Commerce City
LiveWell Colorado Community Health Initiative

Summary Report
Progress and Accomplishments
2006-2011

April 2012

Prepared by the
Center for Community Health and Evaluation

LiveWell™ COLORADO

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Commerce City
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Community Health Initiative

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Kaiser Permanente Community Health Initiative

LiveWell Commerce City (LWCC), the LiveWell Colorado community described in this report, is one of 22 LiveWell sites in Colorado. It is part of the national Kaiser Permanente (KP) Community Health Initiative (CHI). CHI is a program-wide strategy for achieving a significant and measurable impact on the health of communities served by KP. The thematic focus is “Healthy Eating Active Living”—promoting improvements in nutrition and physical activity and reductions in rates of overweight/obesity. More than 40 communities in five KP regions have active CHI efforts underway.

LiveWell Colorado

LiveWell Colorado is an initiative that aims to inspire and advance policy, environmental and lifestyle changes that promote health through the prevention and reduction of obesity in Colorado. LiveWell Colorado works with community initiatives, such as LiveWell Commerce City, to promote equal opportunities for healthy eating and active living through policies, programs and environmental changes. Funded by The Colorado Health Foundation, Kaiser Permanente, and the Kresge Foundation, LiveWell Colorado coordinates efforts to advance policy strategy, and build leadership and capacity to reduce health disparities related to nutrition, physical activity and obesity. For more information, visit www.livewellcolorado.org.

Report prepared by:
Center for Community Health and Evaluation
Part of Group Health Research Institute
www.cche.org
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Commerce City
Executive Summary

Community Description

LiveWell Commerce City (LWCC) was designed to promote healthy eating and active living (HEAL) in Commerce City, located northeast of Denver, Colorado. The population in the historic neighborhood of Commerce City is approximately 27,000. About two-thirds of the residents are Latino and the median household income is low in comparison to Denver County.

As of 2011, about 40 partners were involved with LWCC. Key stakeholders included the Tri-County Health Department, a variety of departments within the City of Commerce City, (including Parks and Recreation, Planning, Public Works, Intergovernmental Relations), Adams County Community Development, Community Enterprise, Adams County 14 School District, and residents from the IMAGINE Coalition, among others. All stakeholders came together to form topic specific teams (e.g., early childhood, nutrition, built environment) and to align their HEAL strategies with both residents and partners at the table.

Community Change Strategies and Accomplishments

LWCC was supported through grant funds from LiveWell Colorado (formerly Kaiser Permanente /Thriving Communities)—totaling about $1.2 million for a six-month planning period and six years of implementation. Other funding partners included The Colorado Health Foundation, Tri-County Health Department, the City of Commerce City, Colorado Department of Transportation, Adams 14 Foundation and the Adams County Social Services Department.

The LWCC goal was to empower a partnership of people who live, work and play in Commerce City—with an emphasis in the historic section of the city—to flourish through a lifetime of healthy eating and active living. Their strategies focused on changing city policies such as updating the Comprehensive Plan and developing a Bicycle and Pedestrian Master Plan in order to 1) improve the neighborhood environment to better support HEAL behaviors, 2) actively engage citizens in voicing their support for HEAL policy and environmental changes, 3) change the school environment, making it more conducive to healthy eating and physical activity.

LWCC worked primarily in the neighborhood and school sectors on programs, policies and environmental changes. They initially developed a large number of HEAL related strategies that were not aligned with each other. Over time, they strategically focused on fewer strategies that were aligned across topic specific teams. In the early years of the project they conducted extensive outreach to potential partners, built a relationship with city officials (e.g., planners, parks and recreation, and public works staff), and raised awareness among residents and other stakeholders about the link between health and the school and neighborhood environments. Eventually this effort led to well-defined policy and environmental changes that were driven by community input. This prepared LWCC partners to take advantage of a unique opportunity to advocate for adding health elements to the city plans. They worked closely with key partners to get several policy changes approved that were both high dose (i.e., reach large numbers of people with interventions of sufficient strength to change HEAL behaviors) and sustainable beyond the period of grant funding.
Of the 15 strategies in the LWCC community action plan, all were implemented successfully. Two of the strategies (see green boxes in figure 6), or about 20% of all their strategies, were both relatively high reach and strength, i.e., high dose. These two strategies (medium-high reach and medium strength) affected the neighborhood sector by 1) adding health elements to city plans that can influence the community design (e.g., nature of the roads, signage), neighborhood improvements and city developments (e.g., improved parks) for years to come; and 2) affected the school sector, where the majority of children now eat meals made from scratch that include more fruits and vegetables on a regular basis throughout the district. One strategy provided immediate benefits to school-aged children, and the other may pay off in the future with more new built environment features such as pedestrian and bike friendly streets and inviting commercial zones and parks. These successful neighborhood and school strategies focused on increasing physical activity (e.g., biking and walking) and access to healthy foods. Both are potentially sustainable changes in Commerce City.

LWCC is now focusing on obtaining funding and city level support to implement several pedestrian and bike friendly built environment projects. Future efforts will also focus on higher dose strategies that have potential for even greater reach and impact as these policies are implemented.

Conclusions
The two highest reach and strength strategies implemented by LWCC were policy changes, updating the Commerce City Comprehensive Plan and the development of a Transportation Plan and a Bicycle and Pedestrian Master Plan, and creation of the Adams County 14 School District wellness policy. Already changes can be seen on the streets through improved street signage and park and commercial zone improvements. School food changes include more fresh produce, the removal of à la carte snack sales, healthy drink offerings, and the elimination of food rewards used in the classroom. These neighborhood and school environment changes are likely to be sustainable.

LWCC changed policies and offered programs to promote healthy eating and active living in Commerce City. Approximately 5,700 children were reached through school-based changes to food, nutrition and physical education opportunities. Over 10% of the people living in historic Commerce City neighborhoods have already experienced changes to their streets, neighborhood centers and parks as a result of city improvements. If the changes are sustained and future implementation plans incorporate the health elements now embedded in city plans and school district policies, measurable improvements in nutrition and physical activity behaviors can be expected in the future.
I. Community Description

LiveWell Commerce City (LWCC) is located in Commerce City, Colorado, just northeast of Denver in the southern tier of Adams County. LWCC worked to promote healthy eating and active living (HEAL) throughout Commerce City, especially the historic southern neighborhoods. The map on page 3 shows the location of the neighborhoods and the major features that are involved in the LWCC projects. LWCC partners focused on the neighborhoods within these street boundaries: 96th Avenue (north), 48th Avenue (south), Quebec (east) and Brighton Blvd (west). The total population in this area is approximately 27,000, and has remained somewhat steady over the last decade. In contrast, Commerce City’s entire population more than doubled—increasing from 20,991 residents in 2000 to 45,913 in 2010, making it one of the state’s fastest-growing cities among communities with at least 10,000 people. Table 1 shows the breakdown of the population by race/ethnicity and median household income within the historic area and Commerce City as a whole. In the historic area, two-thirds (67%) of the residents are Latino compared with almost one-third (32%) in nearby Denver County. The median household income in historic Commerce City is lower: $38,478 versus $45,074 in Denver County.

Table 1. Community demographics—LiveWell Commerce City

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Historic Commerce City</th>
<th>Commerce City</th>
<th>Denver County</th>
</tr>
</thead>
<tbody>
<tr>
<td># residents</td>
<td>26,840</td>
<td>45,913</td>
<td>600,158</td>
</tr>
<tr>
<td>% White</td>
<td>29%</td>
<td>51%</td>
<td>52%</td>
</tr>
<tr>
<td>% Latino</td>
<td>67%</td>
<td>47%</td>
<td>32%</td>
</tr>
<tr>
<td>% African American</td>
<td>2%</td>
<td>3%</td>
<td>10%</td>
</tr>
<tr>
<td>% Asian</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>% Other</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Median household income</td>
<td>$38,478</td>
<td>$56,912</td>
<td>$45,501</td>
</tr>
</tbody>
</table>

Source: 2010 Census, American Community Survey

II. Community Collaborative—History and Structure

LiveWell Commerce City (LWCC), a LiveWell Colorado community, began implementing HEAL strategies in the spring of 2006 following a six-month planning period. The focus of their strategies was to support a healthier way of life for residents of the historic Commerce City area. Initially, the coordinating fiscal agency was the Tri-County Health Department (TCHD). They formed a Steering Committee composed of representatives from nearly 20 partner organizations and interested stakeholders that included Community Enterprise, Adams County 14 School District, Community Health Services, the City of Commerce City Community Development Department (including the Planning section), Parks and Recreation, and others from academic, healthcare and business sectors.

The LWCC Coordinator, a TCHD staff member, coordinated the Steering Committee. In 2008, the LWCC coordinator moved to one of the partner organizations, Partnerships for Healthy Communities (P4HC), a community-based nonprofit organization that worked with local partners to improve access to healthcare and provide education and prevention programs in Commerce City. With TCHD approval, the LWCC grant transitioned from TCHD to P4HC. This move made it easier to form relationships and collaborate with other local agencies and community partners in Commerce City and Adams County because P4HC was smaller, thus more flexible and nimble.

LiveWell Colorado (formerly Kaiser Permanente/Thriving Communities) provided $20,000 in funding for the planning year (2005), $250,000 in the first year for implementation (2006), $222,000 in the second year (2007), $257,000 in the third year (2008), $250,000 in the fourth year (2009), $125,000 in the fifth year (2010), and $75,000 in the sixth year—totaling approximately $1,200,000. Other funding partners included The Colorado Health Foundation, Tri-County Health Department, Colorado Department of Transportation, Adams 14 Foundation and the Adams County Social Services Department.

In the summers of 2007 and 2011, interviews were conducted with 5 and 10 LWCC partners, residents, and agency representatives respectively. The purpose of the interviews was to understand the work of LWCC. Areas of inquiry included the roles of the partners, the successes and challenges, the potential for sustainability and the process of working together on HEAL-related issues.
III. Creating Sustainable Community Change—Goals, Process and Strategies

Goals and Vision

The goal of LWCC was to empower a partnership of people who live, work and play in historic Commerce City to flourish through a lifetime of healthy eating and active living. The major objectives were:

- Change city policies—the Comprehensive Plan and Bicycle and Pedestrian Plan—to improve the neighborhood environment and better support healthy eating and active living
- Actively engage citizens to voice community support for HEAL policy and environmental changes
- Change the school environment to make it more conducive to healthy eating and regular physical activity

Collaborative Process

Initially, a LWCC Steering Committee was formed and they created a long list of strategies to work on. Over time, they discovered that many partners at the table were doing similar things. Subsequently, they streamlined the strategies into priority areas—schools, built environment and land use, healthy food access, community engagement, healthcare, and worksites. These became seven teams or task forces, each with its own meeting structure. Representatives from each team sat on the Steering Committee and that forum became a mechanism for disseminating information and aligning the work. When conflicts arose, topics were openly debated and open discourse and good communications helped create a very collaborative environment.

Important activities and relationships emerged that strengthened the work over the course of the LWCC partnership. In the first few years, educational programs were offered to residents to generate support for HEAL. Over time, strategies shifted from a program to a policy focus. Community Enterprise, a nonprofit community development organization supporting resident engagement, helped with this process. Walkability assessments were a strategy used to mobilize considerable resident interest and input. The findings from the walkability assessments helped build the case for built environment changes that were ultimately included within city government development and revitalization plans. In addition, the school district made a commitment to support healthy eating and exercise. As one of the LWCC partners said, “A connection was made between city policy level decisions and the impact on health…scope of grants widened, more grants were awarded…partnerships through LWCC helped leverage over $1 million in funding.”
The partners that participated in LWCC found that their relationships were deepened and strengthened. Partnerships and relationships were created between the city mayor and government agencies, the school district and schools, the health department, the planning department and resident leaders. P4HC saw their role as 1) engaging residents to be idea leaders and owners of the effort, and 2) capacity builders among partner agencies who ultimately became owners of the successes.

In the beginning, LWCC worked on 30 individual strategies. This proved difficult to manage, so they dropped or changed strategies to streamline the effort. For example, efforts to build a greenhouse, expand a Silver Sneakers exercise program and startup mobile food markets were discontinued due to the complexity of the effort or low turnout.

One obvious success of the LWCC effort was the ability to bring together residents, interest groups, and city and county agencies to take advantage of unique opportunities for public comment and advocacy for including health in future city development for years to come. For instance, health elements were added to the updated Commerce City Comprehensive Plan, the Derby Master Plan, and the Bicycle and Pedestrian Master Plan. This was largely due to the community engagement, advocacy, and on-the-ground assessments of some of the environmental conditions—highways, streets, sidewalks, zoning—that affect physical activity and healthy eating in historic Commerce City neighborhoods.

Another prominent LWCC success took years to develop—the school strategies. Although relationships with the school district developed slowly over many years, a district-wide wellness policy was adopted and school wellness teams grew from 4 to 13 throughout the school district. By 2011, substantial changes had been made to improve the health of the school meals and encourage regular physical activity among students. One of the most wide-reaching strategies was a change in the quality of the school food, affecting nearly all of the children every day in schools where the percentage of students eligible for free and reduced price meals in the district is around 85 percent.

**Community Change Strategies**

The Healthy Eating Active Living approach in LiveWell Colorado communities assumed that multi-level interventions have the greatest chance of producing long-term changes in eating and physical activity outcomes. Multi-level interventions attempted to influence resident behavior in distinct neighborhoods at the program, environment and policy levels.

Figure 1 briefly lists the major LWCC strategies according to the levels of the ecological model for health promotion, in which the most immediate, proximal influences on individual behavior (e.g., programs, organizational environment) are shown on the inner rings and the more distal (e.g., public policy, community environment) are shown in the outer rings. While it is important to intervene at all levels of the spectrum, focusing on the outer rings of policy and environmental changes, which was the goal of the LWCC project, has the potential for greater impact and sustainability using potentially fewer resources.

The following is a description of the LWCC strategies in more detail. Reach was determined with LWCC based on their progress reports of actual numbers when available (e.g., tracking sheets of participants in programs) and estimates of the numbers likely touched by a strategy (e.g., number of residents living within a certain radius of a park improvement).

Policy Strategies

LWCC policy strategies centered on making public policy changes to Commerce City plans and organizational policy changes in the schools. These strategies resulted in changes in both the built environment and food access environment. These strategies included:

- **City plans.** LWCC worked with partner agencies and residents, along with community design expert Dan Burden, to gather input and suggestions for updates to the Commerce City Transportation and Comprehensive Plans in 2009. They recommended adding healthy living elements to the plans that guided development for the next decade. The Comprehensive and Transportation Plans were adopted with the recommended health elements in May 2010. In addition, LWCC advocated for recommendations to the Derby Area Redevelopment assessment for traffic calming and safety. Several outgrowths have resulted:
  - On-the-ground changes so far include increased signage, traffic slowing along 72nd Avenue, destination signage and other destination (commercial zone) improvements. An estimated 10% of the population has been reached by the changes to date.
  - Tri-County Health Department received a $10.5 million Communities Putting Prevention to Work grant and opened up community granting to municipal and county agencies for further improvements.
  - Commerce City received funding to complete a Bicycle and Pedestrian Master Plan.
• **School district wellness policy—physical activity.** Several programmatic activities resulted from the policy work of the wellness teams to increase physical activity among children in the district and attending schools in the historic Commerce City target area. LWCC provided about $3,000 in mini-grants for run programs and a fitness course to support these changes. Examples of activities that took place at Alsop Elementary and Adams City Middle schools: a two-month middle school run/walk after-lunch program, supervision at open track access, PE teacher activity logs, student Recess Ambassadors, bike safety training, a new discipline policy prohibiting the removal of recess time, and activity kits for the after school setting (reached approximately 1,300 students).

• **School district wellness policy—nutrition.** The school district started Fruit and Vegetable Fridays in 2008, and then went on to increase fruit and vegetables overall in their school meals. Eventually, food services doubled the number of fresh produce snacks served per week, changed fundraiser foods to healthier options and replaced food-candy rewards with non-food items, piloted removing/replacing à la carte foods, changed snacks to fruit and water at three parent meetings, and removed a vending machine from one school. Mini-grants from LWCC supported a chef snack demo, farm field trips and nutrition education materials. Food services offered a “backpack” program at Rose Hill Elementary, providing extra, nutritious foods for the weekend. In 2010-11, the district also removed à la carte cafeteria sales in all schools, eliminated chocolate milk, piloted universal breakfast in two schools, and joined a food-buying coop with three other districts (reached all 5,700 students in schools in the historic area of Commerce City).

**Programmatic Strategies**

LWCC partners offered many programmatic strategies included annual run/walk events, family nutrition classes, walk-to-school, biking and other physical activity opportunities and promotions.

• **Annual walking event.** Partners developed a community event called the Wild Walk with the nearby national wildlife refuge. This is now an annual event sponsored by the refuge (reaches 200 people annually).

• **Nutrition education classes and materials.** A series of nutrition education classes were offered by Operation Frontline, and Partnerships for Healthy Communities’ Eat Smart, Be Smart© curriculum was offered in schools to residents and teens. Nutrition recipe postcards and other Nutrition Nibbles were distributed by the health department (reached 560 people).

• **Physical activity promotion.** LWCC sponsored youth to a basic camping skills program that included a focus on healthy eating habits, outdoor activity and a pedometer challenge, in 2008 and 2009. In conjunction with Safe Routes to School promotion offered by LWCC partner Bicycle Colorado, a bike rodeo was held, safety guards were trained, and walking and biking to school was promoted at Alsup Elementary and is held annually at the Derby Daze Festival in the historic Commerce City area (reached about 800 students).
Capacity Building Strategies

P4HC, the coordinating agency for the LWCC project, and Community Enterprise, an LWCC partner, were very engaged in involving the community and building the relationships and collective capacity to design changes in the historic neighborhood of Commerce City to make it easier for residents to access healthy food and engage in regular physical activity. They were successful at engaging resident participation in neighborhood revitalization and development plans to support HEAL behaviors.

LWCC partners developed capacity on several fronts. They created community walkability/bikeability assessment events that served several purposes: to engage residents and partners, provide data to advocate for changes, and promote interest in working on changing policies to improve the built environment. Bilingual outreach specialists were hired to promote HEAL and work closely with English- and Spanish-speaking residents. Contacts were made in the school, healthcare and worksite sectors, and technical assistance was provided to promote HEAL in those settings. For example, they helped to expand the number of wellness teams in schools and to develop an obesity toolkit for health care providers.

Figures 2 through 6 describe the types of strategies that were pursued from 2006-2011 by LWCC. Figure 2 shows the breakdown of strategies by the health target area focus. The target area could be primarily nutrition, physical activity or both. Forty-six percent focused on both physical activity and nutrition, 27% on just physical activity and 27% on nutrition. Figure 2 shows the breakdown of strategies by sector. The majority of strategies were focused in the neighborhood (47%), followed by strategies in the schools (33%). The remaining strategies (20%) were focused on the healthcare and worksite sectors.

Figure 2. Distribution of the PHTC strategies, by sector and health target (n=16)
Figure 3 shows the breakdown of strategies by objective. The strategies focused equally on programs (40%) and capacity building (40%), followed by policy changes (20%). Specific environmental changes in schools and the neighborhood were the aim of the policy change strategies.

**Figure 3. Distribution of the PHTC strategies, by objective (n=16)**

![Pie chart showing distribution of strategies](image1)

Figure 4 shows the breakdown of the 15 strategies in place by the end of the LWCC project in 2011. All of the strategies were implemented successfully, and out of these, 40% (n=6) are likely to be sustained to some degree. Sustainable strategies included changes to city plans, the annual community walk, food changes and physical activity programs in schools, and community nutrition classes offered by an organization who has funding to continue offering classes.

**Figure 4. Distribution of the PHTC strategies, by status**

![Circle graph showing strategy status](image2)

*CAP = Community Action Plan
Figure 5 shows the reach penetration of strategies by sector. The highest penetration was in the schools, where all of the children were reached through a change to the school food, and over a third of children were reached by physical activity promotions and events. There was less reach penetration to date in the larger neighborhood sector targeting all people in the neighborhood. As more built environment changes occur as a result of the city policies changes, future evaluations are warranted to assess the impact on HEAL behaviors. Three percent of the population was reached through nutrition education materials and classes, and the annual Wild Walk. However, changes to the city plans hold promise for reaching large numbers of residents as the health elements in the plans influence future development, revitalization, recreation and transportation projects. To date an estimated 10% of the population has been aided by improved street signage and destination improvements (e.g., Derby Diamond Redevelopment, community gardens, improved parks) to encourage community use and cohesion.

The highest reach strategies with the strongest potential for changing HEAL behaviors took place within the schools through the implementation of the school district wellness policy and the coordination of school wellness teams that launch and monitor activities and advocate for school food changes within the school district. These strategies are also likely to be sustainable.

**Figure 5. Percent reached\(^a\) by the PHTC strategies,\(^b\) by objective and sector**

\[\begin{array}{c|c|c}
\text{OBJECTIVE} & \text{SECTOR} & \text{REACH} \\
\hline
\text{Programs} & \text{Neighborhood} \ (n=26,840) & 0\% \\
\text{Nutrition environment} & \text{Schools} \ (n=5,752) & 10\% \\
\text{Physical activity environment} & \text{} & 37\% \\
\end{array}\]

\(^a\)The number reached is an estimate. Some duplication is possible.

\(^b\)Does not include implemented capacity strategies and incomplete strategies.
Examining the number of people reached by LWCC’s strategies helps inform the extent to which the target population is touched in some way. It is also important to look at the strength of the strategies to affect behavior change. Figure 6 breaks down the nine implemented strategies (this does not include the six capacity strategies) by their population dose—a combination of the number reached and the strength, or likely behavioral impact on each person reached. Because of limited information from the literature on the effect of HEAL-related environmental and policy strategies, the strength ratings are very rough approximations based on the intensity. For example, media campaigns are rated low strength, while environmental interventions in schools, where the students encounter the changed environment every day, are higher strength. Reach and strength were estimated with LWCC and placed into three categories—high, medium and low—as shown in figure 6.

One of LWCC’s strategies was high reach and two were high strength. The high reach strategy took place in the schools where most of the students were reached through improved school food. The two high strength strategies were series of nutrition classes offered to adults and teens.

Two strategies (see green boxes in figure 6), or about 20%, were both relatively high reach and strength, i.e., high dose. These two strategies (medium-high reach and medium strength) occurred in the neighborhood sector, adding health elements to city plans that can create lasting changes to the neighborhood built environment, and in the schools where the majority of children now eat the improved meals on a regular basis at school. One strategy has provided immediate benefits to school-aged children. The other may pay off in the future with roadways that have new wayfinding and traffic calming signage, crosswalks, and other forms of redevelopment, redesigned parks and improved neighborhood destinations (e.g., community gardens, streetscapes, building improvements) that hold the potential for even greater reach and impact.

Figure 6. Number of PHTC strategies and potential impact

![Figure 6. Number of PHTC strategies and potential impact](image-url)
Story of Success

Connecting the dots in Commerce City, Colorado

A community rallies to make biking and walking easier and safer and, along the way, taps into civic pride, engages community residents, and cultivates new leaders.

Commerce City, Colorado is located northeast of Denver, and was once known mainly for greyhound racing, chemical weapons manufacturing, and oil refineries. Over the years, the historic part of the city, which includes the Derby Business District and surrounding neighborhoods, gradually slid into an economic decline. This area became the primary focus of LiveWell Commerce City (LWCC) and has remained a priority area since LWCC’s inception in 2003.

In 2011, LWCC partners agreed to continue the focus on historic Commerce City by prioritizing the area around the four-lane 72nd Avenue connector, which runs from east to west through the Derby Business District. LWCC plans to continue its efforts to create a safer and healthier environment, especially as it relates to walking and biking.

The 72nd Avenue connector links the Rocky Mountain Arsenal National Wildlife Refuge and the proposed Regional Transit District’s FasTracks station. The mile-and-a-half stretch of road also includes many destinations: five schools, three community gardens, the library, faith-based organizations, and the Derby Business District. Making 72nd Avenue safer with wider sidewalks and bike lanes could considerably change the area and actually help to connect the transit dots for local residents.

Over the years, LWCC partners have engaged residents and elevated their voices about the health and safety of their neighborhoods, using a variety of strategies. One of the most successful community engagement strategies has been the use of walkability and bikeability assessments. Over a three-year period, nine neighborhood assessments have been conducted. Residents gather together on a given day and then fan out across the neighborhoods in small groups. Checklists in hand, residents record each neighborhood’s strengths and areas for improvement. The assessments are followed by a healthy meal, discussion about what they found on their walks, and selection of the highest-priority improvements to increase the safety of their neighborhoods and the health of its residents.

LWCC partners used the walkability assessment findings to help community members, city planners, and other local agencies address the priorities for improvement and make any needed changes. With residents and agency staff on board, LWCC soon achieved tangible changes at the street level, within city agencies, and in broader policies. For example, there are now crosswalks, improved lighting, and wayfinding signage along 72nd Avenue. Resident coalition members also write thank-you notes to neighbors who keep their yards neat and the sidewalks in front of their homes clear of debris. One coalition member has since run for and been elected to a seat on the City Council.

At the city level, a new Bicycle and Pedestrian Master Plan recommends projects for integrating active travel (engaging people in walking, biking, and other non-motorized forms of transportation) throughout Commerce City. At the policy level, LWCC and the new Plan have led local elected officials to reprioritize the Derby Business District and the 72nd Avenue connector. This renewed focus on one stretch of road has resulted in one more step toward creating a strong, vibrant and healthy Commerce City.
Photovoice

Background on Photovoice
Photovoice is a community-based approach to documentary photography that provides people with training on photography, ethics, critical discussion and policy advocacy. Once people are trained in the method, they are given cameras to take pictures that represent their ideas, thoughts or feelings about particular issues in their communities. Participants write captions for their photographs using the mnemonic SHOWeD: What do you See here? What is really Happening? How does this relate to Our lives? Why does this problem or strength exist? What can we Do about it? The pictures and related captions about community issues can then be shared with key stakeholders or policy makers in the community in order to advocate for change.

Photovoice in Commerce City
Two Photovoice projects were conducted with LWCC partners and residents. The first (Time 1) was intended to capture barriers to healthy eating and active living and the second (Time 2) was adapted to capture the changes in the community from the perspective of the participant as a result of the LWCC efforts in Commerce City.

Time 1: Twelve residents from Commerce City participated in the original Photovoice project in the fall of 2007. The photographers took photos of people, places or things connected with barriers to healthy eating and physical activity in Commerce City neighborhoods. These photos emphasized things they wanted to change. The photographers took photos of school food, health care settings and the built environment, such as underutilized parks with evidence of gang activity and bicyclists navigating too-narrow sidewalks. The pictures were exhibited at events and in reports and presentations, at the Derby District Resource Center and the Derby Daze community festival.

The pictures and related captions highlighting barriers to health were used in several Kaiser Permanente funded communities to advocate for change.\(^3\) Photos from LWCC were used for advocacy efforts for changes in the city redevelopment and recreation plans. One resident group, the IMAGINE! Coalition, implemented their own Photovoice effort that helped them hone in on their priorities, engage volunteer groups and work with Commerce City to talk about strategies to improve the environment to support healthy living.

The Photovoice image on page 19 is an example of a Time 1 photo and demonstrates the community’s interest in improving school food in the early years of the LWCC project.

\(^3\)For more examples of the use of Photovoice in Kaiser Permanente communities, view the video at http://info.kp.org/communitybenefit/html/our_stories/global/our_stories_4.html
Time 2: In 2011, a second round of photographs and captions were completed to document changes to the Commerce City community environment, reflect on the potential impact of those changes, and plan future advocacy efforts using the photos. This is an innovative way to apply Photovoice as a qualitative evaluation method.

Participants were recruited from the original Photovoice project, including partners and residents most familiar with the accomplishments of the LWCC. The goal was to capture the changes that were created as a result of the LWCC funding. Once people were trained, they were given cameras to take pictures that represent the community transformation. Participants wrote captions for their photographs using a revised set of questions: What has changed in your community as a result of LWCC? Why are these changes important to your community? What do we still need to do to create a HEAL community? A total of 17 people completed the Time 2 Photovoice project in November 2011. Once they completed their photo captioning, the group recorded the accomplishments represented by their photos. Participants selected the greatest achievements from among a list of accomplishments. They chose:

- Improved physical infrastructure contributing to safer walking and biking
- Policy changes inclusive of health such as the City’s updated comprehensive plan
- Promoting an increase in physical activity through the Recreation Center and events
- Increasing access to healthy foods in schools and the community
- Creating more appealing destinations through redevelopment to increase physical activity
- Overarching theme: increasing community cohesion
These Photovoice photos are an example of one of the top accomplishments of the Collaborative.

Joe Reilly Park in Derby was once a lonely, leftover parcel that wasn’t special, memorable or inviting. After many partners and stakeholders came together with a plan to revitalize Derby, the park became an exceptional example of teamwork, creativity and imagination that transformed it into a very special place. Joe Reilly Park makes me believe we can do this throughout Derby, despite the challenges ahead.

— Jessica Osborne, Former Project Manager, Derby Development Project

Photovoice Results Summary

The following photos are examples, from the community’s perspective, of the changes in their community using Photovoice to assess the impact over time. The first photo illustrates the increase in resident involvement in the changes. The next photo shows the changed food environment in the schools. The subsequent photos show changes to the built environment related to the health elements in the city’s Comprehensive Plan. The last photo shows one of the events to promote physical activity in Commerce City.

Meeting in local parks and schools, hundreds of residents’ voices, including these in Derby, have been the foundation of LiveWell Commerce City’s work. Including residents in these conversations ensures long-term success of the initiatives.

— Cristie Jophlin-Martin
Students in Adams 14 are eating healthier meals. Over 20 items are now made from scratch in school kitchens. Every student receives a free breakfast, and over 10,000 servings of fresh fruit and vegetables are served weekly in our healthy snack program.

– Rainey Wikstrom

Traffic safety was a key theme of the community during the Derby Redevelopment effort. In the summer of 2010, the city constructed the $900,000 Derby Diamond, a template intersection with colored concrete, landscaping and other features to make the crossing safe for people walking or biking. Prioritizing funding to construct other traffic calming features throughout the city will make walking and biking inviting for people of all ages.

– Carol Maclennan

More Bike and Pedestrian Friendly
Better signage promotes safety and contributes to Commerce City bike/pedestrian friendly communities. The LiveWell Commerce City partnerships supports the passage of the implementation of the Bicycle and Pedestrian Master Plan in 2012 to build this positive step forward.

– Mondi Mason
The city’s updated Comprehensive Plan, adopted in 2010, is a model for active living. It includes a variety of policies to create a safe environment for walking and biking. This is a wonderful foundation for building safe streets and connections to schools and other destinations. Continued implementation through funding and construction of these priorities will realize the vision of a city where residents and employers and visitors walk and bike as the norm.

– Carol MacLennan

Diverse community members and partners, like the Colorado Rapids, participate in bicycle safety events like Commerce City’s Derby Daze each year.

– Jenna Berman
Community Impact and Sustainability

In order for LWCC to produce measurable community-level change in healthier eating and increased physically activity, their strategies must reach a substantial portion of the 27,000 residents within the target neighborhood in a meaningful and lasting way. The majority of key informant interview respondents said the partnerships and HEAL activities will continue. Strong relationships have been built and the integrated way they work together will continue to exist in some form after the project funding ends. The structure might not be the same, but respondents said that continuing to receive grants will keep the momentum going.

Several interview respondents said that a major success was changes to the Commerce City Comprehensive Plan that can improve physical activity opportunities. This can create changes to streets, parks, and other places resulting in sustainable, long-term changes in the built environment. The LWCC partners seem poised to continue advocating for change as city implementation plans are created. One respondent put it this way: “To me, this is huge stuff. The movement is people. Now people embody the message and the work. They are empowered to continue it.” However, about half of the respondents were uncertain about whether the work will continue, largely due to concerns about whether funding will exist. As one person said, “It’s going to be tougher. Jurisdictions have no money to build, the economy is horrible, but the onus is on us to say this is important.”

“The capacity has grown hugely...The school district has built a significant number of partnerships and been able to do major reforms—school meals, strengthened wellness policy, improve amount of physical activity—it was really a result of LiveWell planting these seeds.”

“The partnership will still exist. They’ll be working on Commerce City issues, they know who to call, people feel comfortable sharing opinions...they are coming with the best intentions, focused on action, measuring change, trying to address issues.”
IV. Results: Strategy and Population Level Change

The ultimate goal of LWCC is to produce population-level change. That is, a representative (i.e., randomly sampled) community resident could be expected to be eating more fresh produce and becoming more physically active as a result of the intervention. Strategy-level change was tracked for a key strategy to complement and inform the population-level measures. Population-level change was tracked using an automated telephone survey, youth surveys in schools and Body Mass Index data from Kaiser Permanente members.

Strategy Level Results

Strategy-level evaluations help us identify promising strategies in more detail or suggest ways to improve them. LWCC contracted with a public health consultant from Jiann-Ping Hsu College of Public Health at Georgia Southern University to conduct interviews in 2008 with LWCC Steering Committee members. The purpose was to understand their commitment to LWCC’s mission, and to capture their ideas and opinions about successes and how to enhance the effectiveness of the work to make HEAL related changes in Commerce City.

Eleven Steering Committee members were contacted via email and/or telephone. Nine people, representing nine agencies, agreed to be interviewed in face-to-face meetings or by telephone during the month of September in 2008.

Findings indicated that all respondents were committed to LWCC’s mission. Examples of accomplishments mentioned included:

- Engaging neighborhoods and conducting the walkability assessments
- Developing policy documents related to land use
- Educating children about safe routes to school
- Increasing the availability of nutritious foods in school
- Integrating HEAL into after school programs
- Offering physical activity events and changing food sold in stores at Adams City Middle School
- Holding health fairs, Derby Days and food pantries throughout Commerce City
- Receiving the “Outstanding Model” for the Healthiest Community Award for Commerce City given by the Metro Denver Health and Wellness Commission

Some of the barriers to achieving HEAL goals included making HEAL a top priority for residents and government agencies, dealing with personnel turnover at agencies and schools, and dealing with the mistrust of outsiders among residents and business owners. Recommendations for making improvements included increasing LWCC communications, forming small working groups to address specific topic areas, celebrating milestone achievements, and engaging more residents of all ages in planning and implementing activities.
Population Level Results

Population-level surveys of adults were conducted to see if there were broad-based improvements in food and physical activity behavior outcomes. However, given LWCC’s focus on policy change and environment improvements, which generally require more time to achieve impact, widespread changes in population measures were not expected. Detailed results are shown below.

Surveying Adults—Interactive Voice Response

Interactive Voice Response or IVR is an automated approach to phone surveying. In IVR surveys, a recorded voice programmed by computer asks the questions rather than a live person. Names and phone numbers are obtained from a commercial list company for everyone with a listed phone number and address. Unlisted numbers and cell phones are not called. Community members whose numbers have been selected are notified in advance via postcard that they have been selected and that they may opt out by calling a telephone number on the postcard. They are also eligible to be entered into a drawing for a prize, an incentive to complete the survey.

The main advantage of IVR surveys is that they can be less expensive than other survey methods—once the programming is done a whole list of people can be called at virtually no additional cost. The method also provides an opportunity to get community-specific, micro-level data and track it over time; and to customize the survey to include the community’s own questions. The main disadvantage is that people are much less likely to respond to them than to a live person. The lower response rates (approximately 15% of those eligible to be interviewed) mean that the people surveyed may be less representative of the entire community.

Table 2 shows results collected in 2006 and in 2011 in the Commerce City neighborhoods. About one third of respondents (34%) reported eating five fruits and vegetables per day in 2006, and this increased slightly to 38% in 2011. Thirty eight percent reported they were exercising the recommended amount in 2006, and this remained steady in 2011, with 39% of respondents who reported exercising the recommended amount. Also of note, the initiative awareness measures trended slightly higher from 2006 to 2011. Twenty-one percent said they had heard of the LWCC initiative in 2006 and this increased slightly to 26% in 2011. About a third of respondents (34%) reporting that they had seen healthy changes in the community in 2006 and this increased to 37% in 2011.
Table 2. IVR survey responses: Initiative awareness, diet, physical activity, overweight\textsuperscript{a}

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total N (any responses)</strong></td>
<td>305</td>
<td>113</td>
</tr>
<tr>
<td><strong>Initiative awareness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heard of the LWCC</td>
<td>21%</td>
<td>26%</td>
</tr>
<tr>
<td>Seen healthy changes in the community</td>
<td>34%</td>
<td>37%</td>
</tr>
<tr>
<td>Participated in the LWCC programs</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Diet/nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat 5+ fruits &amp; vegetables/day</td>
<td>34%</td>
<td>38%</td>
</tr>
<tr>
<td>Mean number of fruits &amp; vegetables</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommended level\textsuperscript{b}</td>
<td>38%</td>
<td>39%</td>
</tr>
<tr>
<td>Some activity</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td>No activity</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Body Mass Index (BMI)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal weight (BMI &lt;25)</td>
<td>29%</td>
<td>33%</td>
</tr>
<tr>
<td>Overweight (BMI 25-29.9)</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Obese (BMI ≥30)</td>
<td>33%</td>
<td>30%</td>
</tr>
</tbody>
</table>

\textsuperscript{a}No significant differences (p<.05) were found between baseline and follow-up responses.

\textsuperscript{b}Recommended level is moderate exercise 5/week, 30 minutes/occasion OR vigorous exercise 3 days/week, 20 minutes/occasion.

Surveying Youth—School Surveys

Youth HEAL behaviors were measured using a self-administered survey conducted in the 7th and 9th grades at a middle and a high school located within the historic area of Commerce City. Surveys were conducted with these grades because older students are better able to complete questionnaires about eating and physical activity behaviors than younger children.

Baseline surveys were conducted among 7th and 9th graders in fall 2007, early in the implementation of the LWCC strategies. A follow-up survey was conducted in the same grades (but different respondents than at baseline) in fall 2011. The survey results shown in Table 3 are trends in HEAL behaviors among 7th and 9th grade youth attending two schools in Commerce City. The difference in students’ responses illustrate some positive trends among 7th and 9th grade youth in those two schools, and can be used to target future strategies in areas needing improvement.

Table 3 gives examples of questions asked on the survey along with baseline and follow-up results from two schools (one middle school and one high school). Perceptions about the neighborhood—how easy it is to buy fresh produce, feeling safe, believing there are safe places to walk or bike—significantly increased from 2007 to 2011 among 9th graders attending the high school.
Many more 7th graders from the middle school thought that the school lunch was healthy (from 22% in 2007 to 48% in 2011), although fewer 9th graders at the high school thought that school lunch tasted good (from 32% of them in 2007 to only 18% in 2011). More 9th graders thought the food in vending machines was healthy—almost a third of them (31%) thought that in 2011, compared to only 20% of 9th graders in 2007.

Reported consumption of fruits and vegetables among 7th and 9th grade students in the two schools that were surveyed tended to remain about the same. However, one significant finding is the change in students reporting that they ate candy or sweets the previous day. In 2007, 100% of the both 7th and 9th grade students said they did so, but almost 20% fewer students reported this in 2011 (dropped to 82% of 7th graders and 83% of 9th graders at follow-up).

Table 3. School survey baseline and follow-up: diet, physical activity

<table>
<thead>
<tr>
<th></th>
<th>7th graders</th>
<th>9th graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total N (any responses)</td>
<td>179</td>
<td>199</td>
</tr>
<tr>
<td>Perceptions about neighborhood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is easy to find a place to buy fruits and vegetables</td>
<td>49%</td>
<td>54%</td>
</tr>
<tr>
<td>It is easy to find a place to buy candy, soda, sweets</td>
<td>77%</td>
<td>79%</td>
</tr>
<tr>
<td>I feel safe outdoors in my neighborhood</td>
<td>63%</td>
<td>69%</td>
</tr>
<tr>
<td>There are safe places to walk or ride a bike</td>
<td>73%</td>
<td>68%</td>
</tr>
<tr>
<td>I like to go to places in neighborhood to do physical activity</td>
<td>54%</td>
<td>51%</td>
</tr>
<tr>
<td>Perceptions about school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School lunch is healthy</td>
<td>22%</td>
<td>48%</td>
</tr>
<tr>
<td>School lunch tastes good</td>
<td>30%</td>
<td>23%</td>
</tr>
<tr>
<td>Foods sold in school vending/stores are healthy</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>I am given candy/sweets few times a year or more</td>
<td>76%</td>
<td>82%</td>
</tr>
<tr>
<td>I take PE year round</td>
<td>3%</td>
<td>75%</td>
</tr>
<tr>
<td>I learned about healthy food in a class</td>
<td>41%</td>
<td>30%</td>
</tr>
<tr>
<td>Eating behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ate 5 servings of fruits and vegetables yesterday</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>Ate fast food 2 or more times in last 7 days</td>
<td>40%</td>
<td>46%</td>
</tr>
<tr>
<td>Ate candy or sweets yesterday any place</td>
<td>100%</td>
<td>82%</td>
</tr>
<tr>
<td>Activity behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I walked or biked to/from school yesterday</td>
<td>19%</td>
<td>26%</td>
</tr>
<tr>
<td>I spent 20 min. or more doing vigorous activity yesterday</td>
<td>59%</td>
<td>46%</td>
</tr>
<tr>
<td>I was physically active at a park or field outside school in the last 7 days</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>I watched programs on a TV or computer for 2 or more hours yesterday</td>
<td>33%</td>
<td>34%</td>
</tr>
</tbody>
</table>

aSignificant difference between baseline and follow-up response (p<.05)
KP Member Data

Another source of information about long-term population-level trends in healthy eating and active living is clinical data on Kaiser Permanente (KP) members. In many LiveWell communities, KP members make up a big percentage of the population. In Commerce City there are approximately 3,600 adult KP members—20% of the ages 18 and older population adults. Therefore, tracking changes among KP members gives a rough estimate of changes going on in the community as a whole.

Another advantage of using the KP member data is that it also provides comparison data on KP members not living within the LiveWell community boundaries. By selecting comparison neighborhoods that have similar demographics (ethnicity and income), chances of separating out the long-term effect of the LiveWell community on health status and behavior are increased.

A key measure for evaluating HEAL strategies in the KP member data is Body Mass Index (BMI), a measure of weight status that takes into account both height and weight. An adult with a BMI score greater than 30 is usually considered obese. Figure 7 shows trends in mean BMI from 2007 to 2010, comparing Commerce City to areas with similar demographics in the rest of Adams County. Results are presented for mean BMI for adults. Comparison census tracts were selected from the same county, matching as closely as possible on income and ethnicity. Enough comparison tracts were selected to produce a roughly two to one KP member population ratio, comparison to intervention.

Results showed no change in the adult mean BMI in Commerce City versus controls from 2007 to 2010 (29.8 in 2007, 29.8 in 2010). Adult mean BMI was slightly lower in the comparison group, which also showed little change in the rate over time.

Figure 10. Adult Body Mass Index (BMI) among Park Hill KP members vs. comparison neighborhoods

\[\text{Commerce City } N = 2,564 \text{ (2007); } N = 3,579 \text{ (2010)}\]

\[\text{Comparison } N = 7,763 \text{ (2007); } N = 10,912 \text{ (2010)}\]
V. Challenges, Lessons Learned

A number of challenges arose in the process of implementing the HEAL work in Commerce City. The lessons learned in responding to these challenges may be useful for other communities undertaking similar initiatives. Information about challenges came from interviews with LWCC partners and residents describing overall challenges and lessons learned from implemented strategies, and from the results of the evaluation.

Respondents mentioned several challenges they worked to overcome during the LWCC project. About 40% of the people said there were cultural challenges in the community, for example, recent immigrants learning to access services and understand community dynamics, and a very transient population. About a third of the respondents mentioned concerns about funding, especially the capital funds needed to make street corridor improvements. Here is a summary of the major challenges faced by LWCC:

Building support for HEAL. Structuring solid support for HEAL issues took time. There were several areas that were difficult. First, the community culture and social dynamics required considerable outreach to residents, frequently new immigrants. It was also hard to explain how health is linked to issues in the community. It was especially challenging connecting land use with health. In addition, gaining traction in the school district took a long time. Schools face numerous demands with very little funding, so a wellness coordinator was hired and mini-grants were issued to initiate a relationship. Overall, these challenges were addressed by including well-known and trusted people in the community to build bridges and increase trust. An awareness about HEAL issues grew over time, helped by LWCC being visible, committed and involved.

Focusing the work. The LWCC coordinator initially tried to manage 30 strategies, with partners choosing different things to work on and everyone doing their own thing. Eventually, they collaborated on a clearer plan for how the work would be driven—coordinator versus the steering committee—and communication structures were put in place. This began to move the work. Teams eventually emerged, and a regional approach developed to help organize issues and find ways to overcome barriers.

Maintaining funding. Finding future funding was a concern to about a third of the interview respondents. They said it takes a lot of money to do a formal planning process at the city level. This will be particularly important in the future when city implementation plans will be developed, based on the plans that have been approved that now include health elements. One person said, “Partnerships bring people together, which has been an invaluable resource, but you still need dollars to sustain it.”

Communications. A few respondents mentioned that it is hard to find creative ways to continue simple communications about HEAL messages. One person suggested making connections with people who are ready to hear the message and put it into action. However, some acknowledged that it takes “continuing to show up—you have got to stay there with the messaging.” Regarding communications between LWCC and LiveWell Colorado, the funding organization, some suggested that a little more structure would be helpful, and a better understanding of the tension between theory of change and the challenges of community level change.
VI. Conclusions

LiveWell Commerce City created a model based on strong partnerships, resident engagement and capacity building to create long-lasting policy changes that support healthy eating and active living. Commerce City, located just northeast of Denver, grew fast in some areas of the city over the last decade, while industry and interstates still pass through historic neighborhoods in need of revitalization. Initially coordinated out of the health department, LWCC moved to a small nonprofit, Partnerships for Healthy Communities, who coordinated the effort in the second half of the project. Together with partners, they created teams that shared progress and aligned their strategies at steering committee meetings. They are optimistic that the teams, a few now self-managed by other agencies, will continue past the LiveWell grant funding.

The foundation for the LWCC accomplishments was built in the early years through persistent involvement and outreach to residents. Residents were invited to participate in the assessment and advocacy process. Strong partners in city and county agencies, especially the city planning department and the local health department, provided substantial guidance about how to add health elements to several city development plans. The school district approved a district wellness policy and changed several HEAL-related practices in their schools. Key stakeholders included the Tri-County Health Department, Commerce City Community Development and Parks and Recreation Departments, Community Enterprise, Adams 14 School District, and residents from the IMAGINE Coalition, among others. Together they influenced public and organizational policies to change neighborhood and school environments. Several of these changes were both relatively high dose (i.e., reach large numbers of people with interventions of sufficient strength) and sustainable beyond the period of grant funding.

The two sustainable strategies with the greatest potential reach and impact were neighborhood and school strategies that changed those environments—new city plans adding health elements that can increase the opportunities for safe walking and biking and healthier food served to children every day in schools. Both are lasting, sustainable contributions to the Commerce City environments to support healthy opportunities to eat well and live an active life.

Other strategies to increase healthy eating and active living in Commerce City included nutrition and physical activity promotions, and events and classes for residents and children at school. Wellness teams greatly expanded throughout the school district helping increase health education and physical activity opportunities in schools, and gardening and cooking education, to name a few.

“I’m really impressed with the people I’ve worked with and I think it’s absolutely essential that their work continues.”
LWCC partners helped stakeholders and residents understand how health can be affected by city plans and school operations. Through early awareness building and resident engagement in walkability/bikeability assessments, and HEAL program offerings to residents, support grew for changes to city streets, neighborhood destinations and schools. Approximately 5,700 children were reached through school-based changes to food, nutrition and physical education opportunities; and it is estimated that over 10% of the approximately 27,000 people living in the historic Commerce City neighborhoods were touched by HEAL programs and changes to the physical activity environment. More sustainable changes are likely to have an effect in the future as city policy changes work their way into the implementation phase, reaching increasing numbers of residents. The two highest reach and strength strategies implemented by LWCC—the changes to the Comprehensive Plan and school wellness policy changes—may result in measurable improvements in nutrition and physical activity behaviors in the future.

“There is increased awareness and change in our policy makers. Whenever we have a new project coming online, it will always become part of the planning process now, with a healthy living aspect to it.”