Health Forward Foundation is pleased to issue this summary highlighting the work of our 2017 Healthy Communities grantees. Grantees completed a final report based on Health Forward’s Healthy Communities theory of change, which asked grantees to describe their activities and outcomes over the course of the 2017 grant period. Informing Change, an independent consulting firm, worked collaboratively with Health Forward to interpret the data and identify key findings.
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The healthy communities field in particular can be challenging to measure. Outcomes don’t always lend themselves to quantitative measures and are often intangible. Engaging and mobilizing communities is work that is not linear or quick. It is adaptive work that requires a long-term commitment.

This report validates developments in the healthy communities field are working to make the healthy choice the default choice. Instead of focusing on individual behavior, the work around equitable engagement, mobilization for action, and multi-sector collaboration is woven throughout programs and organizations in our service area.

**Portfolio Overview**

In 2017, Health Forward issued Healthy Communities grants totaling $2.65 million to 24 grantees.* Activities ranged across four primary focus areas.

*While Health Forward awarded 24 Healthy Communities grants in 2017, this report only examines the work of grantees who finished projects and submitted complete final reports.*
The image contains a page from a document titled "HEALTHY COMMUNITIES PORTFOLIO REPORT." The content of the page includes sections on "Strategies," "Mobilization for Action," "Multi-sector Collaboration," "Short-term outcomes," and "Long-term outcomes." The text is a detailed outline of strategies and outcomes aimed at building healthier communities. Here is a summary of the key points:

**Strategies**
- **Equitable Engagement**
  - Engage community members in the conversation and solutions for building healthier communities, environments, and policies.
  - Support inclusive efforts that promote community-based solutions.
- **Mobilization for Action**
  - Strengthen core organizational operations and sustainability of systems.
  - Increase awareness and skills of individuals and communities through culturally relevant education.
  - Organize and equip individuals and organizations to take action or influence policy.
  - Build public support that catalyzes and accelerates the field.
- **Multi-sector Collaboration**
  - Reach out to non-traditional partners across multiple fields and sectors (public, private, non-profit) to create alignment and a stronger unified voice.
  - Align strategically with local, regional, or state coalitions and networks.

**Short-term outcomes**
- **For Individuals**
  - Increased knowledge and awareness of issues affecting community health.
  - Increased engagement in health-related efforts that elevates the community.
  - Increased use of programs, services, and environments that contribute to overall improved health.
- **For Organizations & Communities**
  - Strengthened collaborative networks that increase awareness and support for healthy communities.
  - Increased community action based on public will and community input.
  - Increased affordability and accessibility to healthy foods.
  - Greater access to safe environments that promote healthy living.
- **For Environments & Policies**
  - Policies that support active, healthy, tobacco-free, and safe living (including organizational and municipal).
  - Increased public resources and investment in infrastructure for healthy living.
  - Physical environments that support active, healthy, tobacco-free, and safe living.

**Long-term outcomes**
- More individuals are engaged in healthy practices.
- Healthy environments are maintained and used by a mobilized community.
- Policies that support healthy communities are sustained through ongoing, collaborative, multi-sectoral efforts.
STRATEGY OVERVIEW

The Healthy Communities theory of change outlines three strategy areas through which Health Forward and its grantees achieve their intended outcomes. All three strategies are required and must be combined to create policy and environmental change.

**Strategy #1: Equitable Engagement**
Grantees’ equitable engagement strategies largely fell into three types of activities.

1. Generating and disseminating information - 8 grantees
2. Creating opportunities for community input and conversation - 6 grantees
3. Supporting collaboration with partner organizations and the communities served - 6 grantees

**Strategy #2: Mobilization for Action**
This strategy refers to providing education, building public awareness, and organizing to take action or influence environmental and policy change. Overall mobilization work included:

1. Network Facilitation - 12 grantees
2. Joint Work - 9 grantees
3. Direct Education and Information - 9 grantees

**Strategy #3: Multi-Sector Collaboration**
This strategy refers to connecting with nontraditional partners to create a strong, unified voice to impact environmental and policy change. Grantees collaborated by both providing services (8 grantees) and receiving services (6 grantees). However, most collaboration was bi-directional and benefited both partners (13 grantees).
OUTCOMES OVERVIEW

INDIVIDUALS

More individuals are engaged in healthy practices.

Grantees engaged in ongoing activities and informational campaigns relating to healthy eating and active living. They saw increases in individual physical activity, through programs like fitness classes and bicycles loaned out. They also saw increases in accessing and purchasing healthier food, and enthusiasm around improved nutrition, principally focused on consuming more fruit and vegetables.

13 grantees: Increased knowledge and awareness of issues affecting community health.

14 grantees: Increased engagement in health-related efforts that elevate the community.

11 grantees: Increased use of programs, services, and environments that contribute to overall improved health.
OUTCOMES OVERVIEW

ORGANIZATIONS AND COMMUNITIES

Healthy environments are maintained and used by a mobilized community.

Grantees shared resources, built relationships, and worked collectively with other organizations to complement organizational strengths and provide greater support to each others’ staff and constituents.

Grantees’ strategies for strengthening partnerships were both short-term and long-term initiatives and focused on both internal organizational efficiencies, as well as and community-facing collaboration.

In many cases, grantees worked with each other, creating a united front supported on both sides by Health Forward funding.

16 grantees: Strengthened collaborations that increase awareness of, and support for, healthy communities.

11 grantees: Increased community action based on public will and community.

13 grantees: Increased affordability and accessibility to healthy foods.

8 grantees: Greater access to safe environments that promote healthy living to healthy foods.

PROJECT REACH

After the Harvest gleaned 5,000,000 pounds of produce in 2017.

Harvesters exceeded their goal to provide 10,000,000 pounds of produce in the 7-county grant area.

Kansas City Community Gardens estimates that approximately 369,829 pounds of produce were cultivated through the Community Partner Gardens and Schoolyard Gardens programs.

37,732+ Individuals utilizing new or improved programs, services or environments for healthy living.
OUTCOMES OVERVIEW

ENVIRONMENTS AND POLICIES

Policies that support healthy communities are sustained through ongoing, collaborative, multi-sectoral efforts.

Policy change is hard to measure. It is long-term, adaptive work that involves many steps, and many organizations are at different places on the spectrum. While the overall goal is creating policies and passing legislation, many are still in progress.

Most grantees reinforced their financial investments in community gardens and public spaces while others collaborated with other organizations on projects. Efforts centered on providing spaces for outdoor recreation, non-motorized transportation, and the cultivation of produce.

7 grantees: Organizational and city-wide policies that support active, healthy, tobacco-free, and safe living conditions.

10 grantees: Increased public resources and investment in infrastructure for healthy living.

9 grantees: Physical environments that support active, healthy, tobacco-free, and safe living.

PROJECT REACH

$887,845+

Additional funding procured by grantees

(90% of this funding was procured by NourishKC and KC Healthy Kids)
INSIGHTS AND LESSONS LEARNED

STRENGTHS

• **Organizational Partnerships** - Grantees noted the invaluable support of their partner organizations and funders as the greatest strengths of their work.

• **Community Engagement** - Grantees praised the engagement and support of the communities in which they worked as critical supports to their success.

• **Staff Commitment** - Grantees attributed their success to internal staff and their flexibility in assuming responsibilities outside of their roles and investing time and energy beyond what the job required in order to ensure high quality.

CHALLENGES

• **Inadequate Resources** - Grantees noted consistently that a lack of funding prevented them from expanding their programs, improving resources, and hiring necessary additional staff.

• **Organizational Shifts** - A small group of grantees noted significant changes to their organizations, which occurred during the grant cycle, and which impeded their efforts both internally and in their work with communities.

• **Scalability** - A small group of grantees cited challenges in scaling their efforts further to meet a growing need for services.

• **Data and Evaluation** - A few grantees mentioned the difficulty they experienced in trying to identify and accurately measure short-term outcomes and other necessary data points — both for themselves as well as in service of their grantees.

• **Community Trust** - A less common challenge faced by a couple of grantees was that of building trust with their communities.

LESSONS LEARNED

• **Communication** - Grantees were, in some cases, surprised by their communities’ shifting needs and challenges. Maintaining strong communication between communities and the grantees themselves allowed the grantees to remain agile in responding to these needs and ensure that grantee programming was always in support of the community.

• **Collaboration** - Grantees learned to use their connections and collaborations to maximize the efficacy and efficiency of their work, and to develop new programming that was often too large or complex for a single organization to handle independently.

• **Adjusting Strategy** - Grantees made greater shifts in the landscape of health and adjusted their approach to health to address those shifts.