

ASWV Final Report 2020-2021

Welcome to the Year-End Report for the ASWV Mini-Grant Program. This survey includes evaluation questions about your project and will walk you through the following sections:

- Project Information
- Policy, Systems, and Environment Changes
- Evaluation
- Health Equity
- Sustainability
- Good Example Contract
- West Virginia Health Connection
- Success Story

Please have the following documents ready to help you complete your responses:

- Your grant summary sheet
- CDC ScoreCard
- Your applications with any changes made after submission

PROJECT INFO

Please provide contact information for the person completing this report:

- Name _____
- Job Title _____
- Email _____
- Phone Number _____

PROJECT INFO

Please provide the following information about your worksite:

- Organization
- When was the CDC Worksite Health ScoreCard last completed?
- What was the CDC Worksite Health ScoreCard composite score?

What did your organization do with the ScoreCard composite score? Check all that apply.

- Shared with management
- Shared with employees
- Created plan to address identified needs
- Other (Please Explain)

POLICY CHANGES

This section asks questions about policy changes that your organization implemented.

What are policy changes?

Changing or implementing laws, regulations, rules, ordinances, or resolutions. Policy changes can be classified as *Big Policy Changes* (changing policies at the national, state, or local governmental level or within healthcare settings, schools, communities) or *Little Policy Changes* (internal changes to organizations or groups).

POLICY CHANGES

Referring to your Mini-Grant Summary Sheet, please check all of the policy changes you indicated that you would address with this project:

- Policies for no sugar sweetened beverage for meeting and/or workplace vending and cafeterias
- Policies to improve access to physical activity or reduced sedentary behavior at the workplace.
- Policies to improve access to healthier foods or workplace meetings, vending, and cafeterias
- Policies to support flexible work scheduling
- Policies that ban tobacco use in all forms on all workplace property
- Other Policies:
- None of the above

POLICY CHANGES

Please provide more information about the following policy change:

Policies for no sugar sweetened beverage for meeting and/or workplace vending and cafeterias

Did your organization create a new policy or strengthen an existing policy?

- Yes, created new policy
- Yes, strengthened existing policy
- No

What prevented you from creating or strengthening the policy?

Please tell us more about the policy you created or strengthened:

- Please enter (or cut and paste) the exact policy language.
- Where can this written policy be found?
- When was it created? (Month,Year)
- What suggestions do you have for other organizations about implementing these policies?

POLICY CHANGES

Please provide more information about the following policy change:

Policies to improve access to physical activity or reduced sedentary behavior at the workplace.

Did your organization create a new policy or strengthen an existing policy?

- Yes, created new policy
- Yes, strengthened existing policy

- No

What prevented you from creating or strengthening the policy?

Please tell us more about the policy you created or strengthened:

- Please enter (or cut and paste) the exact policy language.
- Where can this written policy be found?
- When was it created? (Month,Year)
- What suggestions do you have for other organizations about implementing these policies?

POLICY CHANGES

Please provide more information about the following policy change:

Policies to improve access to healthier foods or workplace meetings, vending, and cafeterias

Did your organization create a new policy or strengthen an existing policy?

- Yes, created new policy
- Yes, strengthened existing policy
- No

What prevented you from creating or strengthening the policy?

Please tell us more about the policy you created or strengthened:

- Please enter (or cut and paste) the exact policy language.
- Where can this written policy be found?
- When was it created? (Month,Year)
- What suggestions do you have for other organizations about implementing these policies?

POLICY CHANGES

Please provide more information about the following policy change:

Policies to improve access to healthier foods or workplace meetings, vending, and cafeterias

Did your organization create a new policy or strengthen an existing policy?

- Yes, created new policy
- Yes, strengthened existing policy
- No

What prevented you from creating or strengthening the policy?

Please tell us more about the policy you created or strengthened:

- Please enter (or cut and paste) the exact policy language.
- Where can this written policy be found?
- When was it created? (Month,Year)
- What suggestions do you have for other organizations about implementing these policies?

POLICY CHANGES

Please provide more information about the following policy change:

Policies that ban tobacco use in all forms on all workplace property

Did your organization create a new policy or strengthen an existing policy?

- Yes, created new policy
- Yes, strengthened existing policy
- No

What prevented you from creating or strengthening the policy?

Please tell us more about the policy you created or strengthened:

- Please enter (or cut and paste) the exact policy language.
- Where can this written policy be found?
- When was it created? (Month,Year)
- What suggestions do you have for other organizations about implementing these policies?

POLICY CHANGES

Please provide more information about other policy change(s) you selected:

Did your organization create a new policy or strengthen an existing policy?

- Yes, created new policy
- Yes, strengthened existing policy
- No

What prevented you from creating or strengthening the policy?

Please tell us more about the policy you created or strengthened:

- Please enter (or cut and paste) the exact policy language.
- Where can this written policy be found?
- When was it created? (Month,Year)
- What suggestions do you have for other organizations about implementing these policies?

SYSTEMS CHANGE

This section asks questions about **systems changes** your organization implemented.

What are systems changes? Changing processes or practices of an organization, institution, or system to address the healthy change you are trying to make. Examples of systems include organizations, institutions, communities, worksites, schools, or health care systems.

SYSTEMS CHANGE

Referring to your Mini-Grant Summary Sheet, please check all of the systems changes you indicated that you would address with this project:

- Implement education programming (i.e. lunch and learns, Walk With Ease, National DPP, TOPS, etc.) to improve key chronic disease indicators and educate employees on healthy lifestyles.
- Provide morning and afternoon physical activity breaks for employees.
- Educate employees about any preventive services and benefits covered by their health insurance plan.
- Make some or all company specific health promotion programs available to family members.
- Provide healthy snack and beverage options during meetings and trainings.
- Provide free or subsidized body composition measurement (beyond self-report).
- New Work@Health certifications.
- Other Systems changes: _____
- None of the above

We'll be asking quick follow-up questions about each of the changes selected above.

SYSTEMS CHANGE

Please provide more information about the following systems change: **Implement education programming (i.e. lunch and learns, Walk With Ease, National DPP, TOPS, etc.) to improve key chronic disease indicators and educate employees on healthy lifestyles.**

Was the new systems change implemented?

- Yes
- No

What prevented you from implementing the systems change?

Please answer the following questions about the new systems change:

- Describe the new systems change.
- When was it implemented (Month, Year)
- What suggestions do you have for other organizations about implementing these systems changes?
- Please provide participation numbers for each program (include both employees and their families).
- Did you use WV Health Connection to track participation? (Please answer yes or no).

SYSTEMS CHANGE

Please provide more information about the following systems change:

Provide morning and afternoon physical activity breaks for employees.

Was the new systems change implemented?

- Yes
- No

What prevented you from implementing the systems change?

Please answer the following questions about the new systems change:

- Describe the new systems change.
- When was it implemented (Month, Year)
- What suggestions do you have for other organizations about implementing these systems changes?
- Please provide participation numbers for each program (include both employees and their families).
- Did you use WV Health Connection to track participation? (Please answer yes or no).

SYSTEMS CHANGE

Please provide more information about the following systems change:

Educate employees about any preventive services and benefits covered by their health insurance plan.

Was the new systems change implemented?

- Yes
- No

What prevented you from implementing the systems change?

Please answer the following questions about the new systems change:

- Describe the new systems change.
- When was it implemented (Month, Year)
- What suggestions do you have for other organizations about implementing these systems changes?
- Please provide participation numbers for each program (include both employees and their families).
- Did you use WV Health Connection to track participation? (Please answer yes or no).

SYSTEMS CHANGE

Please provide more information about the following systems change:

Make some or all company specific health promotion programs available to family members.

Was the new systems change implemented?

- Yes
- No

What prevented you from implementing the systems change?

Please answer the following questions about the new systems change:

- Describe the new systems change.
- When was it implemented? (Month, Year)
- What suggestions do you have for other organizations about implementing these systems changes?
- Please provide participation numbers for each program (include both employees and their families).
- Did you use WV Health Connection to track participation? (Please answer yes or no).

SYSTEMS CHANGE

Please provide more information about the following systems change:

Provide healthy snack and beverage options during meetings and trainings.

Was the new systems change implemented?

- Yes
- No

What prevented you from implementing the systems change?

Please answer the following questions about the new systems change:

- Describe the new systems change.
- When was it implemented (Month, Year)
- What suggestions do you have for other organizations about implementing these systems changes?
- Please provide participation numbers for each program (include both employees and their families).
- Did you use WV Health Connection to track participation? (Please answer yes or no).

SYSTEMS CHANGE

Please provide more information about the following systems change:

Provide free or subsidized body composition measurement (beyond self-report).

Was the new systems change implemented?

- Yes
- No

What prevented you from implementing the systems change?

Please answer the following questions about the new systems change:

- Describe the new systems change.
- When was it implemented (Month, Year)
- What suggestions do you have for other organizations about implementing these systems changes?
- Please provide participation numbers for each program (include both employees and their families).
- Did you use WV Health Connection to track participation? (Please answer yes or no).

SYSTEMS CHANGE

Please provide more information about the following systems change:

New Work@Health certifications.

Was the new systems change implemented?

- Yes
- No

What prevented you from implementing the systems change?

Please answer the following questions about the new systems change:

- Describe the new systems change.
- When was it implemented (Month, Year)
- What suggestions do you have for other organizations about implementing these systems changes?
- Please provide participation numbers for each program (include both employees and their families).
- Did you use WV Health Connection to track participation? (Please answer yes or no).

SYSTEMS CHANGE

Please provide more information about other systems change(s) you selected.

Was the new systems change implemented?

- Yes
- No

What prevented you from implementing the systems change?

Please answer the following questions about the new systems change:

- Describe the new systems change.
- When was it implemented (Month, Year)
- What suggestions do you have for other organizations about implementing these systems changes?
- Please provide participation numbers for each program (include both employees and their families).
- Did you use WV Health Connection to track participation? (Please answer yes or no).

ENVIRONMENT CHANGE

This section asks questions about environment changes that your organization implemented.

What are environment changes? Physical, observable changes to the built, economic, and/or social environment. These changes can take place in stores, schools, worksites, parks, rail trails, health clinics, offices, and communities.

ENVIRONMENT CHANGE

Referring to the Mini-Grant Summary Sheet, please check all of the environment changes you indicated that you would address with this project:

- Promote and provide access for increased water consumption (re-think your drink).
- Post signs in elevators, stairwell entrances, and/or exits at workplace to promote healthy eating, stairwell usage, parking further away, lunch walks, walking meetings, walk or bike to work, tobacco cessation and prevention, etc.
- Carpeted room designated for onsite classes for physical activity, healthy food/weight, or tobacco cessation.
- Offer or promote and onsite or nearby farmers market or other arrangement where fresh fruits and vegetables are sold.
- Onsite exercise facilities or walking trails, bike racks, etc.
- Lactation room, diabetes rest station, self-monitoring blood pressure stations, etc.
- Other Environmental changes:
- None of the above

We'll be asking quick follow-up questions about each of the changes selected above.

ENVIRONMENT CHANGE

Please provide more information about the following environment change:

Promote and provide access for increased water consumption (re-think your drink).

Was the new environment change implemented?

- Yes
- No

What prevented you from implementing the environment change?

Please tell us more about the environment change you implemented.

- Please describe the new environment change.
- When was it implemented (month and year)?

ENVIRONMENT CHANGE

Please provide more information about the following environment change:

Post signs in elevators, stairwell entrances, and/or exits at workplace to promote healthy eating, stairwell usage, parking further away, lunch walks, walking meetings, walk or bike to work, tobacco cessation and prevention, etc.

Was the new environment change implemented?

- Yes
- No

What prevented you from implementing the environment change?

Please tell us more about the environment change you implemented.

- Please describe the new environment change.
- When was it implemented (month and year)?

ENVIRONMENT CHANGE

Please provide more information about the following environment change:

Carpeted room designated for onsite classes for physical activity, healthy food/weight, or tobacco cessation.

Was the new environment change implemented?

- Yes
- No

What prevented you from implementing the environment change?

Please tell us more about the environment change you implemented.

- Please describe the new environment change.
- When was it implemented (month and year)?

ENVIRONMENT CHANGE

Please provide more information about the following environment change:

Offer or promote and onsite or nearby farmers market or other arrangement where fresh fruits and vegetables are sold.

Was the new environment change implemented?

- Yes
- No

What prevented you from implementing the environment change?

Please tell us more about the environment change you implemented.

- Please describe the new environment change.
- When was it implemented (month and year)?

ENVIRONMENT CHANGE

Please provide more information about the following environment change:

Onsite exercise facilities or walking trails, bike racks, etc.

Was the new environment change implemented?

- Yes
- No

What prevented you from implementing the environment change?

Please tell us more about the environment change you implemented.

- Please describe the new environment change.
- When was it implemented (month and year)?

ENVIRONMENT CHANGE

Please provide more information about the following environment change:

Lactation room, diabetes rest station, self-monitoring blood pressure stations, etc.

Was the new environment change implemented?

- Yes
- No

What prevented you from implementing the environment change?

Please tell us more about the environment change you implemented.

- Please describe the new environment change.
- When was it implemented (month and year)?

ENVIRONMENT CHANGE

Please provide more information about other environment change(s) you selected.

Was the new environment change implemented?

- Yes
- No

What prevented you from implementing the environment change?

Please tell us more about the environment change you implemented.

- Please describe the new environment change.
- When was it implemented (month and year)?

EVALUATION

How has the project been successful?

Did the COVID-19 pandemic create any disruptions in your project? If so, how was the project impacted and what adjustments were made?

Did you have any barriers or challenges not related to COVID-19 that impacted your ability to complete all proposed activities according to your project timeline? Please explain.

HEALTH EQUITY

What is health equity?

Health equity is achieved when everyone has the opportunity to live the healthiest life possible, regardless of their social position or other socially determined circumstances. In order to promote health equity, we must reduce existing health disparities by identifying and addressing specific gaps in health among historically underserved populations.

This section asks about how your project was able to reach and serve **specific populations** experiencing **health disparities** in West Virginia.

Which of the following populations did your project reach? Check all that apply.

- Low-Income
- Uninsured or Underinsured
- Racial or Ethnic Minorities
- Elderly
- People with Disabilities
- LGBTQ+
- Immigrants or Migrants
- Veterans
- People Experiencing or Recovering from Drug Addiction
- People Experiencing Homelessness
- Women
- Children
- People with Lower Levels of Education
- People who are Geographically Isolated
- Other (Please Specify) _____

Which of the following strategies did you use to engage the populations listed above in your project or intervention? Check all that apply.

- Focused recruitment of specific populations listed above (Example: Sent recruitment fliers or emails to organizations that work with underserved populations; posted fliers in diverse businesses and locations, used translated fliers or emails)
- Assessed the need of the populations listed above in your area (Example: Looked at previously collected data or talked to people from underserved populations about their needs)
- Provided financial assistance (Example: for program registration, specialized exercise equipment, appropriate clothing or shoes)
- Project location was easily accessible to one or more of the populations listed above (Examples: by foot or public transportation, program took place at a retirement home, a homeless shelter, or a recovery house, etc.)
- Participants were provided with transportation to participate in the program
- Participants who cannot participate in the program before or after work due to caregiving or other responsibilities can use flex time to participate during the workday.
- Project staff were trained to work with the populations listed above (Example: Cultural sensitivity training or health equity training was provided)
- Safety considerations for participants were taken into account (Example: well-lit spaces, well-marked paths and trails, recommending a buddy system, personal protective equipment for COVID-19)
- Other (Please Specify) _____

SUSTAINABILITY

This section asks about the **sustainability** of your project.

What is sustainability? Sustainability is achieved when a program is able to continue after the initial mini-grant has ended. This includes having the human, informational, technical, organizational, or financial resources available to continue the intervention or program.

Which of the following strategies have you used to ensure the sustainability of your project? Check all that apply.

- Created long-term policy change(s) (example: creating a policy that states that food served to participants is healthy, creating a tobacco policy in a workplace, adapted already existing policies to reflect current needs)
- Implemented long-term environmental change(s) (example: a workout area was provided to employees, an enhancement to a trail was made, a playground was installed)
- Existing staff or group(s) will continue activities
- Created new staff position(s) or group(s) to continue activities
- Integrated changes into organizational practices or strategic plan

- Secured additional funding to continue activities after the grant cycle
- Created reusable educational materials (examples: training videos, recordings of classes, toolkits, etc.)
- Fundraising (example: participants pay a fee to participate, holding fundraisers)
- Identified partners or collaborators to complete certain aspects of project (example: identified partner organization to help maintain trails and signage in the future)
- Created tools to monitor and track project progress (evaluation)
- Increased or sustained buy-in from workplace leadership
- Other (Please Specify) _____

WEST VIRGINIA HEALTH CONNECTION

How did you engage with? Check all that apply.

- Program Implementation (Logistics to set up program)
- Recruitment or Referrals of Participants (Focused participant recruitment, using electronic health record data to identify and enroll target population, etc.)
- Participant Tracking or Data Collection (Mapping local resources or programs, providing data entry forms, tracking software for baseline information, developing surveys, etc.)
- Promotion and Advertisement (Promoting work or disseminating successes through WVHC site, social media)
- CDC Guidance (Registering your organization with the CDC, implementation based on CDC standards)
- Did not engage with WV Health Connection
- Other (Please Specify) _____

SUCCESS STORY

Please attach **one success story** related to the mini-grant **with up to five photos**. If you have already completed a success story during the grant year you may attach that here. You do not have to complete another success story.

- Success stories should not exceed 500 words.
- In your success story, please include project name, project overview, description of challenges overcome, and overall success of your project.
- Quotes from participants or project staff are encouraged.
- Please upload the success story and up to five photos as **one Word document**.

ECONOMIC IMPACT

How much of the mini-grant funds were used to purchase goods or services from vendors based in West Virginia? Please provide a monetary amount.

o \$ _____

Please provide the name(s) of any **locally owned business(es)*** you purchased goods or services from.

A locally owned business is owned and operated by a member of your community. Supporting a local business is encouraged because it keeps money circulating within your own county, city, and neighborhood.
