

**Working with
Eat Smart, Move More North Carolina to
Understand Local Health Promotion Policy Advocacy**

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Abstract

The United States has an extremely high and still growing obesity rate of 35.7%. The state of North Carolina also faces a similar problem, and has identified a need to address its adult obesity rate of 27.8%. Eat Smart, Move More NC (ESMMNC) is a state organization spearheading the creative solutions to this problem. In response to a request by the ESMMNC Policy Committee, this public service project involved an online survey and phone interviews with representatives of local coalitions in North Carolina to find out about their healthy nutrition and physical activity-related policies. The project reveals that there is a large scope of policy work at the local level in North Carolina. The data show specific areas of focus, and also policy areas in which fewer coalitions are working. Based on the results, I recommend that Eat Smart, Move More NC support local coalitions by providing more example policies/policy making materials, facilitating connectivity among coalition representatives, and working to fill the voids left by previously disbanded coalitions and organizations. Through this project I have learned how important state and local partnerships and communication are for health promotion policy work. It was clear to me that similar struggles and successes are common among many local coalitions, and their work may be enhanced through a strengthened coalition network and state-level support.

Key Words: Policy, local, healthy eating, physical activity, setting-based health promotion

Origins of the Project

Obesity: A Multi-Level Challenge

The health status of an increasing number of Americans is poor, despite the fact that the US spends more on health care than any other country, totaling \$2.5 trillion in 2009.¹ Four of the ten leading causes of death in the United States are obesity-related illnesses, which also decrease quality of life significantly.² Overweightness and obesity are major aggravating factors of Americans' poor health. The obesity rate in North Carolina is high, and still rising. The increase in obesity rates from 1990 to 2009 is significant, and currently about 35.7% of Americans are considered obese.³ High rates of obesity are experienced across all age groups, genders, and ethnicities.

One strategy to reduce high rates of obesity and other chronic illnesses is to implement policies encouraging healthy eating and physical activity. The Centers for Disease Control and Prevention (CDC) released a major report in 2009, which emphasizes the effectiveness of local policy-based efforts in reducing obesity rates. The CDC recommendations in the report provide a "how-to" guide for improvements and the report cites examples of changes within communities from around the country.⁴ Communities with health promoting policies such as smoke-free restaurant laws, access to healthy food, quality affordable child-care, and safe places to exercise tend to have healthier citizens.⁵ Worksites, churches, childcare centers, and schools are examples of local community settings where policies can be put in place to best fit a specific target audience. In many of these settings, making the healthy choice the easiest choice can be challenging, but through policy change, and eventual cultural change, healthy behaviors would become a reality. Research conducted in 2010 shows that, for every \$1 spent on healthcare by an employer, \$6 is saved.⁶ There is overwhelming evidence that health promoting policies can improve the health of Americans.⁷ Properly tracking and assessing policy efficacy is an important part of those efforts. Assessments can foster necessary expansion based on how well a program is working, and can also identify if a particular tactic causes no positive effects.

Local policy work in these areas is vital to the overall health of North Carolinians, especially as the state's obesity rates continue to rise. The CDC reports that as of 2011, 29.1% of adults in North Carolina are obese, an increase from a rate of 27.8% in 2010.⁸ Promoting healthy eating and physical activity-related policies at the local level is an important step toward lowering rates of obesity and other chronic diseases within North Carolina's communities.

The CDC recommends that policies and initiatives be put in place at the locally to ensure that healthy options are incorporated into community members' every day lives. These key recommendations encourage obesity prevention at the community level by enacting guidelines for both healthy nutrition and physical activity in public service venues and schools, while enhancing infrastructure to meet these healthful initiatives.

Providing incentives to food producers, distributors, and retailers to meet healthier standards and wider distribution can help communities reach previously underserved areas. Researching what is currently being done, and what policies are effective helps organizations at the state and local level decide how to best support these efforts. An up-to-date snapshot of local policy initiatives in North Carolina will improve state level support, and cross-coalition collaboration.

Eat Smart, Move More North Carolina and Genesis of this Public Service Project

In North Carolina, one of the main proponents of state and local health policy, and the community partner for this project, is Eat Smart, Move More NC (ESMMNC). ESMMNC is “a statewide movement that promotes increased opportunities for healthy eating and physical activity wherever people live, learn, earn, play and pray.”⁹ Therefore, Eat Smart, Move More NC supports the efforts of local coalitions to implement policies as an effective way to carry out their mission “to reverse the rising tide of obesity and chronic disease among North Carolinians by helping them to eat smart, move more and achieve a healthy weight.”¹⁰ The ESMMNC Policy Committee, a sub-committee of Eat Smart, Move More NC Leadership Team formed to support and cultivate growth of policy efforts in alignment with the CDC’s research and recommendations. ESMMNC and the Leadership Team identified the need for information on the policy work of local coalitions in order to best offer their support. The organization has a firm grasp on the issue and provides clear information on how obesity is affecting North Carolina.¹¹

In the spring of 2012, the ESMMNC Policy Committee identified the need for a study to learn what policies local coalitions in North Carolina were working on. They were curious as to what resources coalitions are using and what barriers are impeding their efforts. With support and guidance from Dr. Ameena Batada of the UNC Asheville Health and Wellness Department, and Laurie Stradley of the North Carolina Center for Health and Wellness and the ESMMNC Policy Committee, I completed this research study with the purpose of creating a snapshot of local health policy efforts in workplaces, communities and schools in North Carolina. This study and service-learning project was designed in accordance with the goals, requests, and deliverables outlined by the ESMMNC Policy Committee. My role in this project provided the ESMMNC Policy Committee with the data and analysis they need to better support local healthy policy efforts across North Carolina, and provided me with an opportunity to learn about formal research, practice data analysis, improve my writing skills, and build relationships with health promoters across the state.

Methods and Work Undertaken

Representatives of the Eat Smart, Move More NC Policy Committee provided me with a general outline of what questions needed to be answered, an intended timeline, and a list of deliverables after the research was complete. My community advisor, Laurie Stradley, my faculty advisor Dr. Ameena Batada, representatives from the ESMMNC Policy Committee, and I worked collaboratively to design the specific components and tools

used during the project. After an expedited approval from the UNC Asheville Institutional Review Board (IRB), my research and data collection began.

The intention of the study was to take a snapshot of the nutrition and physical activity policy work of local coalitions around the state of North Carolina, and involved two phases – an on-line survey and follow-up interviews (see descriptions below). Participants in each phase of the study received a \$25 grocery store gift card for purchase of healthy food and beverages for coalition events or activities. The North Carolina Center for Health and Wellness supplied the gift cards for the research.

The Eat Smart, Move More NC Policy Committee provided me with a contact list of 82 local North Carolina coalition representatives working to promote healthy eating and physical activity. I sent the online survey tool to all 82 local coalition representatives. The online survey tool included lists of numerous policies relating worksites, communities, and schools. Respondents were to identify their coalition as “not currently working on,” “considering working on,” or “currently working on” each policy area. The online survey also included information on the purpose of my research, and questions relating to the respondents’ local coalitions successes and setbacks in their healthy policy work. Even with the incentive of a gift card for participation it was necessary for me to send out several reminder emails requesting participation.

The second phase of the study involved phone interviews with a sub-set of participants from the online survey. The goal of the phone interviews was so I could further explore their survey responses and better understand some of the issues faced at the local level. I categorized online survey respondents by ten regions in North Carolina, known as the Community Transformation Project regions. These specific regions reflect the shared public health initiatives of the Community Transformation Project and Eat Smart, Move More NC. Half of the survey respondents from each region were randomly selected to receive an interview request.

After selecting interviewees, I conducted all of the interviews with the same script, which was approved by the IRB. In the phone interviews, participants further described the policies they are currently working on related to their responses in the online survey and identified barriers, tools, and resources they have found most impactful on their work. After both parts of data collection, I updated the local coalition contact sheet for ESMMNC, and organized the data to look for trends, to identify interesting results, and to piece together what story it was telling. With the help of my faculty and community advisors, I completed an official report based on my findings, and presented to different groups at ESMMNC to share the results.

The entire process took much longer than I had anticipated. There were so many people involved and giving input in the planning phase that the project was delayed at the beginning, and continued to get delayed due to slow survey and interview responses, and other priority projects. Now that the project is complete I am able to take specific inquiries about the results from ESMMNC representatives, and take time with the data I have become so comfortable with, to find answers.

Ties to Academia

Community engagement and service learning are fairly easily integrated the field of Health and Wellness. I feel very fortunate to have already had experience working with community partners, and conducting small-scale research before taking on this project. My comfort heading into this study is entirely due to the courses and professors I have had in the Health and Wellness Promotion (HWP) Department. The field of Health Promotion uses evidence based approaches to health solutions, and therefore corresponds perfectly with my Service Learning Project, which asked policy questions based on evidence based health-promoting techniques in workplaces, communities, and schools. As an HWP major, I have a foundation of health education, but our curriculum is so diversified that I began my project with basic skills in Statistics, Research Methods, Health Communication, Community Outreach, and in the workplace because of my Internship Experience.

Taking Statistics has been an important step in developing my research capabilities. Learning the math and principles behind sound research is important, and enabled me to perform statistical analyses, and be an informed consumer of outside research. In this project specifically I used several skills from my Statistics course. I was able to navigate through an IRB Expedited Approval application, use statistically significant sampling techniques for survey respondent interviews, distinguish between qualitative and quantitative data, and analyze results to inform my recommendations and conclusions. These tasks were less time-consuming due to my previous exposure in class.

Though not required for Health and Wellness Students, enrolling in Research Methods I and II was an excellent decision for me, especially while I was conducting this service learning project. I was able to supplement my statistical skills from the Math department, with a more applicable, “real world” understanding I got from the Psychology department. Throughout the two courses I have become so much better at digesting research, and being able to recognize the difference between sound and unsound studies. The course is taught in a way that the information and math skills can be applied to any field, not solely Psychology. I enjoyed reaching a firm understanding of the history and reasoning behind the Institutional Review Board process, and the raw math behind many of the calculations that is easily done on statistical analysis software.

Health Communication is set up to provide students with important health promotion and communication concepts, as well as hone skills through real world projects. I was able to work on a social media campaign for NCCHW as part of a group project. Through this course and my class project I learned important lessons in teamwork, communication, and project management. During my service-learning project I was able to tap into these skills while forming the survey and interview tools with a large group, deciding how best to incentivize coalition representatives to participate in the study, and adjust deadlines and personal expectations as the project progressed.

I was enrolled in Community Outreach in Health Promotion when the Service Learning designation was officially announced. The class helped shape my understanding of what

it really means to perform outreach in which I both serve and learn. Working with an important community partner like the Asheville City Schools Student Health Advisory Committee (SHAC) throughout the semester prepared me for my relationships with ESMMNC and NCCHW. I was able to practice professional correspondence, project planning, and experience what a service learning relationship felt like. I know that my group's vending machine nutrition project was beneficial to the school system, and I also feel like I left that experience with skills and knowledge only found through outreach of this nature.

The formal Internship requirement in the Health and Wellness Department is responsible for a huge portion of my professional development and comfort with my community partners. I began my internship with NCCHW during my Service Learning Project with ESMMNC, and as time went on I became more and more comfortable with both. I received guidance from my internship supervisors on my unrelated service learning research, and great advice on how to avoid some of the pitfalls of projects and research like I was conducting. I was able to practice being respectful, yet direct in my communication, and was encouraged to consider myself an equal instead of a "lowly student intern," which made me feel included and open to learning.

Even though my HWP skills were most useful, I used information and lessons from cross-disciplinary classes when thinking about this project, and mulling over the sociological, biological, chemical, psychological, philosophical, and anthropological answers to questions raised. In my time at UNC Asheville I have been exposed to all of those disciplines, and I can confidently say that I have used all of them in unison with my HWP knowledge. Heading into my service learning project I was adequately prepared, but the experience has helped me in so many other classes now that it is over. For instance, I completed my research certification for the Institutional Review Board for this project, and I later had to do it again in Research Methods, where I was already comfortable with the process, and able to assist others.

It is hard to teach project troubleshooting or improve professional communication skills by just sitting in a classroom, and that is why the HWP and service-learning curricula together will prepare students to excel in their professional lives. Improving research and data analysis skills through a service learning project is an incredibly effective way of preparing for graduate level education or a professional assignment. Students get the opportunity to learn one-on-one how to conduct proper research, a skill they otherwise may not develop. The best tie to academia that my and other service learning projects have is the ability to use the personal and professional skills we have absorbed in any discipline or industry.

Challenges Faced and Responses to those Challenges

In this service project I engaged in activities with varying degrees of challenge. I did not face any challenges relating to working with my community or faculty advisors, and I also strongly believe that the coalition representatives who participated in the survey and

interviews were very generous with their time, and I am very appreciative of their cooperation. The challenges I did face were mostly related to my developing research and writing skills, and were gladly addressed by my advisors.

During this service-learning research experience I learned a great deal about how unpredictably projects like this sometimes progress. Some parts of the research process were quick and straightforward, like taking a random sample of the survey respondents for phone interviews. Other parts trudged along while simple questions awaited ten different approvals or suggestions. This gave me a glimpse into how many businesses operate, and how patience and my own punctuality are very important habits to improve. My response to this challenge was to accept that if I was confident in something, and had the approval from one of my advisors then I did not need to consult with every person involved before moving forward. I was able to learn how to discern between questions I am able to answer myself, and those that need consultation from an advisor. This is a skill I believe will be beneficial to my professional productivity.

Had it not been for the guidance and support of my advisors this project would have been much more difficult due to the learning curve I faced with some elements. I had never telecommunicated with a large group of people before, and conference call and webinar were the primary modes of communication with the whole ESMMNC group. It took a few calls, and supportive prepping from my advisors, but I was able to overcome my discomfort. Survey Monkey, and formal report writing were also intimidating and new to me at first. After tutorials and trial and error on Survey Monkey, I was able to create the survey tool I had envisioned, and later sort through data with the help of Dr. Batada. Like other new skills, I needed to invest time to become comfortable with the survey tool and online data analysis. After using online surveying I learned what I would do differently in the future concerning wording and formatting.

Writing a final report and putting together a presentation for the ESMMNC Policy Committee and Leadership Team was definitely the most daunting part of the whole project. I had never written a professional project report before, and also had never written something so lengthy. With exhaustive and generous revisions by my advisors and community partners, I ended up with a report I am proud of. I learned so many practical report-writing skills including how to properly format, how to use the correct tone, and when to use active versus passive speech. I know producing a high caliber project report will never be easy, but I feel confident that the guidance and practice I had writing one for ESMMNC will help me with future professional and academic assignments.

Aside from personal and learning challenges, there were also some academic and research based challenges that I have identified. Limitations to the research are important to note. The initial sample for the online-survey recipients came from a contact list compiled and updated by Eat Smart, Move More NC, which may not be representative of all groups working on healthy eating and physical activity policy around the state. Since ESMMNC was interested in current activity and did not ask about the existing local policies, it is not possible from this research to know the extent to which local policy

work reflects needs in the communities. During the phone interviews participants were all asked the same questions in the same way, but based on their answers it was possible that some coalition representatives may have interpreted the questions differently than others. Other limitations I have identified during my own reflection include recognition that the questions in the online survey may not have been as inclusive as coalition representatives would have liked. Many respondents shared in the comments section that they wished they were able to denote if they had already completed work on specific policy areas, which would explain why they were “not current working on” them.

Results

Results of this service-learning project include those from the study, as well as my results as the researcher, and results for NCCHW and ESMMNC as the partner organizations.

Study Findings

Of the 82 coalition representatives, four of the addresses were undeliverable. Of the 78 coalition representatives who received the online survey, 58.97% completed the entire survey. The online participants are representative of all regions in North Carolina, and there is at least one respondent from each of the ten Community Transformation Project Regions. Twenty-one phone interviewees were selected by a random stratified sample based on the ten Community Transformation Project regions.

The results from the survey and interviews are presented according to each policy setting, worksites, communities, and schools.

Worksite

Online survey responses show 46.8% of local coalitions are currently working on worksite policies to provide access to healthy food through farm stands, mobile markets, CSA’s (Community Supported Agricultural Programs), or vending policies. Next, 27.7% of respondents are currently working on policies to support breastfeeding in the workplace, making that the second highest indicated area of focus. The responses show 14.9% of coalitions are currently working on policies to support health screening and counseling for obesity in the workplace, which is the third most focused on policy area. Finally, 8.5% of local coalition representatives indicate they are currently working on policies for menu labeling to make nutrition information available in the workplace. The fewest number of coalitions are currently working on, or considering working on menu labeling policies in the workplace.

Phone interview participants provide further details about their coalition’s policy work, and there are commonalities in the specific policies, programs, and events implemented in workplaces across the state. Local coalition representatives comment that their coalitions are working to encourage farm stands, mobile markets, and CSA’s to choose locations that provide access to workplaces, and to require farm stands and mobile markets to accept EBT and WIC payment. Many interviewees express similar sentiments

that most of the worksite policies they are working on are within county buildings and coalition offices. To illustrate this point, one representative from the Eastern part of the state responds, “It is only fair that we make sure we have a healthy workplace before we tell others how important it is. Part of our job is to be the example of the benefits of committing to the health of your employees.”

Several participants also mention healthy vending and meeting policies, breastfeeding policies, reduced insurance premiums for fitness program participants, flexible lunch to provide exercise time, and dress code amendments to allow employees to wear comfortable walking shoes are projects. Many coalitions also are working to provide workplaces with materials that outline specific programs and healthy policies, why they are important, and how best to implement them. A respondent from central North Carolina sounds enthusiastic about the reception of a program promoting healthy eating in the workplace called the “Healthy Brown Bag Challenge.” This program is designed to offer guidance and support to busy, cost-conscious employees while challenging them to pack a healthy lunch from home for one week.

Many coalitions also encourage businesses to form worksite wellness committees. Coalitions can provide toolkits and resources to employees so they can take the charge within their workplace to promote wellness, and possibly be better received than outside instruction. Only one phone interviewee mentions that their coalition is working on policies and programs relating to offering health screenings and obesity counseling in workplaces as a main focus.

Community

When surveyed, 58.7% of respondents answer that their coalition is currently working on policies to provide the community at large with access to healthy food through farm stands, mobile markets, CSA’s, or vending machines, followed by 43.5% of respondents noting that they are working on policies to provide access to healthy food at churches or faith-based organizations through farm stands, mobile markets, CSAs, or vending policies. The area with the third highest response referencing current policy work is policies to support physical activity and healthy eating in childcare centers with a 39.1% response rate. 37% of respondents answer that they are currently working on policy to support physical activity through joint-use agreements in community facilities, and 28.3% answer they are working on policies for EBT, SNAP, and WIC benefits to be accepted at farmers markets. The three policy areas of least focus are policies to provide health screenings and obesity counseling in the community with 23.9% of coalitions currently working on it, policies to provide designated spaces for breastfeeding in community facilities with 19.6% of respondents currently working on it, and 13% on policies to make menu labeling and nutrition information available to consumers in the community. Of the policy areas that local coalitions are considering working on, 34.8% are considering working on joint-use facility agreements, 36.2% are considering working on EBT/WIC acceptance programs, and 36.2% are considering policies to provide access to healthy food.

Each phone interviewee mentions many exciting community based policies their coalition is working on. A strong focus is put on policies to accept EBT and WIC benefits at farmers markets. Many participants talk about how faith-based settings are very popular for healthy eating and physical activity policy initiatives. One interviewee from the Piedmont explains, “Faith-based groups are generally committed to the health of their congregations, and in our experience are pretty receptive to penning policies for things like providing healthy alternatives including salad and water at events. It’s hard not to make sense out of getting to keep the lasagna and sweet tea, and simply adding fresh veggies and water.”

When asked about joint-use policies, several representatives express that their community has joint-use agreements in place for indoor recreation centers, school tracks, walking trails, etc., but are not confident about the number of people taking advantage of them.

Many participants report that they struggle with healthy eating at community events including sporting events or “town days.” One interviewee from the central part of the state says, “Even with us providing healthy vendor guidelines, and the support of team parents etc., this continues to be one of the hardest settings to get healthy food as an option.” Another representative talks about how their coalition works with a network of pediatricians to talk to families in the community about weight, and obesity prevention/treatment.

Several representatives mention initiatives placing gardens at childcare facilities to grow healthy food; a number of these gardens have been created across the state. Participants’ spirits are high as they talk about their work within their communities. Respondents are especially animated when expressing how beneficial collaboration is with coalition representatives in other parts of the state. Collaboration relating to community policy work is a way representatives gain encouragement and inspiration based on what is happening in other local areas.

Schools

According to respondents, 45.7% of local coalitions are currently working on policies to support physical education and healthful living in schools, and 39.1% are currently working on policies to ensure that all foods and beverages available in schools meet federal child nutrition standards. Similar to the joint-use policy response for community policy, 34.8% of respondents are currently working on policies to support community use of school facilities for physical activity. 26.1% of local coalitions are currently working on policies to support evidence-based curricula for Health Living Essential Standards in schools, while 23.9% of respondents are currently working on policies to support healthy eating and physical activity in after-school programs. 21.7% of respondents are currently working on policies to support health screenings and/or counseling for obesity to faculty or students, and 17.4% of respondents are working on policies to support safe routes to schools. Similarly to the worksite and community results, 13% local coalitions are currently working on policies to make menu labeling and nutrition information available to students/staff.

During the phone interviews several representatives talk about specific policies in place for after schools programs. One coalition member from the western part of the state shares, “We have drafted policy that is being reviewed by the school board that will require city schools’ after-school programs to incorporate physical activity if the program is over one hour.”

Even though working on policies to support safe routes to school is not that common among respondents in the online survey, almost all of the phone interviewees mention their coalition’s work to facilitate safe route programs, including “walking buses,” and “walking parades.” When asked about joint-use agreements, one coalition representative describes, “It’s a program called ‘leave the lights on’, where community members and supervised children can use school playgrounds, gymnasiums, and tracks after hours.” Many interviewees also explain how school-aged children’s high use of technology influences some of their initiatives. A coalition leader, focused on school health policy, tells researchers that, “After we did a little surveying we found out that students as young as second, third, fourth grade were spending hours and hours a day with cell phones, laptops, television, and video games. So we created an unplugged challenge for students in an effort to get them up and moving.” Respondents express that implementing healthy vending and concession guidelines is much easier in schools than in the community. However, they still are working to get some policy in place to strengthen state guidelines for foods in schools.

Commonly Identified Target Populations in Coalitions’ Policy Work

During the online survey, respondents were asked to list any specific populations focused on for their policy efforts in an open-ended optional question format. Of the respondents who listed groups, the following populations are the most commonly identified by coalition representatives:

- Low-income families
- Youth/Women
- Faith-based groups

During the phone interviews, coalition representatives confirm that low-income families, youth, women, and members of faith-based organizations are the focus of most of their policy initiatives. Examples include increasing access to healthy food in low-income communities through farm stands or CSA programs; encouraging the acceptance of WIC and SNAP food-assistance in more settings; promoting breastfeeding policies for women and children in workplaces, communities, and schools; and promoting healthy alternative nutrition policies at faith-based events or meetings.

Commonly Identified Key Partners in Coalitions’ Policy Work

During the phone interviews local coalition representatives were asked to identify key partners (individuals and/or organizations) and champions in their policy work. Many interviewees respond with the same organizations or types of organization, and identify

them as supporters, program partners/sponsors, and coalition advisors. The following organizations are the most commonly identified coalition partners according to phone interviewees:

- NC Cooperative Extension
- Local hospital systems
- Local SHAC (School Health Advisory Council)
- Healthy Carolinians Annual Events (no longer happening)
- Neighboring communities/coalition collaboration
- City/County Schools (Superintendents)
- Eat Smart, Move More NC materials
- Local faith-based organizations
- Local Parks and Recreation Departments
- Local colleges and universities

Commonly Identified Barriers to Coalitions' Policy Work

During the phone interviews local coalition representatives were asked to identify the main barriers to success in their policy efforts. The responses offer valuable qualitative information, which shows that many interviewees are experiencing similar barriers at the local and state level. Coalition representatives most commonly experience opposition and barriers to policy change from budget challenges, politics, administrative problems, and even community members.

Financial related roadblocks are the most common barriers to policy change seen by interviewees. Statewide budget cuts have resulted in the consolidation of jobs, disbanding of entire coalitions, and disruptions in funding. Vital health promotion policy work that had previously been accomplished by several staff members is now the responsibility of individual over-worked and under-paid coalition representatives. One interviewee shares an apology for twice rescheduling her interview citing, “her *paying* job, upcoming board meeting, and three children” as reasons why her schedule is constantly full. Many coalitions continue to operate because of the commitment their representatives have to public health initiatives. Also due to changes in budget and funding, a statewide group of coalitions know as “Healthy Carolinians” recently dissolved leaving an obvious void in the interconnectivity and communication of local health promoting coalitions in North Carolina. Many phone interviewees remark that they have not attended any trainings, conferences, or networking sessions related to healthy policy making since the ending of Healthy Carolinians. Staff position and responsibility consolidation partnered with Healthy Carolinians dissolving makes a significant impact in the efficacy of healthy policy efforts at the local level in North Carolina.

Another commonly noted barrier to policy change is working with politicians and government representatives that do not put health as a priority on the state's agenda. Many interviewees share that it is very common to get extremely delayed responses based on election and legislative cycles. This time and money wasting practice prevents policy from being approved, funded, and put in place as quickly as possible. Similar to

political barriers, representatives note that administrative blockades are also difficult to work around when trying to expand or introduce healthy policies. While most workplace, community, and school officials consistently encourage the development of solutions to health problems, interviewees state that moving from verbal commitments to set-in-stone policies is sometimes impossible. Barriers seem to compound for some coalition representatives. One interviewee who is directly affected by Healthy Carolinians disbanding shares, “Techniques to address problems like moving from a verbal to a written policy agreement were the types of skills offered by Healthy Carolinians events, and our staff feels that void.” Other representatives have similar anecdotes of being directly affected by funding cuts and administrative reorganization within the state.

Resistance to policy change within the target workplace, community, or school is not an obvious primary barrier to many, but local coalitions experience much opposition. Proper research, exploration, and deep understanding of each specific setting are vital first steps to effective healthy policy making. If policy never changed there would not be local coalitions dedicated to healthy policy making in North Carolina. Lack of interest, cultural differences, self-consciousness, and lack of exposure are some of the reasons for individual and group resistance to healthy policy change. Health promoters understand that not every workplace, community, or school will be an early adopter of healthy policies, but over time they can benefit from healthy policies eventually becoming the norm. Again, Healthy Carolinians events and materials are mentioned by interviewees as beneficial resources for addressing resistance to policy change among target audiences, and their absence will continue to be felt.

Personal Results

In addition to the maturation of my professional communication and technical skills that I describe in earlier sections, I also now have a great appreciation and understanding of service learning. Providing needed services to a community organization, while gaining important development and skills is an inspiring model of sustainability. I learned a great deal about writing and research, but more importantly was exposed to the important efforts of ESMMNC and the interesting findings of my project. During and after my research I have been able to engage in several conversations about healthy policy making, evidence based wellness initiatives, and funding cuts are potentially impacting North Carolinians. The data from my research is both eye opening and inspiring to me.

I am worried about the long-term effects of decreased funding for wellness promotion and obesity prevention, but also hopeful after interacting with so many dedicated coalition representatives across North Carolina. I have gained a multi-layered perspective on healthy policy making, and what really goes into it. This project has resulted in my understanding of how many healthy policies there are, and how many of them are totally setting-based. I plan to take these skills and reflection with me as I embark on my next step of graduate school. I plan to complete a Masters of Public Health in Community and Behavior Health, which will require a great deal of research, and policy centered initiatives to improve health at the community level. While many things about North

Carolina are unique, and our local health policy efforts may not mirror other states, I believe the skills I have cultivated through this service-learning project are transferrable.

Organizational (ESMMNC) and Local Coalition Results

Following this research study, ESMMNC now has an updated snapshot of what health promoting policies are focused on currently across North Carolina, and what areas need more attention. Valuable information was obtained and a strong bond between UNC Asheville and two community partners was formed.

ESMMNC has the information they need to better support local coalitions in their policy efforts, and an open channel of communication to partner for future research with UNC Asheville students. NCCHW also benefitted from continued strengthening of their relationship with UNC Asheville and their community partners like ESMMNC. The leaders at ESMMNC are extremely thankful to our research team and UNC Asheville for following through on this project, have already digested the results, and are working to incorporate the findings in their strategic planning for the next year.

Coalition representatives were pleased to be contacted, and felt cared for by ESMMNC at the state level. Feeling appreciated and asked about what they need will positively impact their work. The essential results of strengthening the state-local bond between the ESMMNC Policy Committee and local coalition policy makers are increased trust, understanding, and support.

Sustainability

There is a large scope of policy work being done at the local level in North Carolina, and continuing and growing those efforts are extremely important. The data shows specific areas of focus, and also policy areas that have far fewer coalitions working on. Based on the results, I recommend that Eat Smart, Move More NC continues to support local coalitions by providing more example policies/policy making materials, facilitate connectivity among coalition representatives, and working to fill the voids left by disbanding coalitions and organizations. A focus should also remain on supporting what is already being done, and encouraging policy work in areas of high importance, but little focus.

In addition, sustainability of these data is important, and can be achieved through an annual survey to update the local policy snapshot. A simple online survey similar to the one used in the first phase of my research would be the easiest way for ESMMNC to have updated information on what local coalitions are involved in, and how it changes from year to year. Through similar university and student partnerships ESMMNC can request information or research that they need to better operate and students like me become engaged in the community. These projects cultivate community partnerships and provide students with extremely beneficial research experience. I believe a sustainable relationship between UNC Asheville and ESMMNC is mutually beneficial.

Personally, I feel I have gained many sustainable skills during this project due to the hands on nature of service learning. Applying the research skills and information I was learning from my advisors in real time provided me with the practice I need to commit things to memory. Many times students sit in a lecture and then forget the information because too much time passes before they are challenged to use it.

Conclusion

This study demonstrates the considerable amount of healthy eating and physical activity policy work at the local level in North Carolina. Healthy eating policies are more common than physical activity policies, especially regarding access to healthy food in different settings. Local coalitions are working on policies related to every area in the study and all local coalitions are working to promote multiple policies. The general attitude from participants was positive. Respondents were willing to share and were excited, which suggests that local coalitions have the energy to continue to fight this uphill battle.

The phone interview responses generally match the online survey results. For example, menu labeling and providing nutrition information are not identified as main policy initiatives in the online survey, and are not mentioned by any phone interviewee. The meaningful qualitative data is also congruent between the online surveys and my phone interviews. There are significant cultural barriers to enacting healthy policies, but financial and administrative barriers seem to be great, when theoretically they should be easier to address than those culturally seeded behaviors. Stability in local coalitions is also paramount to making policy change. Some coalition representatives express that administrative and financial restructuring within local and state coalitions make them unable to keep up with the best channels of communication.

The policies in place are mostly due to the hard work of local coalitions dedicated to the wellness of their communities and commitments to go above and beyond federal and state guidelines for nutrition and exercise. Coalition representatives recognize that it takes patience, time, and resources to persuade workplaces, communities, and schools to commit to new policies. While I was collecting data that sentiment was clear, and I was able to find inspiration in the health promotion professionals that I was interacting with. I could tell they truly care about the health of their communities, and they are committed to their work. Relating to my course of study, and professional goals this service learning and research experience has been incredibly beneficial and rewarding. I was able to tap into the skills I have learned throughout the Health and Wellness Promotion curriculum to complete this project, showing the efficacy of our instruction, and the practical application of the field.

The process of conducting this service learning project began with first becoming aware of what service learning actually was. It is not “community service” or tutoring. Service learning is a symbiotic relationship between the student and the community partner. This understanding and practice will stay with me throughout the rest of my education and professional life. The benefits of a service learning style project are countless. Without

the unique set-up, many community partners would not have the opportunity for project assistance, and many students would never get hands on experience and training they can use to build their academic, personal, and professional life.

I can use the skills I have learned through my project in any work setting moving forward. I feel I have an advantage, and more motivation to move on in the field of Health Promotion. I was exposed to true wellness warriors who operate with cut budgets, long hours, and senseless opposition, yet know their work is crucial to the health status of North Carolinians. I am excited to be a part of this movement, and I am excited to someday offer students the opportunity to find that same inspiration through service learning programs.

References

- ¹ Robert Wood Johnson Foundation, “How does where we live, work, learn, and play affect our health?”
- ¹ Robert Wood Johnson Foundation, “How does where we live, work, learn, and play affect our health?” Public Health Prevention Health Policy Snapshot, *Issue Brief* (September 2011)
- ² U.S. Department of Health and Human Services. The Surgeon General’s call to action to prevent and decrease overweight and obesity. Rockville, MD: U.S. Department of Health and Human Services; 2001. Available from: www.surgeongeneral.gov/topics/obesity/.
- ³ BRFSS, Behavioral Risk Factor Surveillance System, <http://www.cdc.gov/brfss/>
- ⁴ Department of Health and Human Services, Centers for Disease Control. “Recommended community strategies and measurements to prevent obesity in the United States: implementation and measurement guide” (July 2009). http://www.eatsmartmovemorenc.com/TheEvidence/Texts/community_strategies_guide.pdf
- ⁵ BRFSS, Behavioral Risk Factor Surveillance System, <http://www.cdc.gov/brfss/>
- ⁶ Robert Wood Johnson Foundation, “How can wellness programs save employers money while making employees healthier and more productive?” Public Health Prevention Health Policy Snapshot, *Issue Brief* (August 2012) http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf401183
- ⁷ Joint Center for Political and Economic Studies and PolicyLink. A place for healthier living: improving access to physical activity and healthy foods. Washington, DC: Joint Center for Political and Economic Studies; 2004.
- ⁸ National Center for Chronic Disease Prevention and Health Promotion. *Behavioral Risk Factor Surveillance System*, CDC. 2011. Accessed at <http://www.cdc.gov/obesity/data/adult.html>
- ⁹ <http://www.eatsmartmovemorenc.com/AboutUs/TheMovement.html>
- ¹⁰ <http://www.eatsmartmovemorenc.com/AboutUs/TheMovement.html>
- ¹¹ Eat Smart, Move More NC, “The Burden of Obesity in North Carolina” *Overview* <http://www.eatsmartmovemorenc.com>