

**Results of The CHANGE Tool Survey 2017**

**Provided by The City of Montgomery and the River Region Obesity Task Force**

**With Support from The Wellness Coalition and the Centers for Disease Control and Prevention**

**Background and Need:**

In 2010, the Montgomery, Alabama metropolitan area tied with Stockton, California for the most obese metro area in America according to a Gallup poll of 187 metropolitan areas. The poll further stated that Montgomery metro residents ranked 171st for healthy behaviors, ranked 156th for physical health and was worse than the national average when it comes to diabetes, hypertension, high cholesterol, percent of people who have money for enough food, percent of people who have suffered heart attacks and percent of people who have health insurance. A local effort to address this problem was spearheaded by the City of Montgomery when Mayor Todd Strange appointed Michael Briddell “Health Czar.” Mr. Briddell’s approach to the problem started with two baseline assumptions: the simplest way to decrease obesity is to get individuals to burn more calories than they consume; there are limited methods that governments have to compel citizens to have active lifestyles or eat healthier diets.

The City of Montgomery’s Health Czar set out to impact change in many ways. To heighten awareness of fitness and nutrition issues, he entered into an agreement with WSFA-TV, the area’s NBC affiliate. Every first Friday of the month, the station’s 11:00 a.m. newscast runs a segment titled “Fitness First Fridays”. Topics have included: how to count calories, exercise gear for cold weather, maintaining a healthy diet during the holiday season, promotion of upcoming health/fitness events, the sugar content of foods and drinks, etc. Tonya Terry, WSFA’s popular female anchor used one segment to introduce her own health initiative: Women Out Walking (WOW) to encourage women to walk regularly.

Media attention of the obesity issue served as a catalyst that encouraged the development of public fitness events. The “Health Czar” also serves as a liaison with the City of Montgomery to help ensure the permitting process is followed and any needed City services are secured. New events such as the Montgomery Half-Marathon (with accompanying 5K and kid’s mile races), Dragonboat Races on the Alabama River, the LifeSouth Kids Marathon (first 25 miles completed incrementally on an individual basis), the Montgomery Corporate Challenge and a new triathlon competition enjoyed tremendous public support. There are races taking place nearly every week of the year in the Montgomery metropolitan area. In March of 2014 the City of Montgomery hosted its first full marathon! Mr. Briddell also facilitates working with churches to reach their congregations about health, serving on the board of The Wellness Coalition, and other things that showed his heart for helping others achieve a better life through health.

The City of Montgomery expanded their efforts by working with Central Alabama Regional Planning & Development Commission (CARPDC) to identify policy and funding opportunities for decreasing obesity. Among CARPDC’s first accomplishments was securing a grant from the Alabama Department of Transportation to implement Safe Routes to School walking and biking programs across the metro area. Superintendents in six systems agreed to identify schools in their districts that would participate in National Walk or Bike to School Day. Door prizes were given to every student who took part and random drawings for free bicycles and helmets at schools with the highest engagement helped ensure robust participation. Parents were encouraged to walk with their children to school. Students who rode school buses were delivered one-half mile away from campus and walked with school appointed chaperones. Schools located on streets with too much traffic, coordinated walk routes on their campuses for students to complete before the first class. The school events were covered by the local media and helped to heighten awareness of the dangers of childhood obesity. Walk or Bike to School Day has become an annual event. To date, dozens of schools have taken place in RROTF coordinated activities engaging thousands of River Region students.

While there will always be room for improvement, but meaningful progress is being made. The Gallup-Healthways poll that initially highlighted the obesity epidemic for local officials has shown annual declines in the metro area obesity rate: 34.6% for 2009, 33.4% for 2010, 30.9% for 2011 and 27.1% for 2012 (the last year for which results have been released). The drop of 7.5 percentage points translates to 30,000 fewer obese people. Positive movement has also taken place in the percentages of people who: exercise frequently (from 43.3% to 51.5%) and eat produce regularly (from 52.7% to 58.6%).

Isolated, single events can attract motivated individuals to move toward a healthy lifestyle; but a widespread, long-term, community-wide shift requires a wide net that analyzes environmental and systemic conditions that are contributing to obesity. The City and its partners knew that it was important to hear from the public about what makes living a healthy lifestyle both difficult and more convenient for them. After researching available methods for gathering feedback from the public, a survey instrument was selected, an exercise prescribed by the Centers for Disease Control and Prevention (CDC) called the CHANGE tool. CHANGE stands for Community Health Assessment aNd Group Evaluation. CARPDC assisted the City in implementing the CHANGE tool survey. Day long meetings were held in each of the five counties of the River Region (Montgomery metropolitan area) to learn citizen perceptions of the top obstacles in the fight against obesity. CHANGE tool meetings attracted 145 participants comprised of individuals and agents from 85 community institutions and organizations.

The Center for Disease Control’s (CDC’s) Community Health Assessment aNd Group Evaluation (CHANGE) Tool was completed in the metro area in 2012. The CHANGE Tool promised to provide a road map for policy and environmental change that would prompt healthy lifestyle changes and decrease obesity rates in the long term. The CHANGE Tool is a series of survey questions posed community members in survey form as to gain baseline knowledge of deficiencies in healthy environments and policies. Once the deficiencies are identified, an Action Plan is formulated in order to make policies and the environment more conducive to healthy lifestyles. The River Region Obesity Task Force (RROTF) organized as the forum for 85 organizations to work together to implement the CHANGE Tool action plan.

When the CHANGE Tool was completed in 2012, people in the five Montgomery metro area (River Region) counties were surveyed at five separate day-long events held in each of the counties. The assessment found:

1. worksites did not support physical activity with policy or environment;
2. schools were not getting the required 60 minutes of physical education per day;
3. health care organizations were meeting standards regarding physical activity, tobacco use, chronic disease management and leadership, but were falling short in the area of nutrition;
4. community institutions and organizations were not stepping up to help improve policies and the environment related to nutrition, tobacco use, chronic disease management and leadership;
5. that overall in the Montgomery metro area, the built environment is not conducive to promoting physical activity;
6. That overall there is a lack of education throughout the community on obesity and chronic disease prevention;
7. That overall greater access is needed to healthy foods, chronic disease management, and other programs and services that support a healthy lifestyle;
8. That leadership was needed in our communities to promote change.

Since leadership was identified as a need, the City of Montgomery Health Czar, Michael Briddell helped facilitate the creation of the River Region Obesity Task Force. With leadership from the Health Czar and membership from among the individuals and organizations that completed the CHANGE tool, plans were made to address the other deficiencies identified. The results of the CHANGE Tool have directed the efforts of the River Region Obesity Task Force and the City of Montgomery’s Health Czar since 2012. A River Region Obesity Task Force Partner, The Wellness Coalition, decided to seek Racial and Ethnic Approaches to Community Health (REACH) funding from the CDC in 2014 in order to address several of the needs identified in the CHANGE tool including:

* increasing access to healthy food through:
	+ establishing healthy corner stores in food deserts;
	+ Establishing a community garden training program;
	+ Increasing the number of produce vendors or food hubs;
	+ Supporting the River Region Food Policy Council.
* Increasing opportunities for chronic disease risk reduction and management via:
	+ Green prescriptions for healthy food and physical activity;
	+ Increasing the number of community health workers in community institutions and organizations;
	+ and increasing chronic disease management through evidence-based programs.
* Helping sustain established leadership provided by The River Region Obesity Task Force.

The Wellness Coalition partnered with the City of Montgomery and the River Region Obesity Task Force to assist in implementing these relevant parts of the CHANGE Tool action plan with REACH funds. Many gains have been made thanks to all of the partner’s efforts. The CDC prescribes that the CHANGE Tool is to be re-administered every five years in order to monitor progress and update the action plan. The community partners also thought that it was important to include an update of the CHANGE Tool as part of the REACH budget in order to strengthen the efforts of the REACH program and provide for important community feedback that can direct leadership for years to come. Updating the CHANGE Tool and adopting another action plan is another step towards region-wide adoption of healthy lifestyles. Re-doing the assessment will provide insight into whether or not people’s perception of policies and the environment relative to healthy lifestyles has changed in the past five years.

**Method:**

When the CHANGE Tool was completed in 2012, day-long meetings were held in each of the five River Region (Montgomery metro area) counties. People had to spend the day away from work or caring for their loved ones in order to participate, which was not ideal. In 2017, the CHANGE Tool survey was adapted into a shorter survey with 16 pieces of demographic information and 40 survey questions that could be completed either online or in person over a much shorter time frame. This methodology allowed us to receive survey data from 500 people in 2017, while we surveyed approximately 80 people in 2012.

The City of Montgomery and River Region Obesity Task Force reached out to potential CHANGE Tool respondents through various social media, made appearances on multiple broadcast media outlets, organized a raffle to award tickets to Auburn, Alabama and Alabama State University football games, distributed through partner agencies like AARP, LifeSouth, and others. Lastly, appeals were made at community meetings and also visited churches in the REACH projects census tract areas.Funding for the survey was provided by the CDC through The Wellness Coalition’s REACH cooperative agreement, therefore our physical outreach efforts were focused on the target population of REACH, which is low-income blacks with low levels of educational attainment whom are identified as the most vulnerable population in the River Region by Community Commons.

Survey respondents were directed to RiverRegionObesityTaskForce.org to take the survey online.  Hard copies were also distributed to be completed by hand. 189 physical surveys were completed and 311 surveys were completed on-line for a total of 500 surveys completed.Internet surveys were completed by whoever clicked in.  Many of the face-to-face surveys were completed by respondents who live in the REACH targeted Census tracts. Churches in Lowndes and Macon Counties were visited.  Copies of the survey were available at the LifeSouth blood donation center.  AARP distributed surveys at its events and meetings.  Surveys were also distributed at CARPDC’s Healthy Foods, Healthy Economics seminar and at meetings of the River Region Obesity Task Force. In some instances, AARP allowed people to complete the hard copy surveys at their leisure and return them when completed.  Other hard copy surveys were completed during a set time (e.g. middle of a meeting or seminar, following a church service, etc).  Surveys completed online were done at the leisure of the respondent.

Survey results were either entered into Microsoft Excel by City of Montgomery Personnel in the case of the physical survey forms, or imported into Microsoft Excel from the web-based survey. Data entry accuracy was validated with a 10% review of survey forms hand-entered and found to be 100% accurate. The quantitative data were then analyzed using methods such as data tabulations, percent distributions, frequency distributions, and mode. The results obtained will demonstrate how respondents perceive existing policies and the environment relative to how it enables people to live healthy lifestyles.

**Results**

The demographic and geographic make-up of the survey respondents, as well as their responses to some basic healthy lifestyle questions is as follows:

Regarding the survey questions themselves, they are presented as 40 statements about four major categories of community life: the community at large, health care and health care facilities, schools, and worksites. Four overall healthy lifestyle issues are discussed in each category: tobacco use, physical activity, proper nutrition and access to health care. For each of the 40 statements, respondents rated their feelings about the statements by choosing between these six options:

* I don’t know
* This is a problem. Leaders know about it.
* This is a problem, Leaders are working on it.
* This was a problem. It has been solved.
* This was never a problem/not applicable
* This is a problem

Overwhelmingly, the greatest percentage of respondents answered all 40 questions with either “this is a problem,” or “this was never a problem/not applicable.” Regarding statements about the community at large, there is only one exception to this rule. Regarding tobacco use, the most frequent ratings were that 33% of respondents said that tobacco free communities were never a problem/not applicable and 25% said it was a problem but has been solved. Responses to the other community at large questions are as follows:

**COMMUNITY AT LARGE SECTOR**

**Health Care Sector**

Regarding responses to Health Care Facilities statements, again, the most frequent responses were either “this is a problem,” or “this was never a problem/not applicable.” There were two exceptions to this rule in the Health Care Facilities sector: When asked if a doctor counseled patients appropriately about breast feeding, 63% did not think it was a problem, while 18% did not know; finally, when asked if your doctor had a systematic approach to diabetes care, 61% said it was never a problem and 13% did not know. The other responses to statements in the Health Care sector are as follows:

**School Sector**

The school sector had a different set of most common responses: “never a problem or not applicable,” and “I don’t know.” This is probably because either the respondents do not work in schools, do not have school age children, or even if they have school age children are not aware of the policy.

**Work Site Sector**

Regarding work sites, most people responded either “this is a problem,” or “this was never a problem/not applicable.” The one exception to that response in the work site sector is that when asked about employers offering tobacco cessation services, 60% said it was not a problem and 16% did not know. The remainder of the responses relative to statements about work sites is as follows:

**Discussion/Implications:**

Discussion of the implications of the data will follow the categories set forth by the CDC and adhered to in the CHANGE Tool survey. Again, those four major categories of community life are: the community at large, health care and health care facilities, schools, and worksites. There are four overall healthy lifestyle issues discussed in each category: tobacco use, physical activity, proper nutrition and access to health care. Discussion will include references to 2012 survey data where appropriate. Please note that because the CHANGE tool survey was shortened and made more user friendly for implementation in 2017, direct comparisons of certain data are not available.

**Community at large**

Tobacco Use, Community at large

A strength identified by the overall community is that nearly 60% of respondents think that tobacco free communities were either never a problem or were a problem that leaders have already addressed. This 2017 opinion by the public has not changed since 2012 and implies that the public, for the most part does not feel that tobacco-free community efforts are needed.

Proper Nutrition, Community at large

In the latest 2017 edition of the CHANGE Tool, 77% of respondents said that the nearest store selling fruits and vegetables is five miles or less away from their homes. In 2012, 53% of respondents said that healthy food was not easily accessible or identifiable. While the survey questions used to measure proper nutrition were somewhat different from the 2012 to 2017 modified CHANGE survey, it appears that attitudes are improving about access to nutritious food.

* The fact that so many people do not think that WIC and EBT acceptance at farmer’s markets is a problem and WIC and EBT are largely not accepted in these venues suggests an opportunity for education surrounding the benefits and uses of fresh produce to WIC and EBT customers in the first place.
* Instruction on ways to prepare fresh produce also appears to be strategy the community would find helpful.
* Respondents suggested that a lack of places for private nursing in the community at large is a problem. The community may want to consider strategies to increase availability of such spaces.

Opinions in these three areas of proper nutrition in the overall community: WIC/EBT at farmer’s markets, how to prepare fresh produce, and support for breastfeeding mothers appear to be largely unchanged in the past five years. While these specific areas remain unchanged, as stated above, general opinions about overall community access to nutritious food appear to be improving.

Physical Activity, Community at large

In 2012, 50% of those surveyed said that safety in places where people can exercise was a problem. In 2017, the community reports that 20% think safety in places where people can exercise is a problem, while 23% think that it is a problem that leaders know about and/or know about and are working to fix. Overall in the community, there has been a change in people’s perceptions in that less people think safety is a problem, and, if they do think that it is a problem, they believe that leaders know about it and are doing something about it.

Health Care, Community at large

The 2017 survey addressed the availability of Emergency Medical Services (9-1-1, transport system), and 72% of respondents stated that this was “never a problem or not applicable.” In 2012, only people in rural areas identified this as a problem, and in 2017, people in rural areas are identifying that leaders know about this problem, or know about it and are working on it.

**Health Care Sector**

In Health Care facilities, only one statistically significant problem was identified. More than 20% of respondents said that access to doctors outside of regular business hours is a problem. The community’s opinion on this issue has changed little in five years. Since a significant percent of respondents and the community at large are employed, the community may want to consider a campaign to encourage physicians to establish evening and weekend hours.

Generally, in 2012 and 2017, the community reported that health care providers are counseling them about good nutrition, physical activity and breastfeeding; however one would have to look at overall health indicators over time to see if people are implementing the providers’ advice.

**School Sector**

In both 2012 and 2017, physical activity and good nutrition in schools was not of concern. The only area of concern in both surveys was physical activity and nutrition outside of the school setting. Specifically, in 2012 the community was concerned about non-school food (fundraisers, etc.) and physical activity outside of the school day such as walking or biking to school. In 2017, one-third of respondents said that the ability to walk or bike to school is either a problem, or they do not know if it is a problem. It appears that improvements can continue to be made in several areas relative to walking and biking to school such as changes in planning and zoning that require new schools to be walkable, new crosswalks or stop lights, bike racks, etc. One-fifth of respondents said that they did not know if schools included healthy living in their mission statement. Administrators may consider adding references to healthy living and focusing on it as a part of their mission.

**Work sites**

The 2017 data says that employees want to have access to physical activity and showers. They are also interested in employer subsidized gym memberships. Employees largely have access to refrigerators, microwaves and sinks, therefore an opportunity appears to exist for a campaign to educate people how to pack healthy lunches. The 2017 data does appear to be similar to the 2012 findings. In 2012, the River Region Obesity Task Force decided that the deficiencies in worksites were going to be addressed through a larger effort by the Alabama Department of Public Health and their Worksite Wellness Program. It appears, based on the 2017 data, that little to no gains have been made in this area.

According to the American College of Cardiology, people are more likely to make better healthy lifestyle choices like good nutrition and exercise when they engage in them with friends, family or co-workers. Improving healthy lifestyles for people via worksites seems like the biggest opportunity that is coming out of this 2017 CHANGE tool report. The River Region Obesity Task Force and partners could consider taking the ADPH Worksite Wellness Program directly to River Region employers and helping them implement programs.

**Conclusion**

Based upon the results of the 2017 CHANGE tool survey, the River Region Obesity Task Force and its partners may want to consider selecting strategies from the following list when adopting a new action plan:

* Increase education about the importance incorporating fruits and vegetables in your diet amongst WIC and EBT recipients
* Increase educational outreach regarding preparing healthy meals and snacks
* Increase the number of public facilities available to nursing mothers
* Remain engaged with leaders regarding enhancing safety where people can exercise and assure that leaders follow-up on issues such as walkable schools and bike lanes
* Encourage health care providers to implement additional evening and weekend office hours
* Research health indicators over time to see if the good advice that health care providers are giving regarding good nutrition and physical activity is being implemented
* Encourage schools to include healthy living in their mission statements
* Encourage worksites to implement various worksite wellness strategies such as healthy cooking classes; discounted gym memberships; showers, locker rooms, or other facilities that will enable employees to exercise before, during or after work