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The *ShapingNJ* Initiative: Promoting Policy and Environmental Changes for Obesity Prevention at the Local Level

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The *ShapingNJ* Initiative: Promoting Policy and Environmental Changes for Obesity Prevention at the Local Level

Manisha Agrawal, M.P.H.

Executive Summary

Overweight and obesity have reached epidemic proportions nationally and in New Jersey. The prevention and treatment of overweight and obesity and their associated health problems are important public health goals. Obesity and physical inactivity have been linked to a range of chronic diseases, including diabetes and hypertension. The causes of obesity are at social, economic, environmental, and individual levels. Many individuals and families live in neighborhoods, which have a limited number of stores that sell fresh food as well as few (if any) safe places to exercise. At the same time, fast food outlets are readily accessible in their environment. On the social level, these individuals may also experience stressful working conditions. All these factors present a significant obstacle in their ability to make healthy choices for themselves and their families. Policy and environmental approaches providing easy access to affordable healthy choices can be used to raise awareness and support people willing to make healthy lifestyle changes. Changes in built environment such as more supermarkets and parks might affect health-related behaviors and outcomes such as obesity.

The New Jersey Department of Health and Senior Services (NJDHSS) Office of Nutrition and Fitness (ONF) received funding from the Center for Disease Control (CDC) Communities Putting Prevention to Work - State and Territorial Initiative (CPPW-STI) program to implement multiple strategies to improve access to nutrition and increase physical activity in the community. As part of this grant ONF selected three pilot communities and funded the local health department to implement up to four policy and environmental strategies in the community. The communities selected were Irvington, Paterson and Warren County.

The NJDHSS contracted with Rutgers Center for State Health Policy (CSHP) to assess the implementation process in these three communities and document barriers, facilitators and lesson learned. CSHP scheduled and conducted in-person interviews with key team members and a follow up interview with project leaders. The interviews took place during July – September 2011. The project leaders were emailed the CDC's Community Health Assessment and Group Evaluation (CHANGE) tool to complete with their team members. This tool provides

the community a snapshot of the policy, systems and environmental change strategies currently in place to identify areas of improvement and develop their action plans.

The scores from both policy and environmental components of the three modules of Community-At-Large sector of the CHANGE Tool fall in the middle range for all three communities. This indicates that areas of need should be explored and necessary actions should be planned. Findings from the interviews indicate that all partners in the three communities felt that their participation in this grant met or exceeded their expectation. All respondents indicated the importance of increasing the availability and accessibility of fresh food and vegetables, as well as developing a safe environment and access to low cost physical activity venues, such as parks and walking trails. Policies for fast food places and need for community education for all age groups to raise awareness was also expressed.

The main challenge reported was generating interest and bringing behavioral change in people to switch to healthy life style; lack of awareness; low literacy rates; lack of funding; wide availability of unhealthy low cost food items; local politics; and transportation. The support from the administration and community stakeholders; availability of large parks and open land; and strong community involvement were reported as assets.

The result that people and organizations came together and formed community partnerships as a result of this grant were reported as facilitators for this initiative. All the partners and the communities perceived the obesity prevention efforts in a positive way. They felt that this initiative will have a strong positive impact in the community. Their action plan involves both kids and adults and would help raise awareness for healthy eating and active living among them. The barriers reported were mainly delay in receiving the grant funds, weather, local politics, funding and availability and commitment from volunteers. They were all delayed in implementing their action plan and prioritized their needs based on available time and weather conditions. All three communities reported to be behind on their time line at the time of the first interview. During the follow-up interview, Irvington reported to be very close to accomplishing their goals; Paterson was severely affected by hurricane Irene and their work had come to a standstill; and Warren County was unsure about the fall planting for community gardens but were planning to get the trails mapped out.

The communities reported that the project has laid the groundwork and were looking forward to expand the work and replicate it to other parts of their city to benefit the whole community. All three communities have already worked on their plans for sustaining these efforts once the funding is over. Regardless of all the delays and setbacks all the partners were passionate about the work and its impact on the community.

The *ShapingNJ* Initiative: Promoting Policy and Environmental Changes for Obesity Prevention at the Local Level

Manisha Agrawal, M.P.H.

Background

The prevalence of obesity continues to rise among children and adults and has become a common problem in the U.S. More than one-third of adults (33.8%) and 17 percent of children and adolescents aged 2 -19 years are obese (CDC 2011a; CDC 2009; Ogden et al. 2010; Flegal et al. 2010). The trend in New Jersey is similar to the national trend, with more than one third of adults considered either overweight or obese (CDC 2011a). Obesity is a major risk factor for a number of chronic diseases such as type 2 diabetes, hypertension, heart disease and stroke (CDC 2011d). The economic impact of overweight and obesity and associated health problems is substantial (Finkelstein et al. 2009). Obesity results from interactions of a number of factors, including genetic, behavioral, and environmental factors (U.S. Department of Health and Human Services 2010). Lifestyle changes, along with physical characteristics of the neighborhood and concentrated exposure to fast food outlets, influence behavior and health (NCCDPHP 2011a; Ludwig et al. 2011; U.S. Department of Health and Human Services 2010). Widespread adoption of multiple technological innovations at home, workplace, and schools has reduced our daily physical activity. In addition, the chances of becoming overweight or obese are higher among children with no access to sidewalks, parks, playgrounds and community centers (Singh, Siahpush, and Kogan 2010). Families with low income often have limited access to both healthy food choices and opportunities for physical activity (CDC 2011c; NCCDPHP 2011b; Riediger et al. 2007).

Policy and environmental approaches that make healthy choices available, affordable, and easy can be used to raise awareness and support positive health behaviors (NCCDPHP 2011a; Ford et al. 2008). Policy changes that promote physical activity by enhancing access to parks and recreation facilities and encourage changes in the built environment (e.g., the addition of grocery stores or spaces where residents can exercise) might affect health-related behaviors and can be beneficial for all people in the community (Ding et al. 2011). If healthy options are not available then healthy living is not possible. The quality of residents' diets can improve with greater neighborhood-level access to healthy foods (Diez et al. 2010). To impact a large numbers of individuals in multiple settings, experts are promoting community based

comprehensive public health approaches involving multiple strategies and sectors and all relevant stakeholders to prevent this epidemic (Khan et al. 2009; IOM 2010). This involves creating neighborhood communities that are focused on healthy nutrition and regular physical activity, where healthier choices are accessible to all citizens.

In 2008, the Centers for Disease Control and Prevention (CDC) awarded the New Jersey Department of Health and Senior Services (NJ DHSS) Office of Nutrition and Fitness (ONF) funding to build a state-wide partnership to develop, implement, and evaluate a state-wide plan to prevent and control obesity and other related chronic diseases in the state of New Jersey. ONF also received funding from CDC's "*Communities Putting Prevention to Work Program State and Territorial Initiative*" (CPPW-STI) to promote health and prevent chronic disease through sustained policy, system and environmental strategies. The goal was to achieve broad reaching, highly impactful, and sustainable change to reduce chronic disease morbidity and mortality associated with obesity and tobacco use.

For this grant, ONF partnered with the New Jersey Health Officers' Association to enable the local health departments to implement policy and environmental changes using evidence-based strategies to improve nutrition and increase physical activity at the community level. They selected three communities as pilot sites, including Irvington, Paterson and Warren County, and funded the local health departments to implement up to four (from among the seven) *ShapingNJ* community policy and environmental strategies. They must have selected at least one strategy from the nutrition area and at least one from physical activity. The local health departments were provided tools, resources and technical assistance by ONF as they guided their communities through implementation of the selected strategies.

The NJDHSS contracted with Rutgers Center for State Health Policy (CSHP) to: 1) assess the intervention process in these three communities, 2) identify facilitators and barriers, 3) assess the value of resources provided by *ShapingNJ*, and 4) document lessons learned. This report provides an overview of the communities implementation process of the selected strategies, reported barriers and facilitators, plans for sustainability and lessons learned.

Methodology

The primary components of this evaluation include:

- In-person key informant interviews with the team members in three pilot communities
- Follow-up interviews with project team leaders in three pilot communities
- Analysis of completed Community Health Assessment and Group Evaluation (CHANGE) tool

CSHP interviewed project team members in these three communities funded by the NJDHSS ONF. The CSHP research staff developed the interview guide with input from ONF. The

interview guide included questions related to community needs, assets and challenges; strategies selected; action plan for the community; barriers and facilitators in implementing the action plan; impact of this work on the community; and value of the *ShapingNJ* program resources. The interviews took place from July – September 2011. The CSHP research staff scheduled and conducted a follow-up telephone interviews with the project leaders in the three communities, which took place in September 2011. The interviews were audio recorded for transcription purposes. The interview guide is included in Appendix A and the follow-up questionnaire in Appendix B.

As part of this evaluation, all three communities were asked to complete the CDC's Community Health Assessment and Group Evaluation (CHANGE) tool with their team (CDC 2011b). This tool provides a snapshot of the policy, systems, and the environmental change strategies currently in place. It is designed to help the community in identifying their strengths, areas for improvement and the status of community health needs. It assists the community with prioritizing their needs and appropriate allocation of available resources to develop their action plan. There are five sectors in the CHANGE tool and for each sector this tool includes specific questions to be answered including information about demographics, physical activity, nutrition, tobacco, chronic disease management, and leadership.

The communities were asked to complete the Community-At-Large Sector of the tool. This sector includes questions on community wide efforts that impact the social and built environments, such as improving food access, access to active living, tobacco use and exposure, personal safety and leadership. Under every sector each module includes a set of questions scored on a scale of 1-5 for both the policy and environment columns. A response of 99 has been incorporated into the scale to be used only when the item is not applicable at the site. Policy changes such as laws, regulations, rules, protocols, and procedures and environmental changes strategies such as physical, social, and economic factors designed to influence people's practices and behaviors are scored. Once all the modules are completed, the percentages automatically populate into the table for each module. A low score low (0–20%) for a module indicates that policy and environmental change strategies are missing from that site. A high score (81–100%) indicates that the site has begun to implement strategies or has strong ones already in place. The CHANGE Tool is included in Appendix C.

A human subject's protocol for the study was reviewed and approved by Rutgers University's Institutional Review Board (IRB).

Findings

Evaluation findings are provided and discussed separately for the three communities.

Irvington Township

Irvington is in Essex County, New Jersey. According to the 2010 United States Census, the total population of the city is 53,926 in the total area of 3 square miles (7.8 km²) (The Township of Irvington 2011).

As part of the pilot initiative, Irvington’s work plan included both food access and physical activity strategies. The food access plan included the development of two community gardens, one at a school and one at the senior center, as well as engagement and education of the community. The physical activity strategies included creating walking clubs in all six city parks as well as developing pocket-sized maps of parks and walking routes between parks.

CHANGE Tool Scores

Table 1 shows the demographic information of the community and summary scores of all three modules (nutrition, physical activity and leadership) reported by the respondents. The scores in the table provide a snapshot of the status of the policy and environmental change strategies currently in place.

Table 1: CHANGE Tool Summary Statement

Module Type	Community Information	
	Policy	Environment
Physical Activity	61.29%	58.21%
Nutrition	43.75%	29.69%
Leadership	45.45%	30.91%
Demographic Information		
Description	Urban	
Median household income	\$35,000 - \$49,999 (\$42,580 – 2010*)	
% with no high school diploma	More than 20% (19.1% - 2010*)	
% living in poverty	15 - 19% (16.8% - 2010*)	
% currently unemployed	10 - 14% (13.8% - 2010*)	

*U.S. Census Bureau, 2006-2010 American Community Survey

Table 2 categorizes the percentages for Community-At-Large policy (CALP) and environmental (CALE) component for each module into high, middle and low. The data shows that most of the scores fall in the middle range. More than fifty percent of policy and environmental strategies of the physical activity module are reported to be in place. For both the nutrition and the leadership modules, about thirty percent of the environmental change

strategies are reported to be in place indicating a need for further examination of these areas to determine gaps and identify community needs. These scores should be carefully examined to prioritize and list areas of improvement for implementing health-related policies and environmental change strategies and a timeline for strategy completion based on available resources.

Table 2: Sector Data Grid

	Low		Med		High
	0-20%	21-40%	41-60%	61-80%	81-100%
Physical Activity			CALE	CALP	
Nutrition		CALE	CALP		
Leadership		CALE	CALP		

Interview Findings

CSHP conducted in-person interviews with seven representatives identified as key team members by the project leader. The interviews lasted for 30 -35 minutes. The three team members from the senior center were interviewed together. Some interviewed team members were involved from the beginning of the project whereas others joined after the project started. The interviews provide a picture of the effects of this initiative in the community. All seven respondents felt that their participation in this grant met or exceeded their expectations.

Community’s Needs: The respondents were asked to identify their community needs related to healthy eating and active living. Some of the community needs for healthy eating included: (1) increased access to healthy foods including availability of fruits and vegetables; (2) large markets in city for better choices of healthy foods and vegetables; (3) diet management of large senior population; (4) money; (5) fewer fast food places; (6) help with menu for healthy eating; and (7) education.

The community needs for active living identified by the respondents included: (1) more facilities for exercise to stay physically active; (2) safe environment since safety is a concern; (3) ongoing process of community education; and (4) activities that can occupy people in the community particularly with regard to engaging seniors.

Key Assets and Existing Opportunities: The respondents were asked to identify key assets and existing opportunities that would assist them in implementing policy and environmental changes to promote active living and healthy eating. Some of these assets and opportunities include positive response and participation from the community, support from the mayor and the municipal leaders and willingness of people to change their lifestyle.

Challenges: The main challenges reported by the respondents included: (1) lack of financing to get instructors and materials; (2) minimal community resources; (3) lack of awareness of healthy food options and little access to healthy food choices; (4) poor infrastructure and large senior population; (5) broader economic factors; (6) volunteer work force limited to seniors and kids; (7) abundance of fast food outlets; and (8) decreased pace of community mobilization.

The respondents reported that the community needs, assets and challenges were mainly identified through working with different groups, data about the financial condition of the community, observations as community residents and discussions with the health officer as well as with new partners getting involved in the project.

ShapingNJ Strategies: Respondents were asked questions about how their partnership was formed, the process involved in selecting the *ShapingNJ* strategies and how all the partners perceive the selected strategies. They were also asked if the community was aware of these obesity prevention implementation strategies. The respondents reported that:

- The partnership came together mainly through the *ShapingNJ* project. It started with the mayor, health officer, school superintendent, and the director of the senior housing authority. More people got involved as they came to know about the project. Seniors at the senior center took the master gardener class offered by the Rutgers Co-Operative Extension and provided ideas and information for the community gardens.
- The partners had previously worked together for different programs including health screenings, health fairs, community walks, lead prevention programs and health education. The strategies selected were mainly an extension of the work already going on in the community. The respondents also mentioned that they were working to get permission for city employees to have additional time to walk during lunch break.
- The *ShapingNJ* strategies were selected by the leadership team, and therefore, not all community partners collaborating with the project team were involved in the selection process. New partners were informed of the selected strategies and they all perceived them in a positive way. They also reported that schools were hesitant to participate in the beginning.
- The project team members kept each other informed through telephone calls and meetings. Seniors kept others informed through bulletin board and monthly calendar in the senior center.
- The initiative was announced on the local news channel but they felt that the community in general was not aware. It is expected that people would participate as they saw more progress in the community gardens. Only senior centers, municipal government and schools were involved until the time of the interviews.

- They have good viewership for their local TV channel which constantly updates and educates the community on new and fresh content. They were also planning to advertise the community gardens and the walking club through other media sources.
- They reported that there was a delay in getting started due to delayed funding. The walking club had just started and there was good participation. They also reported a need for constant education to bring awareness in the community.
- They reported that this initiative will help them in building a strong and better partnership with their community. The community gardens would promote better health, give purpose to seniors and help build better community relations.
- They felt that this program would create a template of success for the next phase.

“This would be an ongoing process and we have lot of sound information to work on building a strong and better partnership with the community and NJ.”

ShapingNJ Program Resources: The respondents were asked to rate the value of the *ShapingNJ* program resources provided during the grant period, though it is important to note that not all of the respondents were familiar with the resources provided by *ShapingNJ*. Those who were aware of the resources found them to be very helpful or helpful to them. The responses are reported in Table 3.

Table 3: Value of the *ShapingNJ* Program Resources

N = 4	Very helpful	Helpful	Neither helpful nor unhelpful	Not very helpful/ Not at all helpful	Don't know
Technical Assistance	*	1	*	*	3
On-site assessment and implementation workshop	4	*	*	*	*
Monthly webinars	3	*	*	*	1
Conference calls	*	1	*	*	3

*Cells with no value

Action Plan for the Community: Respondents were asked questions about the priority areas and strengths of their community’s action plan. The respondents reported that:

- Funding came late so they did not have the opportunity to set up the garden until the time of the interview. This also limited their options for planting. They were also planning to bring the master gardener program to the senior center and train the next group.
- Walking club started already with active engagement and participants were given free water bottle and pedometer.
- They were working on developing the township map to distribute it to the community.
- The respondents felt that partners need to meet more frequently and share additional ideas.

"Really letting people know their capability of doing it - whether they do it on their own. This is an opportunity to do it. Having a garden works 2 ways-

- *It gives you a purpose*
- *Achievable goal. You can actually see what you accomplished."*

The reported strengths of the action plan included: (1) education of kids and seniors; (2) support from the leadership; (3) economic benefit of health initiative which encourages people to grow fruit and vegetables; (4) availability and accessibility of fresh foods at no cost to the community; and (5) community motivation.

Facilitators and Barriers: Respondents were asked about the potential or actual facilitators and barriers in implementing their action plans in the community.

The main facilitators reported by the respondents were their long term vision, participation, great team work, and support from the health department and the mayor. Other organizations that facilitated the pilot’s success included Irvington Community Center, in-kind support received from the Chamber of Commerce, the Irvington Housing Authority, church groups, schools and the master gardening group.

The main barriers to success reported by the respondents included: (1) health problems of the seniors as they were the primary work force; (2) inclement weather; (3) local financial resources; (4) external funding; (5) getting continuous help and participation; (6) maintaining the level of motivation; and (7) the school recess in summer.

The respondents were also asked to identify strategies to overcome these barriers. The strategies reported for inclement weather included plans to build an atrium to grow fruits and vegetables indoors and use of aerobics classes offered at the recreation center. They plan to increase use of TV as a teaching tool for education and getting the information out to the public. Some additional strategies included getting additional support from the mayor, identifying other community and business partners and finding additional funding sources. They also felt that they need to work closely with the seniors because of their health issues.

Perceived Impact of the Program: The respondents were asked to share their thoughts on the impact of this work on existing obesity prevention efforts in their community. The respondents

reported that this project would help discipline people to eat healthy and lead an active life. A recurring theme was the importance of addressing the obesity issue with kids and they felt that this program would educate kids in the middle school leading to expansion to elementary and high school. This would also help generate interest among parents. The respondents noted that it would take time for full community participation and people to change their behavior as teenagers are inclined towards eating fast food and junk food.

"Obesity is a big problem in society especially among youths. This will discipline people in healthy eating and active living."

Sustainability Plans: The respondents were asked questions regarding their plans for sustaining these efforts once the funding is over. They felt that once the program is established it will be relatively easy to sustain. The sustainability plans included purchasing a nursery station for indoor planting in the winter, and continuing to identify donations from local businesses to support the purchase of seeds and top soil. If needed they also plan to use recreation funds allocated for seniors.

"We are ready to go. Ready for 100% commitment. We wanted to do this all the time - didn't know how to start."

Follow Up Phone Call: CSHP conducted a follow-up telephone interview with the project leader to discuss progress of the work, challenges, barriers and facilitators in their obesity prevention efforts in the community. The respondent reported that:

- Walking club was functioning well. Approximately 50 -60 people participated every week. Senior walking club met twice a week depending upon weather conditions.
- Senior center garden was well maintained and nearly 85% of the set up was complete. The school garden work was in progress. The project was running behind schedule because of delay in funding and summer recess in schools.
- Seniors participated in senior citizen Olympics.
- Plan to give city employees fifteen minute break for physical activity was under consideration. They were also trying to bring the master gardener program to the senior citizen building as well as identify additional grants to expand to other organizations next year.
- Printing of the pocket-sized maps of parks was delayed because of unavailability of digital map.
- Support from the school and the municipal government were reported as facilitators for this project.
- There were some initial barriers to participation from the schools and the community due to conflicting priorities.

- Awareness in the community is growing. Seniors, schools and the local channel 24 were advertising the walking club.
- The community is economically depressed with a high crime rate. This grant brought a big positive impact in the community, but to bring a long term behavioral change would take time.

City of Paterson

Paterson also known as the "Silk City" is in Passaic County, New Jersey. According to the 2010 United States Census, the total population of the city is 146,199 in the total area of 8.73 square miles (22.6 km²) (U.S. Census Bureau 2012a).

Paterson’s initiative, like Irvington’s, also included both food access and physical activity strategies. With regard to their food strategies, the plan included creating a “Healthy Living Committee”, developing an intergenerational garden at the Head Start, and reducing with the hope of eliminating “junk food” in municipal vending machines. In addition, the team in Paterson also tapped into the widespread usage of social media outlets and created a facebook page that included healthy living hints, recipes and notifications for upcoming project events. With regard to the physical activity strategies, Paterson developed walking paths in Westside Park and a swim club with the YMCA.

CHANGE Tool Scores

Table 1 shows the demographic information of the community and summary scores of all three modules (nutrition, physical activity and leadership) reported by the respondents. The scores in the table provide a snapshot of the status of the policy and environmental change strategies currently in place.

Table 1: CHANGE Tool Summary Statement

Module Type	Community Information	
	Policy	Environment
Physical Activity	38.24%	45.45%
Nutrition	46.03%	52.94%
Leadership	25.45%	36.36%
Demographic Information		
Description	Urban	
Median household income	\$25,000 - \$34,000 (\$34,086 – 2010*)	
% with no high school diploma	≥ 20% (28.4% - 2010*)	
% living in poverty	≥ 20% (26.6% - 2010*)	
% currently unemployed	5 - 9% (8.6% - 2010*)	

*U.S. Census Bureau, 2006-2010 American Community Survey

Table 2 categorizes the percentages for Community-At-Large policy (CALP) and environmental (CALE) component for each module into high, middle and low. The data shows that most of the scores fall in the middle range. Nearly fifty percent of policy and environmental strategies of the nutrition module are reported to be in place. The leadership module scored lower for both policy and environment columns indicating a need for further examination of these areas to determine gaps and identify community needs. These scores should be carefully examined to identify and list priority areas of improvement for implementing health-related policies and environmental change strategies and a timeline for strategy completion based on available resources.

Table 2: Sector Data Grid

	Low		Med		High
	0-20%	21-40%	41-60%	61-80%	81-100%
Physical Activity		CALP	CALE		
Nutrition			CALP, CALE		
Leadership		CALP, CALE			

Interview Findings

CSHP conducted in-person interviews with six representatives identified as key team members by the project leader. The interviews lasted for 30 -35 minutes. Some of the members were involved from the beginning whereas others joined after the program started.

The interviews provided a picture of the effects of the initiative. All six members reported that their participation in this grant met their expectations.

Community's Needs: The respondents were asked to identify their community needs related to healthy eating and active living. In speaking with the team members in Paterson, it became clear that their priorities/concerns were consistent with those echoed in Irvington. Some of the community needs for healthy eating included: (1) better choices and easier access to healthy foods and fresh fruits and vegetables; (2) availability of healthier options at a reasonable cost compared to fast food; (3) more supermarkets or policy for the smaller stores and bodegas to keep fresh vegetables and meat; (4) education; (5) fewer fast food outlets and change in policy for the fast food industry to include healthy options in their menu; (6) maintaining cultural sensitivity when implementing changes; (7) health focused fairs and more activities to bring the community together.

The community needs for active living identified by the respondents include: (1) better access to low cost physical activity places like parks; (2) education for both parents and children

about the importance of physical activity; (3) promotion of programs and services offered by the recreation department; (4) maintaining and updating playgrounds and parks; (5) safe environment or perception of safe environment; and (6) more programs like *ShapingNJ*.

Key Assets and Existing Opportunities: The respondents were asked to identify key assets and existing opportunities that would assist them in implementing policy and environmental changes to promote active living and healthy eating. Some of these assets and opportunities include: (1) the community's diversity and rich history; (2) existing community resources including walking paths and parks; (3) administration – open to innovative ideas; (4) support of the recreational director; and (5) existing chronic disease prevention programs at the hospitals.

Challenges: The main challenges reported by respondents included: (1) cultural and language differences; (2) low literacy rates; (3) accessibility in terms of both time and money; (4) transportation; (5) poor economy; (6) lack of awareness making it difficult to bring behavioral change; (7) people not familiar about the existing community resources; and (8) lack of funding. They also reported that local politics slows the process down.

The respondents reported that the community needs, assets and challenges were mainly identified through the community health profile from the health department, observations as residents, discussions with other residents, by *ShapingNJ*, data collected by the epidemiologic group, CDC and also community assessment data.

ShapingNJ Strategies: Respondents were asked questions about how their partnership was formed, the process involved in selecting the *ShapingNJ* strategies and how all the partners perceive the selected strategies. They were also asked if the community was aware of these obesity prevention implementation strategies. The respondents reported that:

- The core partners for this project included the Department of Health, Head Start, Passaic County Community College, Paterson Cancer Initiative, Rutgers Co-Operative Extension and the community residents. Not all partners had previous experience of working together. The community needs were identified and the strategies and the locations for this project were discussed and decided by the core team as a group. They highlighted their goal as wanting to make the program successful so that it can be replicated in other parts of the city.
- The project leader kept all the partners informed by sending updates through emails, facebook, telephone calls and monthly meetings.
- Not all community partners collaborating with the project team were involved in selecting the *ShapingNJ* strategies. New partners also perceived the selected strategies

"Our goal is to make it a successful program that so that it can be replicated in other parts of the city and to make it easier for people to have access to it."

in a positive way. Frustration with the slow progress of work was reported by the partners.

- The strengths of the selected strategies reported were mainly locations selected, partnership formed for this initiative and the potential impact of this initiative on the community.
- They reported that due to delay in funding the project was still in the beginning stages. They were almost six months behind on their timeline. They also reported that these programs would be open to the whole community.
- They were planning a ribbon cutting ceremony involving the mayor and other high profile people in the community for initial publicity. They were also planning to announce it to the community through the press and promotion in churches.

ShapingNJ Program Resources: The respondents were asked to rate the value of the *ShapingNJ* program resources provided during the grant period, though it is important to note that not all of the respondents were familiar with the resources provided by *ShapingNJ*. Overall, three respondents were familiar and found the resources “very helpful” or “helpful” to them. The responses are reported in Table 3.

Table 3: Value of the *ShapingNJ* Program Resources

N = 6	Very helpful	Helpful	Neither helpful nor unhelpful	Not very helpful/ Not at all helpful	Don't know
Technical Assistance	3	*	*	*	3
On-site assessment and implementation workshop	1	2	*	*	3
Monthly webinars	3	*	*	*	3
Conference calls	1	*	*	*	5

*Cells with no value

Action Plan for the Community: The respondents were asked about the priority areas and strengths of their community’s action plan. The respondents reported that their initial plan was to:

- Establish the community gardens as there was limited time for planting. For this initiative, the Passaic County Community College agreed to provide initial labor, cooking seminars and rooms for meetings.

- Develop the walking path. They planned to put signs along the walking trail with questions and answers about Paterson and number of calories burned based on distance.
- Eliminate “junk food” in municipal vending machine.

The reported strengths of the action plan included: (1) it is doable; (2) self sustaining; (3) community partnership is onboard; and (4) the fact that it is a much needed service for the community.

The respondents reported that the priorities changed due to a delay in the progress of the work which resulted from lateness in receiving the grant funds, administrative delay in setting a separate grant fund account and delay in getting work related approvals.

Facilitators and Barriers: Respondents were asked about the potential or actual facilitators and barriers to implementing their action plans in the community.

The main facilitator reported by the respondents was the partnership that was formed for this grant. They felt that they have the right collaboration of people and organizations involved in this project. The diversity is reflected in the fact that representatives from Head Start, Department of Public Works (DPW), civic and faith based organizations, the community college, the Mayor’s Wellness Campaign, the YMCA and the American cancer society, among others, are all participating in this initiative.

The main barriers to success reported by respondents included: (1) sufficient time from the health officer; (2) different administrative priorities; (3) financial condition of the city; (4) competing priorities of the partners; (5) sustainability; (6) raising community interest for these programs; (7) weather for the garden; (8) bureaucracy; (9) employment related restrictions on some partners for getting approvals; and (10) lateness of the grant.

“Instead of giving the funding to a public health entity it should have been given to a community organization to work with public health entity – will help move the process.”

The respondents were also asked to identify strategies to overcome these barriers. The strategies reported include:

- Availability of full time health officer.
- Communication to bring in more partners and increase involvement from the community.
- Using all available resources.
- Demonstrating the value of this grant to the administration and the community to show how a healthy community brings in more revenue.
- Applying for additional grants.

- By increasing the focus on children to help inspire behavioral change.

Perceived Impact of the Program: The respondents were asked to share their thoughts on the impact of this work on existing obesity prevention efforts in their community. The respondents felt that this program would lay the foundation for them to build on more programs and policy changes. The community and schools would be actively involved in future programs and this program would create an increased awareness and encourage healthy eating habits and physical activity. Additional awareness about the importance of maintaining a healthy weight could ultimately lead to a reduction in people's medical costs.

Several of the indicators for measuring impact mentioned by the respondents involved treatment of diabetes, a condition closely tied to obesity and poor eating habits. They suggested that one indicator that they would be looking at was the reduction in the number of diabetics using insulin in the community, as well as the stability of their sugar level. In addition, they would monitor the hospitalization rates for diabetics and people suffering from hypertension. They are also tracking the incidence of obesity in preschool children.

Sustainability Plans: The respondents were asked questions regarding their plans for sustaining these efforts once the funding is over. They felt that once the program is established it will be able to function by itself. The plans for sustaining the efforts included:

- Community garden would be an ongoing project. They would sell the products grown at a minimal cost to finance gardening for the following year.
- The walking path would be maintained by the DPW.
- The changes to healthy options in vending machines would remain in place.
- Facebook page would be updated on a regular basis. This page provides additional information on calculation of BMI as well as information on planting opportunities for different seasons.
- Ongoing process to seek more grants.

Follow Up Phone Call: CSHP conducted a follow-up telephone interview with the project leader to discuss progress of the work, challenges, barriers and facilitators in their obesity prevention efforts in the community. The respondent reported that they had been hit hard by Hurricane Irene** and their work had come to a standstill. All the parks and community garden were under water resulting in a lot of debris. As the priority for the city was to bring the life back to normal, the cleanup work for this project became less important. The biggest barrier reported was in stressing the importance of making this project a priority to get the work done. Major setbacks reported in implementing their action plan were:

- No grant received till end of April 2011 resulting in loss of spring planting time.

- Further administrative delays in setting up the account after receipt of the grant.
- Summer recess of schools.
- Unforeseen delays due to weather and employment related moves by people. A key person departed at the Head Start and there was no response to repeated email reminders from her replacement.
- Further delays due to massive flooding at the Westside Park and the community gardens.

The respondent reported that they needed to step back to prepare both the community gardens and the parks. The people involved in implementing the grant activities were also tied up with hurricane related disaster and flood cleanup. They felt that they can make some progress in October as they would have volunteers from schools, colleges and the community to help them. They felt funding should be given to community organizations to work with the public health entity to help move the process faster.

***Hurricane Irene was a large and powerful Atlantic hurricane that caused extensive flood and wind damage in Paterson in August 2011.*

Warren County

The largest city in Warren County is Philipsburg. According to the 2010 United States Census, the total population of the county is 108,692 in the total area of 363 square miles (940 km²) (U.S. Census Bureau 2012b).

The proposed work plan had two primary goals. First, as part of the food access strategy, the team developed two community gardens, one at the middle school and the other in close proximity to a food bank. The second, physical activity access strategy focused on mapping and refurbishing four walking trails.

CHANGE Tool Scores

The demographic information of the community reported by respondents and the summary scores of all three modules, nutrition, physical activity and leadership is shown in Table 1.

Table 1 shows the demographic information of the community and summary scores of all three modules (nutrition, physical activity and leadership) reported by the respondents. The scores in the table provide a snapshot of the status of the policy and environmental change strategies currently in place.

Table 1: CHANGE Tool Summary Statement

Module Type	Community Information	
	Policy	Environment
Physical Activity	64.44%	64.44%
Nutrition	47.06%	45.61%
Leadership	56.00%	60.00%
Demographic Information		
Description	Rural	
Median household income	\$35,000 – \$49,999 (\$71,364 – 2010*)	
% with no high school diploma	<5% (10.7% - 2010*)	
% living in poverty	10 – 14% (6.8% - 2010*)	
% currently unemployed	between 5 – 9% (6.7% - 2010*)	

*U.S. Census Bureau, 2006-2010 American Community Survey

Table 2 categorizes the percentages for Community-At-Large policy (CALP) and environmental (CALE) component for each module into high, middle and low. The data shows that most of the scores fall in the middle to upper middle range. More than half of the policy and environmental change strategies are reported to be in place for the physical activity and the leadership modules. In the nutrition module less than half of the policy and environmental change strategies are reported to be in place indicating a need for further examination of this area to determine gaps and identify community needs. These scores should be carefully examined to prioritize and list areas of improvement for implementing health-related policies and environmental change strategies and a timeline for strategy completion based on the available resources.

Table 2: Sector Data Grid

	Low		Med		High
	0-20%	21-40%	41-60%	61-80%	81-100%
Physical Activity				CALP, CALE	
Nutrition			CALP, CALE		
Leadership			CALP, CALE		

Interview Findings

CSHP conducted telephone interviews with four representatives identified as key team members by the project leader which lasted for 30 - 60 minutes. All the members interviewed were involved from the beginning of the project. All four members reported that their participation in this grant modestly exceeded or met their expectations.

Community's Needs: The respondents were asked to identify their community needs related to healthy eating and active living. Some of the community needs for healthy eating included: (1) increased availability and access to healthy foods and fresh fruits and vegetables; (2) education; (3) healthy eating initiatives for parents as well as children; and (4) prevention strategies for obesity and diseases.

The community needs for active living identified by the respondents included: (1) awareness of physical activities and more programs for children; (2) sidewalks in some areas; (3) pedestrian friendly physical activity; and (4) education.

Key Assets and Existing Opportunities: The respondents were asked to identify key assets and existing opportunities that would assist them in implementing policy and environmental changes for promoting active living and healthy eating. Some of these assets and opportunities included: (1) strong support from the Committee Health Coalition and the community; (2) open recreational areas such as parks in different municipalities; (3) opportunities for increased education; (4) presence of a new health educator; (5) ample farm land to help revive local agriculture; (6) schools providing healthy meal options; and (7) existing healthy eating and active living program from the Rutgers Co-operative Extension.

"Networking of the coalition and working with the coalition can help implement the changes as they represent different agencies in the community."

Challenges: The main challenges reported by the respondents included: (1) unavailability of fresh foods and vegetables; (2) getting support from the administration and the politicians; (3) resistance to change perhaps due to the lower education level of people in the community; (4) large population of people living in poverty; (5) finances; (6) lack of volunteer time and availability; (7) absence of sidewalks for people to walk; and (8) transportation in rural areas.

The respondents reported that the community needs, assets and challenges were mainly identified through a survey done by the Coalition, county needs assessment data, observations as community residents, statistics obtained from partner agencies and by reaching out to the stakeholders and politicians.

ShapingNJ Strategies: Respondents were asked questions about how their partnership was formed, the process involved in selecting the *ShapingNJ* strategies and how the partners perceive the selected strategies. They were also asked if the community was aware of these obesity prevention implementation strategies. The respondents reported that:

- The project invitation was sent out to relevant people and agencies in the community. They represented nonprofit organizations, hospitals, zoning, planning, nutrition and support from women resources. The partners had previously worked together for

different programs including creating a resource guide to identify parks in the community, community walk campaign and promoting the website for the county. The community was encouraged by the information and educational materials provided in the resource guide.

- The core team was involved in selecting the strategies. A survey was done to get input from public. All partners were involved from the outset of the project and they perceived the strategies in a positive way. There was a constant support of the work by the key leaders.
- The project team members kept each other informed through meetings (both monthly and on need basis) and emails. Meeting minutes and critical decisions were emailed to the team.
- They also reported that a subset of the community knew about the project. To increase awareness they shared this information with different groups and organizations. There were also planning to publicize the activities through press release and community events. These events would provide additional opportunities to distribute resource guide, water bottles and help network with interested individuals.

ShapingNJ Program Resources: The respondents were asked to rate the value of *ShapingNJ* program resources provided during the grant period, though it is important to note that not all the respondents were familiar with the resources provided by *ShapingNJ*. Those who were aware of the resources found them to be very helpful, helpful or neither helpful nor unhelpful to them. The responses are reported in Table 3.

Table 3: Value of the *ShapingNJ* Program Resources

N = 4	Very helpful	Helpful	Neither helpful nor unhelpful	Not very helpful/ Not at all helpful	Don't know
Technical Assistance	*	2	1	*	1
On-site assessment and implementation workshop	1	1	*	*	2
Monthly webinars	*	*	1	*	3
Conference calls	*	*	1	*	3

*Cells with no value

Action Plan for the Community: Respondents were asked questions about the priority areas and strengths of their community's action plan. The respondents reported that their plan was to:

- Promote recreational facilities within different communities by mapping trails and increasing community awareness about the initiative. This was tied to their "Warren County Walk Initiative" project.
- Implement community gardens in two areas with limited access to fruits and vegetables. Many obstacles were reported in getting the garden off the ground but everyone was still excited to get the work done. They were looking for a good return for next year as a lot of resources had already been spent.

"Being in a rural county, we have wonderful gardens and farms but access is always an issue. Plan is to increase access."

The reported strengths of the action plan included: (1) diverse group of people brought different strengths to this project; (2) people's relationship with other participants; (3) involvement of the youth; (4) several areas of the County targeted by the physical activity strategy; and (5) replicability of the project in other communities in the County.

Facilitators and Barriers: Respondents were asked about the potential or actual facilitators and barriers in implementing their action plans in the community.

The main facilitators reported by the respondents included: (1) long standing working relationship among the partners; (2) support of volunteer and business organizations; and (3) money from *ShapingNJ* with an idea that there is already a state initiative to push these environmental and policy changes.

"Relationships - as sustainability is the key and this will help it sustain even after funds are over."

The main barriers to success reported by the respondents included: (1) volunteers' time; (2) difficulty in coordinating with the partners; (3) funding; (4) inclement weather; (5) mobility of people; (6) politicians; and (7) lack of sidewalks.

The respondents were also asked to identify strategies to overcome these barriers. The strategies reported include:

- Keeping everybody involved as much as possible.
- Keeping in communication to stay on top of different relationships.
- Maintaining an ongoing realistic plan to get the task done.
- Paying attention to zoning approvals so that there are no fast food chains or cigarette sellers next to school.

Perceived Impact of the Program: The respondents were asked to share their thoughts on how the work undertaken as part of this grant would impact existing obesity prevention efforts in their community. The respondents reported that this project complemented the existing work already going on in the community. Increased awareness as part of this grant would increase the impact. They felt that there is a potential for tremendous impact especially with the mapping of walking trails. As healthier options are often expensive compared to processed foods for people living in poverty, the community gardens would provide healthy foods at no extra cost thus encouraging people to live healthy. Moving forward, the team members said that they would plan to do things differently and be more realistic with their time line as lot of work depends on the availability of volunteers.

"This will open up avenues to connection to individuals or organizations not previously connected with."

Sustainability Plans: The respondents were asked questions regarding their plans for sustaining these efforts once the funding ends. The plans for sustaining the efforts included:

- Plans for the community garden team to plant fruits and vegetables. These fruits and vegetables would be donated to people through the food pantry or different groups to make it available at no charge.
- Provide information on the availability of different recreational resources in the community once the trails were mapped out.
- Identify grants for next year to develop additional three gardens.

Follow Up Phone Call: CSHP conducted a follow-up telephone interview with the project leader to discuss progress of the work, challenges, barriers and facilitators in their obesity prevention efforts in the community. The respondent reported that:

- There was minimal damage due to hurricane.
- They were running behind schedule and work on community gardens had just started.
- There were no changes in the priority areas of the action plan.
- Boy Scouts would map the trail in October using GPS unit.
- The community was aware and participating in the obesity prevention strategies.
- The Boy Scouts and the community garden club were reported as facilitators for this project.
- The potential barrier reported is time commitment from the volunteers. They also reported that use of land, time and space is sometimes also an issue.

Conclusion

The *ShapingNJ* initiative for promoting policy and environmental change for obesity prevention at the local level is designed to support healthy eating and active living in the communities with poor access to fresh fruits and vegetables and opportunities for physical activity. The findings from this evaluation can be used to inform the overall planning process for this initiative in other communities in New Jersey. The social, cultural, physical, and economic foundations of a community are important factors in its ability to support a healthy lifestyle for its citizens.

The findings in this report reflect the activities completed through September 2011, while the project is scheduled to end in December 2011. The three communities selected for this pilot, Irvington, Paterson and Warren County reported a high level of unemployment, poverty and lower education attainment in their community. Members of the respective project teams expressed need for easier access to affordable healthy food options, recreational centers, and improved parks and sidewalks. These communities are flooded with inexpensive, unhealthy fast food outlets and share a strong need for education for all age groups to raise awareness and promote behavioral change.

The CHANGE tool is designed to assist the communities in making decisions about where change is needed and taking the steps necessary to make an impact. The tool is not used to grade communities on their progress. The scores for both policy and environment components of the three modules of Community-At-Large sector of the CHANGE tool falls in the middle range for all three communities. The areas of need should be explored and prioritized by the community and necessary actions should be planned based on available resources. The communities can use these scores to designate a cutoff point between assets and needs of the community. This will help the community team to begin a gap analysis and needs assessment as well as develop data driven action plan strategies.

Findings indicate that there is an agreement among the interviewed communities that participation in the grant met or exceeded their expectations. The main challenge reported by these communities is changing people's behavior and improving healthy habits. Other challenges were inadequate funds to fix parks and sidewalk, the challenge of navigating through local politics and transportation.

This initiative helped these communities in developing a community partnership. All three communities perceive their selected *ShapingNJ* strategies and other obesity prevention efforts in a positive way. They are planning to publicize the activities to increase participation. The people and organization that came together as part of this project are reported as main facilitators for implementing the action plan. The barriers reported are delay in funding, weather, politics, individual volunteer's priorities and funding.

All three communities felt that this project would have an enormous effect on all age groups by positively motivating the community, creating an increased awareness and

encouraging healthy eating habits and physical activity. The partners on this project appeared to be very involved and committed. The setbacks did not diminish their enthusiasm. They plan to make the fresh foods and vegetables available to the community at a minimal or no cost to promote healthy eating habits and plan activities to promote physical activity.

The communities have further plans for sustaining these efforts once the funding was over. They all mentioned that once initial setup is complete, ongoing maintenance would be very low. They will look for local businesses for donations and additional funding options to expand the work. The communities felt that a foundation has been laid and they would be able to accomplish much more going forward.

Lessons Learned and Recommendations

- Community coalitions and partnership are assets to pilot sites in implementing healthy eating and active living strategies. Although competing priorities among members created challenges for one community, bringing together different people and organizations from the community ultimately helped to identify additional resources for all the communities.

Recommendation: Organizations wishing to develop community partnerships should conduct outreach to ensure residents and local businesses are part of the partnership. Existing partnerships should evaluate the representativeness of their membership, and should assess the ability of their members to complete tasks in relation to the partnership's goals and activities.

- Engaging youth in the community is an important component to implementing community change. All three communities involved schools and aimed to educate children, while two of the communities noted the importance of reaching out to youth to increase their participation in these community-building activities.

Recommendation: Projects should look to involve youth groups in the work as a way to increase community buy-in and to educate youth about healthy eating and active living. Communities may consider including youth in the community coalition or planning teams.

- Implementation of healthy eating and active living strategies in communities depends on volunteers: students, senior citizens, and other community members. The volunteer work-force proved to be both an asset and challenge for the three communities. Volunteers offered a low or no cost way to complete the work as well as to increase community buy-in to the projects. Finding ways to ensure volunteers stay motivated and to ensure their continued participation in the projects were barriers for communities.

Recommendation: Projects that rely on a volunteer-work force need to consider the schedules of the volunteers and should allow extra time to complete tasks. Considering school schedules and other external factors that impact and facilitate the amount of time and ability of volunteers to participate may be helpful in effectively completing volunteer supported projects.

Recommendation: Skill or team building activities and recognition events may be helpful to maintain enthusiasm and motivation among volunteers who participate in these projects.

- Each community has existing physical resources such as large parks, walking trails and recreation centers. Some communities noted that fixing, maintaining, and publicizing the availability of these resources were areas for improvement. As a result, these resources served as a springboard for implementing active living activities.

Recommendation: Communities looking to begin projects to improve healthy eating and active living should examine existing physical assets. Cleaning up local parks, installing lighting and other safety measures, or expanding the hours and offerings at recreation centers can be done to improve public appeal and access to community resources for wellness. Moreover, mapping, community events, and social media can be used to raise awareness of the existing resources and facilitate their use.

- Communities also have existing relationships with programs, organizations, and other stakeholders. Similar to the physical assets in communities, these relationships served as a starting point for creating programs, accessing volunteers, obtaining technical assistance and training, and locating venues for gardens, education seminars, or other events.

Recommendation: Existing relationships with programs and organizations in a community can be leveraged to implement healthy eating and active living strategies. Schools, senior citizen centers, youth group organizations, food pantries, and local cooperative extensions provide skills and resources communities can use to improve the health and wellness.

- Education about the importance of eating healthy and living actively as well as how to incorporate good nutrition and physical activity into daily are areas of need in communities. All three communities sought education about nutrition and physical activity and related services available in the community.

Recommendation: Policy and environmental changes in communities should be implemented in tandem with educational programs to increase awareness, promote behavioral change and provide mutual reinforcement for policy and environmental changes.

- Having a political or municipal champion influences the priority as well as impacts the success of these programs. The support of mayors, town administration officials and other local political and government leaders facilitated the work of the community coalitions when present and posed a barrier for communities when absent.

Recommendation: Communicating with and garnering the support of local politicians and municipal leaders is important to the success and sustainability of policy and environmental change efforts to improve healthy eating and active living.

- Availability of low-cost healthy foods and fresh fruits and vegetables is a pervasive need. The presence of numerous fast food outlets and limited access to healthy options in both fast food outlets and local stores (i.e. bodegas, corner stores, grocery stores) presented barriers to improving nutrition in all three communities. The sites created community and school gardens to begin to address the need of accessing healthy foods.

Recommendation: Communities can create gardens in various locations to promote the importance of eating fresh produce as well as to make these foods more available to community members. Working with master gardeners and other experts, communities can learn about three-season gardening and additional food processing methods (canning, freezing, storing) to maximize the impact of the gardens and their yields.

Recommendation: Working with local stores and bodegas to stock and sell fresh fruits and vegetables is likely to improve the accessibility of healthy foods in communities.

Recommendation: Community policies and standards should be explored and considered to increase the availability of healthy options in fast food outlets and other food retail venues or to limit the presence of these outlets in communities.

- The timing of distributing funding impacts the effectiveness of communities to achieve the goals of healthy eating and active living projects. The three communities identified financial concerns about the project as a barrier to implementing their selected policy and environmental change activities. The delay in receiving the grant funding created ripple effects throughout the project because the communities were unable to plant their gardens during the spring/summer planting season. In addition, for communities relying on their partnerships with schools and students to implement activities, activities had to be further delayed until school resumed in the fall.

Recommendation: Those planning healthy eating and active living projects in communities should consider the funding timeline and how it will impact the growing seasons, availability of volunteers and school-based partners.

- External factors, including weather and the broader economic climate, create barriers for communities. The extremely rainy summer and destruction from Hurricane Irene were unanticipated events that limited the crop production of the gardens as well as flooded, and in some cases, destroyed trail mapping and rehabilitation projects. Staff

turnover, budget cuts, and the resulting increase in staff workloads – reflective of the broader economic downturn – also delayed projects and introduced additional competing demands to the health officers coordinating these projects.

Recommendation: When developing work plans for future projects, communities should be cognizant of the impact of these external factors and potentially consider alternative activities, or a “Plan B”. Communities might consider indoor gardens, greenhouses, swimming clubs, and joint use agreements with school/community gyms in addition to outdoor activities. Local coordinators should have a clear estimation of the time necessary to devote to managing these projects and may consider involving other staff people to help with the work.

- The capacity of municipal and state governments to receive and subsequently distribute grant funding is variable. As previously mentioned, there were delays from the state coordinating body in distributing funding to the communities. One of the communities reported additional interruptions to using the already-delayed funding because of the municipality’s accounting practices. Another community was able to buffer the impact of the delayed funding and begin work on the program on time.

Recommendation: Distributing funding to health departments in municipal governments may not be the ideal model for every community, given the uniqueness of each of New Jersey’s 566 towns and municipalities. Additional options for bringing funding for healthy eating and active living policy and environmental change activities into communities, such as community- or faith-based organizations, should be explored.

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Appendix A

E-mail Invite

The *ShapingNJ* Initiative: Promoting Policy and Environmental Change for Obesity Prevention at the Local Level

Before you ask any questions, you need to complete the Informed Consent form with the respondent.

Respondent Name _____

Respondent Phone Number _____

Community represented _____

Interview outcome:

Survey rescheduled for:

Survey partially completed, finish on: _____

Survey completed (enter date): _____

Respondent refused to participate...5

(Explain _____)

Respondent unable to participate....6

(Explain _____)

INTERVIEWER ONLY ITEMS

Interviewer:

- _____ (name/initials)
- _____ (Date)

Data Entry:

- _____ (name/initials)
- _____ (Date)

Preamble/Consent

Greeting: Hello, my name is _____. We are evaluating the Office of Nutrition and Fitness's **ShapingNJ: Promoting Policy and Environmental Change for Obesity Prevention at the Local Level** initiative in the three funded communities. For this we are interviewing project team members in these 3 communities. This will help us will help us understand current policies, systems, and environments in these communities. It will also help us identify barriers and facilitators in implementing selected strategies and assess the resources provided by **ShapingNJ**.

The interview will take approximately 25 - 30 minutes. Your participation in this interview is completely voluntary and confidential and there will be no penalty for not participating. If you participate, you may still choose not to answer any specific questions or withdraw from the study at any time.

The interview will be audio-recorded in order to verify the accuracy of the transcriptions. You do not have to agree to be recorded in order to participate in the study. The names of all the participants will be kept confidential by Rutgers. Our report will include only aggregated information for each community and no individual respondents will be associated with specific responses.

INSTRUCTIONS

Please provide your candid responses to all of the questions that follow. If you have any questions about the interview, please contact Manisha Agrawal, Principal Investigator for the project at the Center for State Health Policy. Manisha can be reached at magrawal@ifh.rutgers.edu or 848-932-4631, Address: 112 Paterson Street, 5th Floor, New Brunswick NJ 08901.

If you have any questions about your rights as a research subject, you may contact the IRB Administrator at Rutgers University at: Rutgers University, the State University of New Jersey, Institutional Review Board for the Protection of Human Subjects, Office of Research and Sponsored Programs, 3 Rutgers Plaza, New Brunswick, NJ 08901-8559
Tel: 732-932-0150 ext. 2104, E-mail: humansubjects@orsp.rutgers.edu

May I proceed?

(If Yes) Respondent signs consent below.

(If No) reschedule the interview for a different date _____

RESPONDENT GAVE CONSENT TO PROCEED WITH THE INTERVIEW:

_____(Date: _____)

(Respondent’s signature)

(Respondent’s printed name)

May I audio-record this interview?

(If Yes) Interviewer signs consent below.

(If no) Proceed with interview but do not record it.

RESPONDENT/PROXY GAVE VERBAL CONSENT TO PROCEED WITH AUDIO-RECORDING:

_____ (Date: _____)

(Respondent's signature)

(Respondent's printed name)

Do you have any questions before we begin?

[Begin Interview]

1. In your opinion, what are your **community's needs** related to healthy eating and active living among its residents? (*any probes such as if the respondent only answers for healthy eating – the interviewer should probe for active living and vice versa*)

2. Describe your **community's key assets** and existing opportunities that will help implement changes to promote active living and healthy eating. For this evaluation we are only addressing environmental and policy changes and not programs or services provided. An example of a policy change would be if the local health department establishes a policy to only serve water at official meetings. An example of an environmental change would be if the health department makes sure that all the water fountains in public places in its facilities are in working order. (*probe – to make sure both assets and opportunities are covered*)

3. What do you think are your **community's main challenges** as they relate to implementing policy and environmental strategies for promoting active living and healthy eating? (*probe, do you see any other challenges that your community faces*)

4. You just described your community's needs, assets and opportunities and challenges related to policy and environmental changes for promoting healthy eating and active living. Can you describe how these were assessed or identified? Describe the process and name any specific tools or approaches you used (if any).

5. Describe your partnership and how it was formed? (*probe for who are the members, how long ago was it formed, are new members welcome*)

6. Do members of the partnership have any previous and/or current experience working together, particularly in the area of healthy eating, active living and/or obesity prevention? Briefly, describe some of these experiences.

7. In your proposal you indicated implementing selected strategies from the **ShapingNJ** community policy and environmental strategies. Describe the process used to select these specific proposed strategies? In your opinion what are some strengths of the selected strategies. (*probe for how did their community pick the selected strategies*)

8. What was the level of involvement of community partners collaborating with the project team in selecting these strategies?
 - 8a. In your opinion, are community partners collaborating with the project team aware of what strategies have been selected? What fraction of the partners would you say are aware of the selected strategies?
 - 8b. Of those that are aware, how do you think they perceive the selected strategies?

9. Indicate your plans of keeping your partners informed and involved in critical decisions and activities?

10. Are community members aware of obesity prevention strategies being implemented in the community? In your opinion who in the community are aware of these strategies?
 - 10a. How do you think the community perceives the selected strategies?

17. Other than the work you are doing with **ShapingNJ**, list two other initiatives being undertaken in your community that address obesity.

Yes _____

No

18. Indicate how the proposed strategies undertaken as part of this grant will impact (I'm curious to know if they think the work will complement or challenge) existing obesity prevention efforts in your community?

19. Please rate the value of each of the following **ShapingNJ** program resources to your efforts in implementing obesity prevention environmental and policy changes in your community (check one answer) –

	Very helpful	Helpful	Neither helpful nor unhelpful	Not very helpful	Not at all helpful
Technical Assistance					
On-site assessment and implementation workshop					
Monthly webinars					
Monthly conference calls					

20. Please indicate the extent to which participation in this grant met your expectations in your obesity prevention efforts in your community:
- Greatly exceeded expectations
 - Modestly exceeded expectations
 - Met expectations
 - Modestly fell short of expectations
 - Greatly fell short of expectations
21. Please provide any other comments or reflections on the value of this grant for your community.
22. Have there been surprise partners who have stepped up to the plate and are proving to be helpful or essential to the project? Who are these partners and how did they get involved?

Thank you

Appendix B

Follow Up Telephone Call

1. How is the work progressing – (probe for both nutrition and physical activity piece)?

2. Has there been any change in the priority areas of your community's action plan after you started your work? (if yes – what are the changes?)

3. Are community members aware of obesity prevention strategies being implemented in the community?
 - 3a. How do you think the community perceives the selected strategies?

4. What do you think are the potential facilitators in implementing the selected *ShapingNJ* strategies in your community (*probe for each facilitator*)?

5. What are the potential barriers in implementing the selected *ShapingNJ* strategies in your community?

6. Please provide any other comments or reflections on the value of this grant for your community.

Appendix C

Community Health Assessment and Group Evaluation

COMMUNITY-AT-LARGE

Additional information about the community can be included in the comment box denoted by the red tab.

COMMUNITY'S NAME:

Module Score Summaries		
Policy	Environment	Module
0.00%	0.00%	Physical Activity
0.00%	0.00%	Nutrition
#REF!	#REF!	Tobacco Use
#REF!	#REF!	Chronic Disease Management
0.00%	0.00%	Leadership

GENERAL INSTRUCTIONS

Please indicate your answer by typing an 'X' or the correct information in the appropriate box for your response. Additional information can be included in each comment box denoted by the red corner tab.

DEMOGRAPHIC INFORMATION

Community density:

Approximate number of people who reside in the community (population):	<input style="width: 200px; height: 20px;" type="text"/>
Approximate size of the area (square miles):	<input style="width: 200px; height: 20px;" type="text"/>

Best description of the community setting
(choose ONE only):

Rural	<input style="width: 50px; height: 15px;" type="text"/>
Suburban	<input style="width: 50px; height: 15px;" type="text"/>
Urban	<input style="width: 50px; height: 15px;" type="text"/>

The approximate percentage of people in the community with no high school diploma
(choose the best estimated category):

< 5%	<input style="width: 50px; height: 15px;" type="text"/>
5 – 9%	<input style="width: 50px; height: 15px;" type="text"/>
10 – 14%	<input style="width: 50px; height: 15px;" type="text"/>
15 – 19%	<input style="width: 50px; height: 15px;" type="text"/>
≥ 20%	<input style="width: 50px; height: 15px;" type="text"/>

The median household income of the community
(choose the best estimated category):

< \$25,000	<input style="width: 50px; height: 15px;" type="text"/>
\$25,000 – \$34,999	<input style="width: 50px; height: 15px;" type="text"/>
\$35,000 – \$49,999	<input style="width: 50px; height: 15px;" type="text"/>
\$50,000 – \$74,999	<input style="width: 50px; height: 15px;" type="text"/>
≥ \$75,000	<input style="width: 50px; height: 15px;" type="text"/>

The approximate percentage of people in the community who are living in poverty
(choose the best estimated category):

< 5%	<input style="width: 50px; height: 15px;" type="text"/>
5 – 9%	<input style="width: 50px; height: 15px;" type="text"/>
10 – 14%	<input style="width: 50px; height: 15px;" type="text"/>
15 – 19%	<input style="width: 50px; height: 15px;" type="text"/>
≥ 20%	<input style="width: 50px; height: 15px;" type="text"/>

The approximate percentage of people in the community who are currently unemployed
(choose the best estimated category):

< 5%	<input style="width: 50px; height: 15px;" type="text"/>
5 – 9%	<input style="width: 50px; height: 15px;" type="text"/>
10 – 14%	<input style="width: 50px; height: 15px;" type="text"/>
15 – 19%	<input style="width: 50px; height: 15px;" type="text"/>
≥ 20%	<input style="width: 50px; height: 15px;" type="text"/>

Community-At-Large: Physical Activity

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Require sidewalks to be built for all developments (e.g., housing, schools, commercial)?		
2. Adopt a land use plan?		
3. Require <u>bike facilities</u> (e.g., bike boulevards, <u>bike lanes</u> , bike ways, multi-use paths) to be built for all developments (e.g., housing, schools, commercial)?		
4. Adopt a <u>complete streets</u> plan to support walking and biking infrastructure?		
5. Maintain a network of walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?		
6. Maintain a network of biking routes (e.g., institute a bike lane program to repave bike lanes when necessary)?		
7. Maintain a network of parks (e.g., establish a program to repair and upgrade existing parks and playgrounds)?		
8. Provide access to parks, <u>shared-use paths and trails</u> , or open spaces within <u>reasonable walking distance</u> of most homes?		
9. Institute <u>mixed land use</u> ?		
10. Require sidewalks to comply with the <u>Americans with Disabilities Act (ADA)</u> (i.e., all routes accessible for people with disabilities)?		
11. Provide access to <u>public recreation facilities</u> (e.g., parks, play areas, community and wellness centers) for people of all abilities?		
12. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within <u>reasonable walking distance</u> ?		
13. Provide street <u>traffic calming measures</u> (e.g., road narrowing, central islands, roundabouts, speed bumps) to make areas (e.g., neighborhoods, major intersections) where people are or could be physically active (e.g., walk, bike) safer?		
14. Adopt <u>strategies</u> (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., playgrounds, parks, <u>bike lanes</u> , walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike)?		
COLUMN TOTAL:	0	0
PHYSICAL ACTIVITY SCORE:	0.00%	0.00%

Please remember to answer every item. Do not leave any item blank.

Community-At-Large: Nutrition

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Adopt <u>strategies</u> to encourage food retailers (e.g., grocery, corner or convenience stores; bodegas) to provide <u>healthy food and beverage options</u> (e.g., fresh produce) in <u>underserved areas</u> ?		
2. Encourage <u>community gardens</u> ?		
3. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) to <u>supermarkets</u> and <u>large grocery stores</u> ?		
4. Provide <u>access to farmers' markets</u> ?		
5. Accept <u>Women, Infants and Children (WIC)</u> Farmers' Market Nutrition Program vouchers or Food Stamp Benefits at local farmers' markets?		
6. Connect locally grown foods to local restaurants and food venues?		
7. Promote (e.g., signage, product placement, <u>pricing strategies</u>) the purchase of fruits and vegetables at local restaurants and food venues?		
8. Institute <u>healthy food and beverage options</u> at local restaurants and food venues?		
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at local restaurants and food venues?		
10. Provide smaller <u>portion sizes</u> at local restaurants and food venues?		
11. Ban local restaurants and retail food establishments from cooking with trans fats?		
12. Adopt <u>strategies</u> to recruit <u>supermarkets</u> and <u>large grocery stores</u> in <u>underserved areas</u> (e.g., provide financial incentives, lower operating costs, provide job training services)?		
13. Provide <u>comfortable, private spaces</u> for women to nurse or pump in public places (e.g., government buildings, restaurants, retail establishments) to support and encourage residents' ability to breastfeed?		
14. <u>Protect a woman's right to breastfeed</u> in public places?		
COLUMN TOTAL:	0	0
NUTRITION SCORE:	0.00%	0.00%

Please remember to answer every item. Do not leave any item blank.

Community-At-Large: Leadership

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?		
2. Participate in the <u>public policy process</u> to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?		
3. Finance public <u>shared-use paths or trails</u> (by passing bonds, passing millages, levying taxes or getting grants)?		
4. Finance <u>public recreation facilities</u> (by passing bonds, passing millages, levying taxes or getting grants)?		
5. Finance public parks or <u>greenways</u> (by passing bonds, passing millages, levying taxes or getting grants)?		
6. Finance public sports facilities (by passing bonds, passing millages, levying taxes or getting grants)?		
7. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements)?		
8. Finance bicycle enhancements (e.g., bike lanes, bike parking, <u>road diets</u>)?		
9. Address the community's operating budget to make walking, bicycling, or other physical activities a priority?		
10. Promote <u>mixed land use</u> through regulation or other <u>incentives</u> ?		
11. Institute a management program to improve safety within the transportation system?		
COLUMN TOTAL:	0	0
LEADERSHIP SCORE:	0.00%	0.00%

Please remember to answer every item. Do not leave any item blank.



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