

## Center for ActiveWV Year End Report 2020-2021

As you know, Center for Active WV (CAWV) (housed within the College of Physical Activity and Sport Sciences) along with the West Virginia Division of Health Promotion Chronic Disease (HPCD) funded your organization to increase physical activity in your community. The West Virginia Prevention Research Center is assisting CAWV and HPCD with the evaluation.

This Year-End Report includes questions about your progress on project goals and activities and the 5 Asks. This is your chance to highlight any successes - make sure to be as thorough as possible. Please have your original application and Mini-Grant Summary Sheet ready to help you fill out the answers. If you have any technical issues, please contact Leesa Prendergast at [eprendergast@hsc.wvu.edu](mailto:eprendergast@hsc.wvu.edu).

Please complete and submit this report by July 15th.

### PROJECT INFO

**Please provide contact information for the person completing this Year-End Report.**

- First and Last Name \_\_\_\_\_
- Job Title \_\_\_\_\_
- Organization \_\_\_\_\_
- Email \_\_\_\_\_
- Phone Number \_\_\_\_\_

## PROJECT GOALS AND ACTIVITIES

This section asks about the **project goals and activities** your organization agreed to implement in your application. These goals and activities were designed to help communities create **policy, systems, and environment changes\*** that promote physical activity.

**What is a Policy Change?** 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).

**What is a Systems Change?** Changing processes or practices of an organization, institution, or system to address the healthy change you are trying to make. Examples of organizations, institutions, or systems include communities, workplaces, schools, health care systems.

**What is an Environmental Change?** Physical, observable changes to the built, economic, and/or social environment. These changes can take place in stores, schools, workplaces, parks, rail trails, health clinics, offices, and communities.

Referring to your Mini-Grant Summary Sheet, please select the project goals and activities you agreed to implement in your application.

### **Increasing physical activity opportunities for children throughout the school day and beyond**

- Train teachers to integrate physical activity during the school day (Systems change)
- School policy changes made to increase physical activity (Policy change)
- Introduce evidence-based programs that are implemented in the school (Systems change)
- Produce virtual lessons (Systems change)
- Other
- None of the above

### **Improve pedestrian and bike infrastructure within WV**

- Make policy changes (Policy change)
- Improve trails (Environmental change)
- Improve or post signage on bicycle or walking routes (Environmental change)
- Increase community sites that are connected by walkable/bikeable routes (Environmental change)
- Increase access to physical activity (Environmental change or Systems change)
- Other
- None of the above

**Implement and/or create opportunities for physical activity through clinical practice and community outreach**

- Create a physical activity prescription program in clinics (Systems change)
- Refer patients to physical activity opportunities (Systems change)
- Train healthcare providers to provide physical activity prescriptions (Systems change)
- Enhance or create trails for physical activity (Systems change)
- Other
- None of the above

Next, we'll be asking quick follow-up questions to check progress for each of the goals and activities selected above.

**You selected: "Train teachers to integrate physical activity during the school day."**

Were teachers trained to integrate physical activity during the school day?

- Yes
- No

What prevented you from implementing the training?

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Please tell us more about the training:

- Describe what the training entailed.
- When (month/year) and where were the trainings held?
- How many people were trained at each training?
- Please provide summaries of training evaluation surveys.
- What impact has resulted from integrating physical activity during the school day?
- Did you use WV Health Connection to track participation (Yes or No).

**You selected: "School policy changes made to increase physical activity."**

Was a new policy created or an existing policy strengthened?

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

What prevented you from creating or strengthening the policy?

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Please tell us more about the policy:

- Where can this written policy be found?
- When was the policy created? (Month/Year)
- What impact has the new/updated policy had?

**You selected: "Introduce evidence-based programs that are implemented in the school."**

Did you implement new evidence-based programs in the school?

- Yes
- No

What prevented you from introducing new evidence-based programs in the school?

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Please tell us more about the program(s):

- Describe the new evidence-based program(s) implemented in the school.

- When was it implemented (month and year)?
- Participation numbers, pre- and post- test results, etc.
- Did you use WV Health Connection to track participation? (Yes or No)

**You selected "Produce virtual lessons."**

Did you produce virtual lessons?

- Yes
- No

What prevented you from producing virtual lessons?

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Please tell us more about the virtual lessons:

- Describe the virtual lessons produced.
- When were they implemented (month and year)?
- How were the virtual lessons disseminated?
- How many people were reached with the lessons?
- Participation numbers, pre and post- test results, etc.
- Did you use WV Health Connection to track participation? (Yes or No)

**You selected: "Other."**

Did you implement the "other" change proposed in your application?

- Yes
- No

What prevented you from being able to implement?

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Please provide more information:

- Describe what was implemented.
- Did you use WV Health Connection to track participation? (Yes or No)

**You selected: "Make policy changes."**

Was a new policy created or an existing policy strengthened?

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

What prevented you from creating or strengthening the policy?

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Please upload a supporting file to demonstrate the written policy change.

Please tell us more about the policy change:

- Where can this written policy be found?
- When was it created? (Month/Year)
- What impact has the new/updated policy had?

**You selected: "Improve trails."**

Did you improve trails in your community?

- Yes
- No

What prevented you from improving trails?

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Please tell us more about the trail improvement:

- Describe the improvements made to trails in your community.
- When were the changes completed? (month and year)
- Please describe how the changes to the trails impacted the community.
- Provide any program data collected. Tracking #s of trails, usage, list of improvements made, # of feet/yards of trails created or improved, etc.

**You selected "Improve or post signage on bicycle or walking routes."**

Did you improve or post signage on bicycle or walking routes?

- Yes
- No

What prevented you improving or posting signage on bicycle or walking routes?

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Please tell us more about the signage:

- Please describe how and where you improved or posted signage on bicycle or walking routes.
- When were the changes completed? (Month/Year)
- Please describe how the changes to signage on the bicycle or walking routes impacted the community.
- Provide any program data collected. Tracking #s of routes, increased use of bicycle or walking routes, list of improvements made, # signs posted or improved, etc.

**You selected: "Increase community sites that are connected by walkable/bikeable routes."**

Did you increase community sites that are connected by walkable/bikeable routes in your community?

- Yes
- No

What prevented you from increasing the number of community sites that are connected by walkable/bikeable routes in your community?

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Please tell us more about the improvements:

- Please describe the improvements made to increase the number of community sites that are connected by walkable/bikeable routes in your community.
- When were the changes completed? (Month/Year)
- Please describe how these changes impacted the community.
- Provide any program data collected. Tracking #s of connecting created or improved, list of improvements made, # of feet/yards of trails created or improved, etc.

**You selected "Increase access to physical activity."**

Did you increase access to physical activity in another way?

- Yes
- No

What prevented you from increasing access to physical activity?

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Please provide more details:

- Please describe what you did to increase access to physical activity.
- When were the changes implemented? (Month/Year)
- Please describe how these changes impacted your community.
- Provide any program data collected.

**You selected: "Other."**

Did you implement the "other" change proposed in your application?

- Yes
- No

What prevented you from being able to implement?

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Please provide more details:

- Describe what was implemented.
- Did you use WV Health Connection to track participation? (Yes or No)

**You selected: "Create a physical activity prescription program in clinics."**

Did you create a new physical activity prescription program in clinics?

- Yes
- No

What prevented you from creating a physical activity prescription program in clinics in your community?

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Please tell us more about the program(s):

- Describe the new physical activity prescription program.
- When was it implemented (Month/Year)?
- Is the program connected your clinic's electronic medical record? If so, how?
- Provide any program data collected. # of clinics participating, # of physicians prescribing, # of prescriptions written to patients, pre and post- test results, etc.
- Did you use WV Health Connection to track participation? Please answer using yes or no.

**You selected: "Refer patients to physical activity opportunities."**

Did you implement a new program to refer patients to physical activity opportunities?

- Yes
- No

What prevented you from introducing a new referral program?

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Please tell us more about the referral program:

- Describe the new referral program.
- When was it implemented (Month/Year)?
- Provide any program data collected. # of clinics referring, # of physicians referring, # of referrals made to patients, pre and post- test results, etc.
- Did you use WV Health Connection to track participation? Please answer using yes or no.

**You selected: "Train healthcare providers to provide physical activity prescriptions."**

Were healthcare providers trained to provide physical activity prescriptions?

- Yes
- No

What prevented you from implementing the training?

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Please tell us more about the training:

- Describe what the training entailed.
- When were the trainings held (Month/Year)?
- Please provide the number of trainings and the number of individuals trained each time.
- Provide summaries of training evaluation surveys.
- How have the trainings increased the number of physical activity prescriptions written in the health care system?
- Did you use WV Health Connection to track participation? Please answer using yes or no.

**You selected: "Enhance or create trails for physical activity."**

Did you enhance or create trails for physical activity in your community?

- Yes
- No

What prevented you from enhancing or creating the trails for physical activity?

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Please tell us more about the trails:

- Describe the enhancements you made or the trails created for physical activity in your community.
- When were the changes completed (Month/Year)?

- Please describe how the changes to the trails impacted the community.
- Provide any program data collected. Tracking #s of trail usage, list of improvements made, # of feet/yards of trails created or improved, etc.

**You selected: "Other."**

Did you implement the "other" change proposed in your application?

- Yes
- No

What prevented you from being able to implement?

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Please provide more details:

- Describe what was implemented.
- Did you use WV Health Connection to track participation? Please answer using yes or no.

**EVALUATION**

Please describe any activities that you would like to highlight from your mini-grant project.

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Describe your communication outreach (e.g., Facebook, Twitter, etc.) efforts with your mini-grant. How many people were reached through these efforts?

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

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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.

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## 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.

○ \$ \_\_\_\_\_

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.

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## 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 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 [West Virginia Health Connection \(WVHC\)](#)? 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) \_\_\_\_\_