

**The Health Funders Partnership of Orange County:  
Community Advocacy Initiative  
Stakeholder Interviews and Grantee Reporting Interviews:  
*Summary of Endpoint Findings***

May 2008

Prepared for The Health Funders Partnership of Orange County

Funded by  
The California Endowment

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## INTRODUCTION

### *The HFPOC Community Advocacy Initiative*

As a response to the escalating prevalence of child obesity in Orange County, The Health Funders Partnership of Orange County (HFPOC) established the Community Advocacy Initiative (CAI)<sup>1</sup>. The CAI was a 3-year county wide initiative working to achieve the following objectives:

- Develop and demonstrate sustainable change in the built environment
- Obtain policy change in schools and cities
- Create opportunities for physical activity and fitness
- Create environmental change providing community access to healthy foods.

In this phase of the Initiative, five implementation grants were made to the following organizations:

- Newport-Mesa Unified School District
- Mission Hospital
- Latino Health Access in collaboration with the Trust for Public Lands
- The Fullerton Collaborative
- The Community Action Partnership of Orange County

A planning grant was made to the City of Laguna Hills. Total grant funding for all six grants was approximately \$530,000.

In addition, the Partnership provided technical assistance to the grantees in collaboration with Prevention Institute. Samuels & Associates evaluated the CAI. The California Endowment, Irvine Health Foundation, Children & Families Commission, Orange County United Way, Pacific Life Foundation, St. Joseph Health System Foundation, Sisters of St. Joseph Healthcare Foundation, Kaiser Permanente and PacifiCare Foundation form the Health Funders Partnership of Orange County.

The purpose of the Community Advocacy Initiative evaluation was to describe the Initiative's accomplishments, challenges, lessons learned, and best practices. The evaluation documents grantee progress and changes in nutrition and physical activity environments resulting from grantee interventions.

The findings presented in this report are endpoint findings from the evaluation of the HFPOC Community Advocacy Initiative and combine key findings from stakeholder surveys and grantee reporting interviews. The purpose of the stakeholder and grantee reporting interviews was to establish the level of community engagement, support for, and understanding of the objectives of the Community Advocacy Initiative. Stakeholder surveys measured the extent to which stakeholders are more aware and engaged around the environmental, policy and advocacy strategies that are the focal point of this initiative. The endpoint grantee reporting interviews highlight overall grantee accomplishments and successes, community capacity building, lessons learned and challenges faced by grantees in their work on this project.

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<sup>1</sup> For more information on the HFPOC Community Advocacy Initiative, see [http://hf poc.org/pr\\_diabetes2.jsp](http://hf poc.org/pr_diabetes2.jsp)

## *Description of Grantees*

### **Community Action Partnership of Orange County (CAPOC)**

Grant: \$100,000

February 1, 2006 through January 31, 2008

This collaborative grant was awarded to: 1) provide additional support for the new Community Building Initiative in Placentia funded by St. Joseph's Healthcare System and 2) to replicate this model in the Anaheim Independencia community. Collaborative partners include St. Jude Medical Center and the City of Placentia. The project borders 2 of the 5 low income neighborhoods that are part of the Community Building Initiative. Community members participated in leadership trainings to strengthen their voice in the community and build their advocacy skills. Interventions have included improvements to the walkability of the community.

### **Fullerton Collaborative**

Grant: \$100,000

February 1, 2006 through January 31, 2008

This grant was awarded to develop progress toward sustainable change in the built environment in the Valencia neighborhood of Fullerton and to implement a policy change in the local school or city that will improve access to physical activity and good nutrition for low-income Hispanic families. The community is engaged through leadership training, one-on-one meetings, house meetings, listening campaigns and action meetings. Collaborative partners include Fullerton School District, St. Jude Medical Center, City of Fullerton Parks and Recreation Department, Orange County Human Relations Council, CSU Fullerton, Valencia Health Committee/Task Force, and Orange County Congregation Community Organization. A priority for the Fullerton Collaborative was the development of an Obesity Prevention Plan for Fullerton.

### **Mission Hospital**

Grant: \$90,551

February 1, 2006 through January 31, 2008

The focus of this grant was to increase community capacity to create opportunities for physical fitness in the city of San Juan Capistrano and to create environmental change in the city to increase access to healthy foods based on input from a broad group of community stakeholders. Mission Hospital conducted an institutional environmental assessment on the nutrition and physical activity environment that has resulted in changes such as improvements in the cafeteria meals and development of an employee worksite wellness program.

### **Newport Mesa Unified School District (NMUSD)**

Grant: \$99,300

February 1, 2006 through January 31, 2008

Grant funding was awarded to implement the Coordinated Approach to Child Health - California Project (C.A.T.C.H.) curriculum model in NMUSD schools to support improvements to school

health practices with an emphasis on increasing physical activity and to increase parent and community engagement. Another objective of the NMUSD project was to implement the district's school wellness policy. The collaborative partner was the Orange County Department of Education.

### **Latino Health Access**

Grant: \$110,000

September 1, 2006 through August 31, 2008

The objectives of this grant were to: 1) develop skills to advocate for public financing of open space for recreation and physical activity in Santa Ana; 2) develop a theory of change that delineates the land use advocacy plan for safe parks, other physical activity settings, and recreation programming; 3) develop the tools and skills required to successfully campaign for conservation finance measures to allow for improvements in parks and/or open space; and 4) support the inclusion of new partners in advocacy to create more accessible parks and open spaces. Latino Health Access worked in collaboration with The Trust for Public Lands.

### **City of Laguna Hills**

Planning Grant: \$30,000

February 1, 2006 through January 31, 2007

The objective of the grant to the City of Laguna Hills was to utilize funding for technical assistance and support which would allow the organization to engage in strategic planning activities designed to foster their ability to successfully craft and implement community advocacy projects in their communities. The goals were to identify community advocates and train them to identify obstacles for accessing fitness and nutrition opportunities and work collaboratively to discover solutions and develop a plan to overcome these obstacles.

### ***Grantee Reporting Interview Overview***

As part of the CAI evaluation, Samuels & Associates conducted interviews with the grantee organizations to capture key activities conducted by grantees as they progress towards the goals and outcomes expressed in their logic models. The questions focused on major activities, accomplishments and any challenges faced by grantees in implementing interventions in their local logic models developed as part of their work in the CAI as well as how community capacity to change nutrition and physical activity environments changed during the Initiative.

### ***Stakeholder Evaluation Overview***

As part of the CAI evaluation, Samuels & Associates conducted interviews with key stakeholders, which included policymakers, project staff, community organization partners, city and school administrators as well as key members of the community. The questions focused on changes to the nutrition and physical activity environments in the grantee communities, policies being developed to improve these environments and the role of community members in making these changes. Stakeholders were asked about their opinions and perceptions regarding the process of implementing the changes to the food and physical activity environment associated with the HFPOC CAI, including concerns, challenges, and successes.

## **GRANTEE REPORTING INTERVIEW**

### ***Grantee Reporting Interview Respondents and Instrument***

Grantee reporting interviews were conducted with project coordinators and staff in five of the CAI grantee sites. The Laguna Hills coordinators were not interviewed because their planning grant ended before the endpoint interviews were conducted. Samuels & Associates contacted these individuals and described the intent of the interview with an invitation to participate in the survey. An interview date was scheduled at the respondents' convenience. All interviews were conducted by telephone by trained interviewers and took approximately 45 minutes to 1 hour to complete. Interviews were conducted in December 2007 and January 2008.

Questions for the survey instrument were developed by Samuels & Associates and distributed to HFPOC CAI grantee coordinators in each site prior to the interviews. The questions for the endpoint survey were developed to assess grantee progress towards achieving project goals and objectives since the last set of grantee reporting interviews, overall project policy successes and accomplishments, and grantees plans for long term sustainability of their work after the end of the funded project. Twenty five questions captured information from the grantees regarding their opinions and perceptions on the following topics:

1. Greatest achievements and challenges over the past year
2. Key activities and accomplishments and policies addressed
3. Community capacity building and readiness
4. Priorities and impact
5. Other funding
6. Technical assistance

### ***Survey Analysis***

Upon completion of each interview, responses to questions were entered by the interviewers into an ACCESS database (Microsoft 2000) to organize data and produce reports for analysis. Responses were then grouped together by question and analyzed for common themes across all respondents.

## **GRANTEE REPORTING INTERVIEW FINDINGS**

### ***Greatest achievements of participating in the Community Advocacy Initiative***

Grantees were asked to highlight some of their greatest achievements in their work as part of the Community Advocacy Initiative. These highlights included:

- ❖ Worked with the county to create a neighborhood walking path which will allow community members to safely cross and walk along busy residential street to access stores.
- ❖ Community members developed relationships with County transportation and planning departments.
- ❖ Established commitment from public works and county engineers to meet regularly with community members.

- ❖ Conducted obesity prevention plan forums and developed community strategic obesity prevention plan.
- ❖ Worked with and received approval from the City administrators, City Council, Parks and Recreation, and the City Manager to conduct comprehensive community resident survey to assess community opinions on increasing community parks and open space and increasing opportunities for physical activity.
- ❖ Conducted environmental assessment of foods, beverages and physical activity in hospital
- ❖ Developing a hospital employee wellness program
- ❖ Received commitment from four key community leaders to work together to advocate for the city to renovate local park basketball and tennis courts.
- ❖ Noted improvement in school physical fitness scores among elementary school students after the implementation of the CATCH physical activity and physical education curriculum.
- ❖ Increased Academic Performance Index (API) scores of 110 points in elementary school where CATCH was implemented in all grades in the school.
- ❖ Focused resources from the Community Advocacy Initiative on low income Latino students to close fitness score gap between low and higher income students.
- ❖ Developed an obesity task force in South Orange County with representatives from 20 organizations from different sectors.
- ❖ Developed strategic plan around childhood obesity prevention through the South Orange County obesity task force.
- ❖ Hospital cafeteria made positive changes and offered healthier foods, such as extending the salad bar and providing healthier sandwiches.

***Greatest challenges of participating in the Community Advocacy Initiative***

Grantees were asked to highlight some of the major challenges they faced during their participation in the Community Advocacy Initiative. These highlights included:

- ❖ Safety is a higher priority for the community than health and fitness, and safety affects the community’s ability to engage in physical activity. One stakeholder noted that despite participating in a fitness club, *“community members saw how unsafe it is to walk in the neighborhood.”*
- ❖ Lack of funding to implement certain parts of the school wellness policy.
- ❖ School district reluctant to participate in obesity prevention and other institutional changes that would support obesity prevention among students due to perceived increase in work for school staff.
- ❖ Working with and educating new City Council members on the need for physical activity policies.
- ❖ Obtaining support and collaboration from rival community organizations around changing community physical activity environments.
- ❖ City deciding to change many parks to “inactive parks”, where only passive activity is allowed, including those that border elementary schools.
- ❖ Sustaining allocation of resources to continue to reduce the gap between low income students of color and higher income students on fitness test scores.

- ❖ Community anti-immigrant sentiment which discourages community members from speaking up during City Council meetings.
- ❖ Communicating with transportation and planning departments because of their terminology and decision making process, which is very different from how the community communicates and makes change.

### ***Key activities***

Grantees were asked to describe some of the key activities they conducted related to the interventions in their logic models. These activities included:

- ❖ Educated the community to better understand the terms “policy and environmental change.”
- ❖ Developed regular communication meetings between community members and County Supervisor.
- ❖ Worked with local task force to help community members identify priority areas of interest for their community, including addressing the quality of the school meal programs.
- ❖ Provided input into the City general plan update to ensure health language is included in the general plan.
- ❖ Worked with City and community residents to address usable open space and received approval and funding for lights in a local park to play sports in the evening.
- ❖ Community formed six new adult soccer leagues for women.
- ❖ Participate in NUPAC to develop countywide obesity prevention plan.
- ❖ Requested City to endorse city obesity prevention plan and include a “fit” business award.
- ❖ Working with another local city to replicate process for developing city obesity prevention plan.
- ❖ Engaging medical providers in the obesity prevention plan.
- ❖ Gaining support from police sector to address community safety concerns related to increasing physical activity.
- ❖ Discussing how to link South Orange County obesity prevention plan to NUPAC countywide obesity prevention plan.
- ❖ Obtaining support from a number of key city and school stakeholders to conduct community physical activity survey.
- ❖ Promoted CATCH program outside of school district and now 1500 classrooms within Orange County have adopted the program.
- ❖ Worked with parents on final language to include in wellness policy and on wellness policy adoption.
- ❖ Convened residents to discuss desired community changes and worked with the City to help implement these changes.
- ❖ Developed GIS map to show existing community open space and the open space that will be gained by the community for physical activity if school grounds are open to the community for physical activity (if joint use measure funded and implemented).
- ❖ Developed partnership between local Nutrition Network staff and OCHOA to work with local grocery stores to provide healthier food choices for the community.

### ***Policy change activities***

Grantees were next asked to describe any policies they had addressed through the work of their CAI project. Most grantees reported that while they had completed some policy change, the majority of their work had been related to successful environmental changes related to nutrition and physical activity, not necessarily actual policy passed and implemented. A number of these environmental changes were discussed in the previous sections of this report.

Two of the grantees have been continuing to work on the implementation of school wellness policies.

Recent grantee policy work did include the following: developing employee worksite wellness policy, ensuring school homework policies did not eliminate or reduce time for recess, including health language in the city general plan, establishing a funding mechanism for a citywide joint use policy,

One grantee also discussed future plans to work on policy related to the built environment and physical activity, such as traffic lights to promote safe walking on busy streets.

### ***Community Capacity Building and Readiness***

For purposes of the grantee reporting interview, community capacity building was defined as a community's ability to identify, mobilize and address social and health issues, act to effectively influence change, and engage elected and governmental officials in policy change dialogue.<sup>2</sup> Readiness refers to the degree to which a community is prepared to take action on an issue.<sup>3</sup>

### ***Community Perceptions of Obesity***

In most of the grantee communities, the effort to change nutrition and physical activity environments for diabetes/obesity prevention is perceived positively, particularly among a core group of community residents dedicated to the issue. Several of the grantees also reported that there is a tendency to "pass the buck" on addressing obesity prevention among governmental agencies, elected officials, and the business community. They reported that these stakeholders and some members of the community don't understand their role in changing nutrition and physical activity environments, view the problem as related to individual behavior change, or prioritize issues such as safety and academic performance over obesity prevention.

In the words of one interviewee, *"In my school environment, it's seen as an honorable objective but as just one more thing we need to do. This is the pushback we get. No money, and teachers don't have the time.... We [try to keep] a spotlight on the issue."*

### ***Engaging Community Members***

Community members in the grantee sites contributed to the goals and interventions in the logic model by providing feedback on interventions, identifying priority issues and determining the direction of the work, engaging elected officials, and "owning the project." In one of the grantee

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<sup>2</sup> Capacity Building: Linking Community Experience to Public Policy, 2000. Produced by Julie Devon Dodd and Michelle Hebert Boyd for the Population and Public Health Branch, Atlantic Regional office, Health Canada.

<sup>3</sup> Plested, B.A., Edwards, R.W., & Jumper-Thurman, P. (April 2006) Community Readiness: A handbook for successful change. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.

communities, a member of the core resident group was recognized as a top 100 community member in Orange County.

The grantees engaged community members in changing nutrition and physical activity environments for obesity prevention to varying degrees, ranging from community education about the need for more parks and open space in the community, to building the capacity of community members to provide leadership on environmental change strategies. One of the grantees observed that preparing community members to take on positions of leadership “takes a long time to develop” noting that they had the advantage of working with an organized group of residents that had several years of community organizing training and experience as they embarked on the CAI work. Another of the grantees struggled to engage parents and community members in improving the school and surrounding physical activity environment.

The capacity of community members in the CAI grantee communities has grown since the Initiative’s inception in a variety of ways:

- ❖ Increased knowledge of the role environment plays in health outcomes
- ❖ Heightened confidence developed through leadership training
- ❖ Experience working with multiple governmental agencies
  - In one grantee community, residents were successful in influencing the city to install lights in a recreational area.
- ❖ Conducting assessments and providing the findings to decision makers
  - In one grantee community, residents conducted a walkability assessment and presented the findings to the City.

#### *Challenges Engaging Community Residents*

Several grantees felt challenged to expand beyond the small core group of community residents involved in the Initiative. They noted that community members have family and work responsibilities that may prevent them from engaging in changing nutrition and physical activity environments. One grantee expressed a strong interest in expanding beyond the core community resident group to be more inclusive of residents in other neighborhoods and stated that the community organizations in those areas may have priorities other than obesity prevention. Anti-immigrant sentiment, conservative political environments, and language and communication barriers presented additional challenges to engaging community members.

#### *Support from Local Elected and Governmental Officials*

In two of the grantee communities, Parks and Recreation officials are actively supportive of making improvement to the built environment such as developing programming for existing walking trails, and creating a walking path along a highly trafficked street. In one of the grantee communities, a previously unsupportive local elected official became highly engaged over time in addressing the community’ priority issues for improving walkability. In another grantee site, the City Council and Mayor are highly supportive of the collaborative’s interventions and purchased a mobile recreation van. Another grantee reported that elected and governmental officials are “in support on the record” but slow in practice to create more active physical activity environments for underprivileged children because of an “us/them” mentality that is pervasive in the wealthier segments of the community.

Grantees reported that community members have influenced elected and governmental officials through relationship building, written correspondence with supervisors, attending meetings on topics such as the general plan update, and ongoing communication with supportive City Council members. One grantee noted that elected officials are more responsive to the community's needs than governmental officials, who are more likely to "respond as bureaucrats".

### ***Priorities and Impact***

Grantees were asked to describe their highest priorities for the CAI and how they are feeling about their progress toward accomplishing their objectives and having an impact.

Several of the grantees noted that their highest priorities were to build the support and engagement of the community for changing nutrition and physical activity environments. Other priorities described by grantees included the development of an obesity strategic plan, pursuit of a city wide ballot measure to increase open space, and the implementation of the CATCH curriculum and other PA opportunities in schools.

All of the grantees felt positive about their progress under the CAI. Some of the grantees observed that while the community was now more engaged in shaping the nutrition and physical activity environment than in the past, the significant environmental changes resulting from this engagement were still several years away. In the words of one grantee, "*Once the community has a voice that is as impactful as anything we can do. Having the community speak for itself is very impactful and it will sustain change in the community long past a traffic light.*" They described their work as in progress or underway, or pointed to the need to "change the culture of things" - whether among teachers or in the community- to achieve lasting systems change. Another grantee said that "*We need to continue extending the work [increasing physical activity opportunities in the schools] to after school, lunch and recess. It has been very positive what we have done but we need to go further.*"

Some of the grantees altered the course of their work during the Initiative based on political or institutional resistance, or due to shifting priorities around interventions.

### ***Other Funding***

Four of the grantees cited other funding sources for nutrition and physical activity including grants from St. Joseph's, Power Play, California Network for Change, Healthy Eating and Active Communities (HEAC), Active Living by Design, and State PE block grant. Two of the grantees did not have any additional funding to support their work in this area though they had applied for grants or were exploring other funding opportunities.

The grantees reported taking a variety of steps to ensure the sustainability of the work conducted through the CAI, including pursuit of RWJF Childhood Obesity grants and building relationships with local unions and environmental groups for their ability to fundraise. The grantees expressed hope that the HFPOC would continue funding the CAI. Two sites spoke of approaching The California Endowment directly to support the continuation and expansion of

their work. One grantee expressed concern about sustainability once the group's HEAC grant ends.

Other local resources available to support the efforts undertaken through the CAI grant reported by grantees included the infrastructure provided by a community center where one of the projects is housed. The hospital where another of the grantees is based dedicating 1.5 percent of its operating income to community health and quality of life, ensuring at least a small level of ongoing support for the project. One of the grantees discussed the challenge of attracting funding for policy change efforts:

*"A lot of the resources we can get are for specific programmatic work, or it's in kind, but not for policy efforts per se ... Very few foundations are funding policy efforts."*

The grantees offered the following additional thoughts about the sustainability of the HFPOC project:

- *"There were several projects that were very successful but environmental change is a long process...I don't really see the HFPOC having the champions [for this work] they once did."*
- *"I truly believe unless there's change in the institutional policies and programs of key institutions we won't have sustainability. This will require funding and changes in legislation."*
- *"We would like to see [the HFPOC] refund again. If they could provide TA or training for local groups to learn how to work with elected officials to make change that would be helpful."*
- *"Regarding what has been discussed about Phase III, bringing in elected officials is a really great idea. I think it's important to continue to incorporate the community agencies'"*
- *"The HFPOC grant has opened doors."*

### ***Opportunities to participate in county-wide efforts to change nutrition and physical activity environments***

Grantees were very interested in participating in county-wide efforts to change nutrition and physical activity environments. Four out of the five grantees reported that they were already involved in county wide efforts through NUPAC.

Other countywide efforts included involvement in the South County Obesity Task Force, participating in a healthy communities forum with hospitals from around the county, meeting with health policy advisors to the Orange County Board of Supervisors, and participating in the Healthy Orange County Coalition.

When asked about opportunities for linking and sustaining CAI work to countywide efforts to change nutrition and physical activity environments, grantees again discussed linking their local or regional work to the NUPAC efforts related to a countywide obesity prevention plan. One grantee also felt that opportunities for countywide work could exist through the County Board of Supervisors and the Orange County Health Care Agency. Another grantee reported being in the

process of developing a countywide collaborative elementary physical education model, which is being disseminated throughout Orange County as well as other parts of California.

Several grantees discussed some of the challenges to county-wide work, citing the large size of countywide meetings and county level budget cuts, as barriers to county-wide efforts to change nutrition and physical environments.

## **STAKEHOLDER SURVEY**

### ***Stakeholder Survey Respondents***

“Stakeholders” were identified as individuals known to have a vested interest in the food and physical activity environmental changes in the grantee communities. Grantee coordinators in each of the five grantee sites identified individuals that fit the selection criteria as potential stakeholder survey respondents. As often as possible, the same respondents were interviewed at baseline and endpoint. In those instances where the same baseline respondent was unavailable (due to job changes, staff turnover) a similar type or category of respondent was interviewed for that site. Samuels & Associates contacted these individuals and described the intent of the study with an invitation to participate in the survey. An interview date was scheduled at the respondents’ convenience.

All interviews were conducted by telephone by trained interviewers and took approximately 30 – 45 minutes to complete. At the beginning of the interview, confidentiality was reassured and the respondents were asked to reply “don’t know” to questions which were not applicable to the respondent’s experience. Interviews were conducted in January-March 2008.

Nineteen stakeholders were interviewed including school and school district administrators, project staff, city staff, local policymakers, members of partnering community based organizations, and community residents.

### ***Stakeholder Survey Instrument***

Questions for the survey instrument were developed by Samuels & Associates and distributed to HFPOC CAI grantee coordinators in each site for feedback. Twenty questions were developed to collect information from the stakeholders regarding their opinions and perceptions on the following topics:

1. Activities and policies to improve the food environment
2. Activities and policies to improve the physical activity environment
3. Challenges or barriers to making changes in food or physical activity environments
4. Community mobilization for changing nutrition and physical activity environments
5. Opportunities for county level environmental change strategies

### ***Survey Analysis***

Upon completion of each interview, responses to questions were entered by the interviewer into an ACCESS database (Microsoft 2000) to organize data and produce reports for analysis.

Responses were then grouped together by question and analyzed for common themes across all respondents.

In the *Stakeholder Survey Findings* section below, responses are summarized for each question and are generally presented with the most frequently cited response first and the least cited response last. Individual comments are also presented for each question. It is instructive to note that although there were 19 stakeholders, each question may not comprise 19 responses. It was at the stakeholders' discretion to respond to questions that were relevant and appropriate to their experience. Also, some of the grantee projects focused only on the physical activity environment. Respondents from these grantee communities were not asked to respond to the nutrition environment questions. In addition, one stakeholder may have provided more than one response to any given question. Responses that were determined to be extraneous were omitted from the analysis.

## **STAKEHOLDER SURVEY FINDINGS**

Results from the survey are presented in the following section. Key topic areas are grouped into five broad categories:

- A. The Food Environment
- B. The Physical Activity Environment
- C. Challenges/Barriers to Increasing Access to Healthy Foods and Physical Activity.
- D. Community Mobilization
- E. County Wide Strategies

### **A. THE FOOD ENVIRONMENT**

#### **1. Changes to school, neighborhood and healthcare food environments**

Stakeholders were asked to think of the Community Advocacy Initiative (CAI) project in their community over the past year and describe any changes they had seen in the availability of healthy foods in school, neighborhood and/or healthcare environments. They were also asked to describe how these environments changed over the past year and the role of the CAI project in making the changes.

From the three environments, stakeholders were most familiar with the availability of healthy foods in schools and recent changes that had been made to school food environments. Several stakeholders were also familiar with the availability of healthy foods in neighborhood environments. Only two stakeholders were aware of any changes made to the foods offered for sale in healthcare environments.

Two respondents were unfamiliar with any changes to food environments, as the CAI project they were affiliated with was primarily focused on making changes to physical activity environments.

### ***a) Availability of healthy foods in schools***

When asked to describe recent changes to the availability of healthy foods in schools, many stakeholders discussed the important role of the school wellness policy in making these changes. School wellness policies had been adopted and implemented by many of the local school districts and included language that required schools to offer healthier foods and beverages in vending machines and in the cafeteria. School wellness policy committees also played an important role in the implementation of these school changes. Stakeholders specifically noted:

- *“Our district has been very engaged in this issue for years. We have no sodas, reduced fat menus, low calories, low sugar, no candies or cupcakes at parties.”*
- *“I work with a number of mothers...there was some improvement with the school lunches that were provided.”*
- *“I do know that the collaborative was working on the compliance issue with the schools.”*

Other school food changes described by stakeholders included the implementation of school garden programs which allowed for greater availability of fresh fruits and vegetables for the students, changes in the types of foods teachers bring to school, providing students with nutritious meals during state testing periods, and increased parental involvement in the PTA to make changes to school foods and beverages. One stakeholder described how changes to the foods offered in the school district also affected the foods offered at school board meetings: *“We work on the [school] board meeting and have healthy snacks out for our board. We have a sign that says – this is from your friends, please eat well.”*

Respondents felt that the role of the CAI project in making these changes had been primarily to provide support to parents in meeting with school administrators and food service directors to request changes to the foods offered in schools, and to meet with members of wellness committees to ensure wellness policy implementation.

### ***b) Availability of healthy foods in neighborhoods***

When asked to describe the availability of healthy foods in neighborhoods and any recent changes made to increase the availability of healthy foods in neighborhood environments, only a few stakeholders were aware of any changes. Two stakeholders described a need for markets or grocery stores where the community could access healthy foods:

- *“I don’t know that there have been any good markets or farmers markets or grocery stores within 4-5 miles of where they live.”*
- *“Maybe open a small market where people can go and have healthier foods offered to them in the community.”*

For those stakeholders who were aware of changes made to increase access to healthier foods in neighborhood environments, they described an increase in grocery stores that offer fresh, affordable fruits and vegetables and changes made to the food offered in meetings at a local community center. Stakeholders specifically noted:

- *“We received produce from the food bank at the center. When we have a meeting, we used to have hot chocolate and sweet bread. I have been making changes. We have fresh fruit, water and 100% juice.”*
- *“We have two long established farmers markets already. We have a grocery that opened in the last few years and a new Fresh Foods opening up.”*
- *“Around here there have been more grocery stores that have better values – good prices on produce, on vegetables.”*

Because very little work had been done in changing neighborhood food environments, stakeholders were unaware of the role of the CAI project in making changes to the availability of healthy foods in neighborhoods.

## **2. Development or implementation of policies aiming to change food environments**

The majority of stakeholders had been involved in the development, adoption or implementation of school wellness policies. Their range of involvement included participating in school board meetings, attending wellness policy council meetings, and mobilizing parents and PTA members to support or assist with wellness policy implementation.

Only a few stakeholders reported that they were not involved in developing or implementing any policies to change foods available in schools, neighborhoods or healthcare settings.

Other stakeholders discussed policies they were in the process of developing or planning to develop related to changes to neighborhood or healthcare food environments including:

- Addressing the prevalence of corner liquor stores and the lack of grocery stores with healthy foods.
- Increasing the availability of fruits and vegetables at the local food bank.
- Developing a policy to require farmers markets in new community developments.
- Developing an employee worksite wellness policy, including a piece on healthy foods.

## **B. THE PHYSICAL ACTIVITY ENVIRONMENT**

### **1. Changes to school, neighborhood and healthcare physical activity environments**

Stakeholders were asked to think of the Community Advocacy Initiative (CAI) project in their community over the past year and describe any changes to the available physical activity facilities in school, neighborhood and/or healthcare environments. They were also asked to describe the changes that had occurred and the role of the CAI project in making the changes.

Most of the HFPOC grantees are working on increasing access to physical activity opportunities by making improvements in the built environment. A majority of stakeholders were aware of

changes to the physical activity environments in their neighborhoods or schools over the past year.

A large number of stakeholders noted changes that had happened in their school district related to the implementation of the CATCH curriculum, which included training teachers on physical education, providing physical activity materials and equipment for schools, and hiring qualified physical education teachers for grades K-5.

Other changes to physical activity environments were primarily related to changes in neighborhood environments. An example of this change from one stakeholder included: *“The community had a park that was redone and rededicated this year. There are fields to play on, a nice playground, after school programs go on there, and they do a bunch of physical activity with kids and it is kept up well.”* Only one stakeholder was aware of any efforts to improve access to physical activity in healthcare settings.

Other changes to physical activity environments described by stakeholders included the following:

- Renovation of community parks and improving park facilities and equipment for physical activity, including playground equipment and lights for sports fields.
- Establishment a fitness club at the local community center.
- Expansion of gym at community center to keep youth active after school.
- Implementation of soccer programs in all schools.
- Development of walking and bike trail alongside busy street.
- Worked to increase joint use of school grounds.
- Development of employee wellness policies related to physical activity.

Stakeholders were involved in making the changes to neighborhood and school environments in a number of ways. A few stakeholders were involved in making these changes in their roles as school board members, city officials, school administrators, or community organizers.

Respondents were also involved in making these changes through educating and helping to mobilize the community around these issues, providing community members with skills to advocate with local city and elected officials, attending community and school meetings, and developing GIS mapping of available community open space. Stakeholders specifically noted:

- *“The walking trail used to be just abandoned lots. From here to the grocery store they would have to walk on the side of the street...the walking trail looked run down...now there are trees...people are using it ride their bike and walking.”*
- *“We do a lot of spatial analysis using GPS to provide visuals to conduct policy change and advocacy...for them to demonstrate the need for more and nearby facilities. The park deficit and park equity map shows that the service area is highly dense, with high number of households of low income and with children under 18, and also a limited access to neighborhood parks.”*

Through the skills they gained by trainings and workshops through the CAI project community members were able to directly advocate with policymakers. One community resident respondent

described the skills she gained by working with the CAI project: “*They gave us a lot of information, taught us what to do, how to get aggressive, not to offend, gave us information.*” Another example of the contribution of community members to making changes through this project included: “*One of the community members asked about the empty lots and what the supervisor could do. They said – we want to go walking but it is not safe – and the supervisor looked into it.*”

## **2. Development or implementation of policies aiming to change physical activity environments**

While many stakeholders were aware of or had been involved in changes to school or neighborhood environments to increase access to opportunities for physical activity, the majority stated that they were not involved in the development or implementation of actual policies in this area. The few that were involved in policy development or implementation primarily discussed the adoption and implementation of physical education language in local school wellness policies.

In response to this question, several stakeholders discussed the development of programs and collaborations in their communities to increase access to physical activity opportunities, or improvements to physical activity environments.

Other stakeholders discussed plans underway for future policy development and implementation, including a funded joint use policy where school districts, the city and the Parks and Recreation Department would agree to open school grounds for community after school hours. One respondent discussed steps being taken towards policy development such as meetings with local policy makers and members of the county board of supervisors to develop a policy to improve open space areas for physical activity and address graffiti and lighting issues.

### **C. CHALLENGES AND BARRIERS TO FOOD AND PHYSICAL ACTIVITY ENVIRONMENTAL CHANGES**

Stakeholders were asked to describe some of the challenges faced by neighborhoods, school districts and healthcare facilities in trying to increase the availability of healthy foods or opportunities for physical activity. They were also asked what kinds of resources they would need to improve local food or physical activity policies and environments.

#### ***a) Challenges to making environmental changes***

Stakeholders identified a wide range of barriers to making changes to food and physical activity environments. Several stakeholders felt that engaging the community in environmental change work was challenging, particularly due to an anti-immigration climate which discourages community members from speaking to city officials or policymakers. A number of stakeholders mentioned the lack of safe, clean parks and facilities for physical activity as another barrier.

A number of stakeholders discussed multiple barriers to making changes in schools such as a short school day with a strong emphasis on academics, which made adding increased time for

physical activity a challenge, resistance from PTA members to selling healthier foods as fundraisers, and institutionalized bureaucracy in school districts which makes changes to individual schools and the entire district a slow and difficult process.

Several stakeholders also discussed the long time required for policy or environmental change as a barrier to conducting this work. Other challenges mentioned included the high cost of and lack of access to fresh fruits and vegetables, a lack of willingness to collaborate between school districts and the city regarding joint use agreements, community marketing and advertising of unhealthy foods and beverages, a lack of funding for the city to be able to make environmental changes, and the lack of a “champion” or someone who could lead the community in making these types of changes.

Specific challenges mentioned by respondents included:

- *“There is limited availability of parks – there are very few. Parents talk about behaviors that go on in the park, such as loitering, men standing around, trash that is left in the park, finding condoms and alcohol in the park. Parents don’t have cars so they don’t have the option of going to other parks.”*
- *“The community is largely immigrant. There is a challenge of getting people engaged.”*
- *“You have many PTAs wanting to sell candy as it is a profit making business.”*
- *“Challenge for physical activity is that there are only so many hours in the day for schools. With the ‘No Child Left Behind Act’ we need many academic hours during the school day. PE goes the way of music and art...”*
- *“Residents...would like to see more immediate changes but it takes a lot longer as the city is a bureaucracy.”*

**b) *Resources needed to improve nutrition and physical activity environments***

The majority of stakeholders felt that increased funding was the major resource needed to improve nutrition and physical activity environments. An increase in funding would allow for increased staff, improved facilities and more equipment, particularly for resources related to physical activity and physical education in schools.

A number of stakeholders felt that education and trainings were needed for community members, key school, public health department, and city staff, and would be an important resource for engaging them in changing in nutrition and physical activity environments. One stakeholder described the following: *“Awareness is important. When people hear the story that kids cannot play outside of their homes, they think it is almost un-American...our lack of play space and our crowded housing...if the community knew more about it they would really be more supportive.”*

Providing technical assistance, best practices and lessons learned from communities that had conducted similar changes would be helpful for stakeholders in making environmental changes in these areas. One stakeholder noted: *“City and county staff don’t like to be outdone, so get best practices in other counties and cities and get them in a room together...[to see] how that has impacted economic success and job development in other cities and counties.”*

## **D. COMMUNITY MOBILIZATION FOR CHANGING FOOD AND PHYSICAL ACTIVITY ENVIRONMENTS**

### **a. *Addressing the needs of those with the least access to health foods and physical activity opportunities***

A majority of stakeholders felt that the HFPOC grantees were addressing the needs of those with the least access to healthy food and physical activity in the community. A few stakeholders discussed how the grantees are making it easy for community members to participate in advocacy activities by providing transportation, snacks and childcare. Respondents provided the following examples of how underserved communities' needs are being addressed through the CAI;

- *“We have wide representation on our collaborative from different areas of the community which are the areas we consider in the most need.”*
- *“The political atmosphere in or community is difficult. They believe that everyone with a Hispanic surname is here illegally. We work very hard – we don't know, and we don't ask”*
- *“This project really came out of the needs of the community identifying what they wanted to do.”*

### **b. *Roles of community residents in setting priorities***

Several respondents were unaware of the role that community members played in setting priorities and planning activities to improve healthy food access and physical activity opportunities in the community. Most respondents however, described a range of roles for community residents in setting priorities, including participation in surveys or focus groups, providing input at PTA meetings on the school wellness policy, or taking the lead in setting priorities for local collaborative activities. One interviewee observed that residents are more motivated to become engaged if their peers, and not paid staff, were taking the lead.

Most respondents provided concrete examples of how community engagement increased through the HFPOC CAI grantees' work:

- *“Parents are much more aware of good nutrition, more aware that they shouldn't bring cookies to the classroom and now it's pretty much routine.”*
- *“...we have concerned citizens and folks from non profits groups – they got the changes to the park, school meals, lighting for the soccer fields.”*
- *“There were two [competing] groups in the community and both were wanting to see the other disappear...It was good to get the two groups together around this project and they all signed the letter that went to the city ....asking the city to work on this project together.”*
- *“...at the meeting I as invited to I saw community people from all over. ...There were high ranking city folks at the meeting. Which means that the conversation was at the top level. They discussed joint use.”*

**c. *Support and resources needed by community members***

Stakeholders indicated that community members need a variety of supports and resources to advocate for changes in food and physical activity environments in neighborhoods, health care facilities and schools. The most commonly cited supports were training and education to raise awareness of the importance of healthy eating and physical activity. The second most common supports suggested by stakeholders were leadership training and community organizing. In those grantee communities that offered these supports, stakeholders described residents who felt empowered to make their voices heard with local policy makers.

**d. *Building and sustaining a community and county-wide movement***

A majority of stakeholders felt that the grantee communities were either in the early stages or on the path of building a community- or county-wide movement to change nutrition and physical activity environments. They provided the following examples of how the grantees' work was expanding across their communities and to the county level:

- *“The work with the other HFPOC grantees has contributed to county change because we are in this as a whole.”*
- *“The district-wide changes have been wonderful and immense . . . . I have not seen any uprising or movements – nothing at the Board of Education or Council level. . . . we have to get more people to support the current issues as some people do not want something for all children, only for some children.”*
- *“Parenting classes, involvement in other groups and organizations, neighborhood housing services, the United Way. . . they are becoming aware that there is so much more than just their neighborhood.”*
- *“There is a ripple effect . . . We learn a lot from successes and failures from those who do work all over Orange County. We are tied with Orange, Anaheim and Costa Mesa.”*

One stakeholder felt that the grantee project had engaged the Latino community but not joined forces with the Asian community, which would enable more collective action to combat the obesity epidemic across the county's communities.

In order to sustain the burgeoning movement, stakeholders reported that the following supports are needed: funding, consistent community engagement, support from the treetops and grassroots, involvement of the business community, and policy development. Several stakeholders noted that financial resources were needed specifically to keep the HFPOC grantees working together and to “take the work to the next level” of deeper community engagement and policy change.

**D. COUNTY-WIDE STRATEGIES**

Stakeholders recommended a number of strategies for building a movement to improve healthy food access and physical activity opportunities in Orange County including identification of

childhood obesity as a key county issue, intensified networking and communication among local groups working on obesity prevention, sharing of best practices, and leadership by county-wide agencies and organizations such as the Orange County Health Care Agency, County Office of Education, and NuPAC. Several respondents focused their comments on the need for school districts to unite around their wellness policy work at a county level.

One stakeholder recommended developing a county-wide obesity prevention plan and conference;

- *“You have to establish a network. It will require development of a county wide plan and bringing all stakeholders together [for] a nutrition wellness conference. . . . That type of movement was what the California School Boards Association (CSBA) did last year and CSBA is taking a lead on galvanizing the state.”*

When asked who needs to be at the table to build the county movement, the interview respondents describe a broad group of stakeholders including community members, county supervisors, city and county governmental agencies, local elected officials, state assembly members representing the area, the business community, hospitals and health care providers, and community based organizations.

The most frequently cited barriers for building a county-wide movement to improve healthy food and physical activity access included a lack of financial resources and political will, the geographic size of the county, and inequities between the affluent and economically disadvantaged communities in the county.

## **OVERALL ACCOMPLISHMENTS**

### ***Baseline Findings***

Baseline stakeholder interviews and grantee reporting interviews were conducted in January – April 2007. During the first year of the CAI, HFPOC CAI grantees were able to engage and expose communities to environmental change strategies through community forums, advocacy trainings and leadership skill building workshops. According to grantees, engaging the grantees was a major focus of their activities during the first year. Grantees viewed their work as building the capacity of community members to set priorities and plan for changes to the nutrition and physical activity environment.

At baseline, stakeholders were more aware of grantee strategies to improve physical activity opportunities in the grantee communities than opportunities to improve nutrition environments. Stakeholders were oriented towards nutrition and physical activity programming and service delivery over policy change and advocacy for improving nutrition and physical activity environments. From stakeholder and grantee responses, it appeared that grantee and community involvement in policy development and implementation had primarily focused on the implementation of school wellness policies and some joint use (school/city) policies of school physical activity facilities. The baseline report also demonstrated that the HFPOC CAI grantee projects lacked visibility among a broad group of community, institutional, and policy stakeholders. At baseline stakeholders described challenges to changing nutrition and physical

activity environments that were primarily financial and described a need for greater financial resources to address these challenges.

### ***Endpoint Findings***

At endpoint, grantees had experienced a number of accomplishments in changing nutrition and physical activity environments in schools, neighborhoods, and health care settings. Their activities were concentrated in changes to school nutrition policy and physical activity practices as well as changes to the built environment. The most immediate changes were observed by stakeholders in the school environment, in part because of state and federal level policy supporting these changes. Grantees accomplished some policy change during the CAI, but most of their achievements were related to environmental changes. A variety of barriers confronted grantees in making changes to these environments and to achieving policy change, including lack of resources, anti-immigrant sentiment, institutional bureaucracies, and safety issues.

Grantees continued their focus on strengthening the capacity of community members to serve as advocates. Community members are playing an important role in the CAI. Their engagement ranged from providing feedback on project activities to direct advocacy with local elected officials. Grantees and stakeholders felt that the strengthening of community members' voice and influence in the community requires additional resources, training and the support of community based organizations.

Most stakeholders thought that the CAI had been successful, but that the grantees' work was not yet complete. They felt the work to change nutrition and physical activity environments needed to continue at both the local and county-wide levels.

### ***Regional Approach***

The CAI grantees benefited from a regional approach funded by the Health Funders Partnership. Quarterly workshops were organized for the grantees as a way of providing them with technical assistance and support and to create a learning community among the funded projects. In addition, community-wide convenings were held on specific topics of relevance to organizations across the county working on obesity and diabetes prevention. These convenings were extremely well attended with up to 75 people participating quarterly from all parts of Orange County. There was active engagement among the participants with lots of discussion about strategies to address barriers to healthful eating and physical activity in Orange County. These convenings were highly successful in strengthening the capacity of community organizations and creating a shared vision countywide about the need for improvements in food and physical activity environments.

Key CAI accomplishments from baseline to endpoint include the following:

- **Stronger focus on the built environment and physical activity, less on nutrition changes**
- **Greater progress and success in building advocacy and environmental change strategies that led to some policy development**
- **Greater engagement of government officials, elected and administrative, in the CAI work.**

- **More county-wide engagement and collaboration between grantees to share resources for policy change, strengthening NUPAC and a county-wide vision**
- **Growth of community engagement and capacity to shape the direction of community advocacy activities in some communities**
- **More support for school wellness policy implementation, required by state legislation and federal requirements**
- **Formation of a learning community among the HFPOC grantees**
- **Vision among grantees of resources needed in the future to continue advocacy and policy change for changing nutrition and physical activity environments**
- **Financial resources expanded to support CAI strategies allowing grantees to work on other challenges.**
- **The CAI increased the potential for county-wide changes to nutrition and physical activity environments by funding six diverse grantee communities, and by supporting the county-wide community convenings**

## **RECOMMENDATIONS**

- Convene a meeting of the CAI grantees, HFPOC and stakeholders who have attended the community convenings to discuss the final evaluation findings and identify opportunities and strategies for changing nutrition and physical activity environments county-wide
- Elevate the grantees' increased capacity and accomplishments among institutional, community and policy stakeholders
- Continue to increase awareness in Orange County of the importance of environmental and policy approaches to obesity and diabetes prevention
- Support the local grantees in sharing their experiences and strategies with each other and with other partners throughout the county that are engaged in changing food and physical activity environments
- Strengthen linkages with the Orange County Health Care Agency and NUPAC to bolster countywide environmental and policy change efforts
- Build on the grantees' successes in building community capacity and improving nutrition and physical activity environments in future funding initiatives.
- Collaborate with other healthcare funders in California that are funding similar initiatives to share lessons learned and key funding strategies for changing nutrition and physical activity environments through advocacy and policy change.