade 9-12</th>
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## CHI evaluation measurement timeline

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<th>CO LiveWell</th>
<th>GA</th>
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**MEASURES**
- Blue circle: Baseline
- Red circle: Endpoint
“Population” because it applies to the whole community

Population dose

- **Dose**
  - Number of people exposed

- **Reach**
  - Impact for each person reached

- **Strength**

Dose = Reach + Strength
Increasing dose

- 50% healthy vending slots
- Vending ban
- Whole school reform
- School + corner stores
- Walk to school day
- Walk to school year
- Complete streets
- Streets + school PA
Findings: Community changes—HEAL-CHI

Healthcare
- BMI as a vital sign
- Breastfeeding promotion
- Hospital cafeteria

Neighborhoods
- Parks, trails and other active public spaces
- General Plan amendments
- Corner store conversion
- Farmers markets and community gardens

Schools
- Cafeteria reforms
- PE standards, after-school programs
- Joint use agreements
- Safe routes to school

Worksites
- Stairwell prompts
- Lactation support
- Worksite wellness programs

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Distribution of dose

Strength

High

Medium

Low

Reach

Low

Medium

High

1 0 2

9 7 7

6 9 11

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Promising strategy areas

Physical activity

Food standards

High dose strategies in schools
Population-level change

**CHI community**
- 61%
- 67%

**Comparison**
- 56%
- 51%

20+ minutes physical activity

**CHI community**
- 54%
- 70%

**Comparison**
- 43%
- 22%

In healthy fitness zone

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Implications

If we don’t have dose, we are not likely to have impact—at the population level.

We need to build dose into planning, technical assistance, strategy selection.

Dose compels a focus on policy implementation as well as adoption.

We also must consider overall alignment of strategies—reaching the same population with multiple coordinated interventions.
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