

RiseVT uses an evidence-based model to implement and evaluate their statewide programmatic work. The current efforts and methods being used to evaluate and measure the impact of the program include: key informant interviews with the local RiseVT Program Managers with oversight from Dr. Jennifer Laurent, Researcher and Associate Professor at the University of Vermont College of Nursing; a bi-annual longitudinal measurement study surveilling the BMI of 1st, 3rd, and 5th graders in 20 elementary schools in 2 counties also overseen by Dr. Laurent; dose calculation, calculating the intensity score of unique RiseVT interventions using the Community Programs and Policy Index scoring methodology developed through the Healthy Communities Study; and results based accountability to calculate how much we are doing, how well we are doing, and is anyone better off by tracking the impact of our interventions. In addition, we are curating specific data from the Vermont Youth Risk Behavior Survey (YRBS), the Behavioral Risk Factor Surveillance System (BRFSS), and Map the Meal Gap. This data is collected bi-annually into county data sheets to track mid- and long-term population health data trends.

1. **Mid- and long-term population health data trends:** At the macro level, RiseVT has selected key indicators from the YRBS and BRFSS that convey health outcomes by county. We compare the county data to the overall state data to help us understand where there are areas of higher need so our organization and partners can be the most responsive. We are looking at self-reported nutrition, food insecurity rates, activity indicators, tobacco usage, and health outcomes, including rates of obesity, diabetes, heart disease, chronic conditions, and cholesterol levels.
2. **Key informant interviews with local RiseVT Program Managers:** At the program level, we have developed a secure web platform in RedCap to gather and manage our database and surveys collected from RiseVT program managers in a key informant interview structure to track projects types, ages served, partnerships, level of change (policy, infrastructure, program), evidence-based model alignment, and targeted CDC Strategies to reduce the prevalence of overweight and obesity in communities. This is an ongoing data collection project that will be conducted every 6 months to better understand the impact we are having at the local community level.
3. **Bi-annual longitudinal measurement study surveilling the BMI of 1st, 3rd, and 5th graders in 20 elementary schools in 2 counties:** In the fall of 2017 RiseVT collected height and weight measurement on over 1700 children in Franklin and Grand Isle Counties in 1st, 3rd, and 5th grades. This data is important from a population health level to evaluate the effectiveness of the RiseVT program over time. In the first round of this survey, the data indicated that over 40% of the children in our community are overweight and obese, far higher than the self-reported data from most recent the Youth Risk Behavior Survey data. In the fall of 2019, we redeployed a team to measure the children in schools and are awaiting the results.

4. **Dose calculation:** RiseVT is using dose calculation to quantify the intensity of our interventions. Dose calculation was developed during the Healthy Communities Study (2010-2016). It provides a quantifiable way to measure community programs and policies by assigning an intensity score developed using duration, reach, and strength of an intervention. Key Findings from the Healthy Communities Study indicate that:
 - a. An average BMI difference of 1.4 kg/m² was observed between communities with the highest and lowest observed Community Programs and Policy Index (CPPI) intensity scores;
 - b. Higher intensity community programs implemented across multiple sectors is associated with lower BMI in communities;
 - c. Programs targeting a greater number of distinct behaviors were associated with a lower childhood BMI.
5. **Results Based Accountability (RBA):** RiseVT uses a results-based accountability framework to quantify our program interventions. This lens has allowed us to ask how much we are doing, how well we are doing it, and is anyone better off? The Program Managers are collecting this data and are reporting on it to inform our Year in Review (available on RiseVT.org). We create individual town and county reports at the end of each year to share our results. We also report on RBA measures to the Vermont Department of Health Access for RiseVT's annual scorecard.
6. **Amplify Grant Tracking:** RiseVT awards micro-grants to community partners for aligned projects that meet one or more of the CDC's 24 Strategies to Reduce Obesity. Funds are to be used for programmatic work and are not to be used for an organization's core business function or overhead. Partners report on projects funded by the grants to RiseVT statewide which are then promoted through RiseVT's digital networks and local news stories when appropriate. We track all CDC strategies the grants address and total amount awarded by community.
7. **Behavior Change Marketing:** RiseVT conducts behavior change marketing campaigns to influence the health behaviors of the broader Vermont population. The *Active Play* campaign was conducted in 2018 in Franklin and Grand Isle Counties which launched a 9-month community-wide campaign that addressed leisure time, physical activity, and messaging that revolved around active play. We used the transtheoretical model of behavior change theory to organize the campaign and used digital and traditional marketing tools, as well as guerilla marketing tactics in communities to increase physical activity. We conducted a pre and post survey that was distributed by Northwestern Medical Center and the local District Health Department in order to track people's perception of and participation in physical activity. The results showed that the Active Play Campaign had an impact on individuals. Post-survey respondents reported increased importance of participating in physical activity for enjoyment and recreation ($p=.044$), and there was a statistically significant difference in individuals reporting they

were more active in the post survey ($p=.016$). We can therefore infer from the data that the Active Play Campaign was helpful in increasing physical activity in adults 18 years and older.

In 2019, RiseVT launched the *Sweet Enough* campaign to reduce sugar-sweetened beverage consumption within a target population of 18-35-year olds using the Diffusion of Innovation Theory. The Center for Research and Public Policy (CRPP) conducted an online survey of 399 Vermonters which was a statistically significant sample with a 95% confidence level. The survey found that Vermonters drink 6.76 sugar-sweetened beverages per week primarily at home, work, in the car, and at social events. The *Sweet Enough* campaign targets sub-populations within the identified age groups with messages on how to swap sweetened beverages out of their diet. After twelve months of the campaign CRPP will administer the online survey again to see if the campaign helped reduce Vermonters consumption of sugar-sweetened beverages.