West Modesto/King Kennedy Neighborhood Collaborative Community Health Initiative

Summary Report
Progress and Accomplishments 2006-2010

Prepared by the Center for Community Health and Evaluation
West Modesto/King Kennedy Neighborhood Collaborative Community Health Initiative

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Kaiser Permanente Community Health Initiative

The West Modesto/King Kennedy Neighborhood Collaborative described in this report is one of three initiatives in Northern California that are part of the 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 Kaiser Permanente. The thematic focus is “Healthy Eating, Active Living”—promoting improvements in nutrition and physical activity and reductions in overweight/obesity. Over 30 communities in five KP regions have active CHI efforts under way.

Report prepared by:

Center for Community Health and Evaluation
Part of Group Health Research Institute
www.cche.org
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HEAL-CHI in Northern California:
WEST MODESTO
Stanislaus County
Executive Summary

Community Description

The West Modesto/King Kennedy Neighborhood Collaborative promoted healthy eating and active living within the area of West Modesto. West Modesto is a diverse low-income community that is 50% Latino, with more than 80% of students receiving free or reduced lunches.

The Collaborative is the lead organization for the Healthy Eating Active Living Community Health Initiative (HEAL-CHI) work in West Modesto. The Collaborative has been in existence for over 15 years, and partners include local businesses, city and county government, and members of the community. For the HEAL-CHI effort, additional key partners include the Health Services Agency, Modesto City Schools and the City of Modesto Parks, Recreation and Neighborhoods Department.

Community Change Strategies and Accomplishments

The Collaborative is one of three Northern California HEAL-CHI sites funded in 2006 for $1.5 million, for five years. The HEAL-CHI approach in Northern California assumed that multisectoral, multilevel interventions would have the greatest chance of producing long-term changes in HEAL outcomes.

The Collaborative, like all three Northern California HEAL-CHI sites, worked in four community sectors (school, worksite, health care, and neighborhood), with strategies targeting policies, programs and the environment. Its goals were to increase healthy eating and physical activity in the community, home, and school by engaging health care providers, employers, and residents to improve healthy food and physical activity accessibility.

The Collaborative created a Community Action Plan with 25 HEAL-promoting strategies, of which 20 were implemented successfully. These included policy changes in health clinics to establish BMI and breastfeeding screening and counseling; work with schools to implement and monitor state policies to improve school lunch and meet PE standards; and contributing to the passage of worksite wellness policies. Successful environmental change strategies included working with corner stores to sell fresh produce and creating a youth led farmers’ market. Implemented programs included adding regular exercise into after-school programs and creating a walking school bus to encourage walking to school. Finally, it used a number of approaches to promote the HEAL message, including billboards, news articles, school events, and advertisements.
Five of the 19 implemented strategies were relatively “high dose,” meaning a combination of a relatively high number of people reached and the relatively high strength of the strategy (the likelihood of a behavioral impact on the people reached). The two highest dose (high reach, high strength) strategies were school-based—changes in school cafeteria and vending machine policies and the after-school physical activity programs. Other strategies that were relatively high reach and high strength included the farmer’s market, clinic breastfeeding policies, and worksite health promotion efforts.

A number of strategy-level evaluations were conducted to verify the strength of the intervention strategies. School-based surveys confirmed that the after-school physical activity program increased students’ daily amount of exercise. The percentage of 5th and 9th graders in the Healthy Fitness Zone for aerobic capacity also showed improvements between measures in 2007 and 2010. Surveys of grocery store owners showed their sales of fresh produce increased 20% to 80% as a result of their work with the collaborative. Sixty percent of patrons surveyed at the farmers’ market reported that their consumption of fruit and vegetables had increased as a result of shopping at the market.

Eleven of the 19 implemented strategies are likely to be sustained. Sustainability can occur through organizational policy changes that have been formally adopted, programs that have identified ongoing resources to support them, or environmental changes that can be maintained over time. Sustainable strategies include policies and programs in health clinics, menu and meal changes at the schools, the walking school bus program (now with administrative support from the school), and planned Safe Routes to School built environment changes.

**Conclusions**
The West Modesto/King Kennedy Neighborhood Collaborative implemented several sustainable policy and environmental changes, particularly in schools. The school changes have the potential to reach a large number of students on a regular basis and have enough resources and administrative support within the school district to be sustained over time. The Collaborative itself remains strong, with committed participation from residents and community-based organizations that will continue to move forward the community changes begun during the HEAL-CHI initiative.
I. Community Description

The West Modesto/King Kennedy Neighborhood Collaborative promoted healthy eating and active living within the area of West Modesto, which encompasses approximately eight square miles within the City of Modesto. This area is bounded by Blue Gum Avenue on the north side, on the west by Carpenter Road, Kansas Avenue and North Dakota Avenue, on the east by 9th Street, and on the south by the Tuolumne River.

West Modesto has an ethnic composition of 48% Latino, 34% White, 8% Asian, and 5% African American. The median household income is $34,000, about 15% lower than the rest of the city of Modesto. The area has a 44% monolingual Spanish-speaking population, almost double that of California and more than double the 17% in the City of Modesto overall. All seven elementary schools located within West Modesto had more than 80% of students receiving free or reduced price meals.

Table 1. Community Demographics — West Modesto

<table>
<thead>
<tr>
<th>Demographics</th>
<th>West Modesto</th>
<th>Other Modesto</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>38,400</td>
<td>243,800</td>
</tr>
<tr>
<td>% White</td>
<td>34%</td>
<td>58%</td>
</tr>
<tr>
<td>% Latino</td>
<td>48%</td>
<td>30%</td>
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<td>% African American</td>
<td>5%</td>
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<tr>
<td>% Asian</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>% Other</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Median household income</td>
<td>$34,000</td>
<td>$40,878</td>
</tr>
</tbody>
</table>

Source: 2000 Census
II. Community Collaborative: History and Structure

The West Modesto/King Kennedy Neighborhood Collaborative is the lead organization for the Healthy Eating Active Living Community Health Initiative (HEAL-CHI) work in West Modesto. It has been in existence since 1991 and oversees the coordination and implementation of numerous projects and services with a variety of partners. Funded first under a Sierra Health Foundation Community Partnership for Healthy Children Initiative grant, the Collaborative performs extensive outreach with parents, youth, educators, school administrators, city officials, religious representatives, businesses, government agencies, civic associations, and community members.

Kaiser Permanente provided $1.5 million in total funding for a nine-month planning year in 2006, followed by four years of implementation, 2007-2010. For the HEAL-CHI effort, key partners included the Health Services Agency, Modesto City Schools, and the City of Modesto Parks, Recreation and Neighborhoods Department.

The Collaborative’s Executive Board is comprised of leaders chosen from the community who serve as Chair, Vice Chair, and Secretary. The Board makes decisions with direction from the community. Specific decisions are made by a subset of people, depending on the issue. They try to reach a balance between being democratic and gathering resident input and making timely decisions.

In winter 2007 and summer 2010, interviews were conducted with 19 and 8 Collaborative members and residents respectively, in order to better understand the work of the Collaborative. 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 the West Modesto/King Kennedy Neighborhood Collaborative HEAL-CHI Initiative was to create an environment that supports healthy eating and physical activity through:

- Achieving policy changes that increase children’s opportunities for healthy eating and activity in the community, at home and school
- Engaging health care providers, employers and residents to improve healthy food accessibility and physical activity

The Collaborative was committed to this vision and had the means to carry it out because of its longstanding reputation for representing the community. As one interview respondent said, “We’re all on the same page. Obesity is an epidemic. The fact is we really needed to reclaim our neighborhood and our health. Everybody wanted to do something about it.”

Process

The Collaborative began with a planning process and maintained links to community interests and needs throughout the project. It conducted surveys and outreach in the community to make sure it represented the needs of the neighborhood. One key to its success was getting youth involved. “Every time there’s been a large system change, youth have to be actively involved. They are the next generation. They have the wherewithall to change the subculture with their peers, and change their parents’ views about HEAL.”

The Collaborative initially planned over 20 individual strategies. The first two years of implementation were spent launching these projects. Over time the Collaborative changed or stopped some strategies that did not seem scalable or sustainable. For example, they engaged women with young children to grow their own produce in their yards and sell the crop at a newly created farmers’ market. However, this program reached just a small number of families and there was little excess yield from backyard gardens to create a market.

The Collaborative and its partners found working on policy and environment changes challenging, encountering many bureaucratic roadblocks. The land targeted for a walking trail had numerous land use and legal issues. It took 18 months just to learn the language, navigate the landscape, and identify the right people to work with—much longer than the Collaborative thought it would take. But it learned that persistence pays
off. “We took small bites and kept chipping away at it. It is the way to overcome challenges.”

In the last years of the Initiative, the Collaborative began to see the benefits of its early efforts to make organizational and agency policy changes. Many strategies, especially those in the school setting, now have a good chance of being sustained because of its policy efforts. As one respondent said, “Until policy changes at a higher level, it’s not sustainable.”

**Community Change Strategies**

The HEAL-CHI approach in Northern California assumed that multisectoral, multilevel interventions have the greatest chance of producing long-term changes in HEAL outcomes. Multisectoral interventions targeted all major sectors of the community including: schools, worksites, health care settings, and the overall neighborhood. Multilevel interventions attempted to influence behavior at the program, environment, and policy levels.

Figure 1 briefly lists the key Collaborative strategies according to the levels of the ecological model for health promotion, where 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 model, focusing on the outer rings of policy and environmental changes, which was the goal of the Initiative, has the potential for greater impact and sustainability using potentially fewer resources.

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Figure 1. West Modesto/King Kennedy Neighborhood Collaborative key strategies

- Neighborhood advisory group
- Worksite resource guide
- Breastfeeding policy
- BMI vital sign in clinics
- School menu changes
- Standards-based PE
- Local produce market
- Farmers’ market
- Store healthy produce program
- Walking school bus, Walk to School Day
- BMI, breastfeeding counseling
- PA in after-school programs
- Community promotion programs
Policy Strategies

The West Modesto/King Kennedy Neighborhood Collaborative policy strategies centered on making changes in school and health care clinic organizational policies. The Collaborative established strong relationships with both schools and health clinics that facilitated the changes and will help insure their sustainability. The following is a brief description of the policy-oriented strategies:

- **BMI as a vital sign.** Insured that all patients in local community clinics had their height and weight measured at each visit through provider education and training and referral system development (reached over 7,500 clinic patients).

- **Breastfeeding policy.** Implemented policies to promote breastfeeding in clinics, educated patients and clinic employees on the value of breastfeeding, and built capacity for more certified lactation specialists. Documented rates of exclusive breastfeeding from 7.7% in January 2005 to 20.2% in November 2009 (reached 900 staff and patients).

- **School menu standards.** Improved school meal/menu program during and after school to ensure meal compliance with nutritional standards and needs. Improved menu offerings and ingredients (e.g., added salad bars, changed to baked fries, whole wheat flour, etc). Expanded Universal Breakfast to five schools. Monitored compliance of policies for healthy fundraising, healthy vending, and alternative classroom rewards and incentives (reached over 7,700 students).

- **PE standards.** Implemented, at five elementary schools, the California standards-based physical activity curriculum and Game Days during school (reached 3,450 students).

- **Worksite wellness.** Worked with employers to adopt and implement worksite HEAL policies in the workplace; all county departments now have a worksite wellness coordinator. Received the worksite wellness bronze award for its accomplishments. (reached 4,000 employees in several worksites).
Environmental Change Strategies

The West Modesto/King Kennedy Neighborhood Collaborative environment strategies focused on expanding the availability of produce for neighborhood residents. These strategies included:

- **Corner market produce.** Implemented a grocery store Healthy Produce Basket project in neighborhood stores. Provided owners with educational materials and free produce in a basket and worked to identify ways to maintain the flow of produce. Some stores began purchasing from distributors. Worked with youth to provide free produce deliveries to these stores from unsold farmers’ market products to assist stores build a customer base for fresh fruits and vegetables (reached 4200 residents).

- **Resident gardens.** Local women from the Healthy Birth Outcome (HBO) Project grew produce in their backyards. Piloted selling excess produce at a stand in the park with the intention of creating a farmer’s market (reached 160 residents).

- **Farmer's market.** Organized and developed a four-month annual certified farmers’ market in West Modesto. Worked with Heifer International, a local organization that donated farm land and staff, and Project Uplift, a youth development project, to train youth to grow and sell organic produce with other vendors (reached 625 residents).

Programmatic Strategies

The West Modesto/King Kennedy Neighborhood Collaborative implemented a number of significant programmatic strategies in schools and health care clinics that are likely to be sustained because of the institutional relationships developed. These included:

- **After-school physical activity.** Implemented a number of programs to increase the amount of exercise students get in after-school programs, including the SPARK curriculum (offered daily), Powerplay (offered three times per week), and “Walk It Out” (offered three times per week). Increased daily after-school activity time from 15% to 45% (reached 1800 students).

- **Walking school bus.** Created a walking school bus at one school that increased the number of students walking approximately one-
half mile to school each day. Increased safety awareness through adult supervision, influenced traffic abatement, and reduced student tardiness (75 students walking daily).

- **BMI counseling.** Developed a routine counseling system to promote weight reduction among patients identified as being overweight in health care clinics (reached 140 patients).

In addition to these programs, the West Modesto/King Kennedy Neighborhood Collaborative had a number of promotional programs to increase the awareness of the importance of HEAL:

- **Youth awareness.** Promoted student awareness of the importance of healthy eating and physical activity through the Educational Theater Program, Walk to School assemblies and other events (reached 2080 students).

- **Community awareness of safe physical activity programs.** Developed healthy messages for partners to insert into flyers, newsletters, bus ads, billboards, articles in local newspaper, and events (reached 17,000 residents).

- **Worksite wellness promotion.** Developed and implemented worksite wellness programs to decrease consumption of unhealthy foods and beverages and promote physical activity among employees. Received a state worksite wellness bronze award for its accomplishments (reached 4,000 employees in several worksites).

**Capacity Building Strategies**

The West Modesto/King Kennedy Neighborhood Collaborative is a strong grassroots organization with a long history of working to promote health in its community. Its main capacity building effort was the creation of a Neighborhood Advisory Group:

- **Neighborhood Advisory Group.** Created to insure that resident input was adequately included and to act as an advocacy body on food and physical activity policies in schools and the neighborhood.
The West Modesto/King Kennedy Neighborhood Collaborative, like all three Northern California HEAL-CHI sites, worked in four community sectors, with numerous strategies and activities targeting the different levels of change via programs, policy, and environment.

Figures 2-6 give a graphical picture of the types of strategies that were pursued by the Collaborative. Figure 2 shows the breakdown of the 24 strategies by the health target area focus. The strategy health target areas for West Modesto/King Kennedy Neighborhood Collaborative are divided between primarily nutrition (29%), physical activity (38%), or both nutrition and physical activity (33%). Figure 2 also shows the breakdown of strategies by sector. Two-thirds of the strategies are in either the school (37%) or neighborhood (29%) sectors, with another 17% in health care, and 13% in worksite sectors.

Figure 2. Distribution of the West Modesto/King Kennedy Neighborhood Collaborative strategies, by sector and health target (n=24)*

*Does not include one planned strategy
Figure 3 shows the breakdown of strategies by objective. The majority of strategies were programmatic (33%) and policy change (33%) at the organizational level (e.g., changing school or health care clinic policies), and another 21% were focused on environmental change.

**Figure 3. Distribution of the West Modesto/King Kennedy Neighborhood Collaborative strategies, by objective (n=24)**

- **Policy change**: 33%
- **Programs**: 33%
- **Environmental change**: 21%
- **Capacity building**: 13%

*Does not include one planned strategy

Figure 4 shows the breakdown of the West Modesto/King Kennedy Neighborhood Collaborative by whether they were implemented and/or sustained. A total of 25 strategies were planned and implemented over the course of the initiative. Nineteen of the strategies were implemented successfully at the end of the Initiative, and out of these, 11 are possibly sustainable. These sustainable strategies included:

- Policies and programs implemented in health clinics to provide breastfeeding support
- Menu and meal changes at schools including salad bars, universal breakfast, and healthier vending machines
- The walking school bus program at Franklin Elementary School
- Safe Routes to School built environment changes
Figure 4. Distribution of the West Modesto/King Kennedy Neighborhood Collaborative strategies, by status

![Distribution of the West Modesto/King Kennedy Neighborhood Collaborative strategies, by status](image)

*CAP = Community Action Plan

Figure 5 shows the reach penetration of strategies in two of the largest sectors. The penetration of both nutrition and physical activity environmental changes was much higher in the school sector. For example, all of the students were reached by the cafeteria menu changes while 13% of the 38,400 residents in the neighborhood were reached by the healthy corner store and farmers’ market interventions.

The highest reach environmental strategies in the school or neighborhood sector were:

- School cafeteria menu changes and implementation of PE standards in school and after school
- Healthy corner store interventions
Examining the number of people reached by the Collaborative’s strategies helps to describe the extent to which the target population was 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 16 fully implemented strategies (does not include 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 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 and put into three categories—high, medium, and low, shown in the Figure 6.

Approximately eight of the Collaborative strategies are relatively high reach, three are high strength, and five (see green box in Figure 6), or about 30%, are both medium-high, i.e., high dose.
The two highest dose (high reach, high strength) strategies were school-based—changes in school cafeteria and vending machine policies and the after-school physical activity programs. Other strategies that were relatively high reach and high strength included the farmers’ market, clinic breastfeeding policies, and the worksite health promotion efforts.

**Figure 6. Number of the West Modesto/King Kennedy Neighborhood Collaborative strategies and potential impact**
Picture a group of adult mentors from Modesto, California, traveling out of town with group of teenagers. They are all part of a mentoring program, called Project UPLIFT. At a quick stop for lunch, the teenagers—the teenagers, not the adults—are discussing the calorie counts and nutritional merits of various sandwiches and salads on the menu at a roadside restaurant. Their discussion is so passionate that one of the adults, on the verge of ordering a decadent fried fish sandwich, decides he’d better opt for a healthier version.

The nutritional savvy among youth developed over time, starting with a community assessment several years ago, when residents of West Modesto said that having a local farmers’ market was a top priority. Downtown Modesto had a farmers’ market, but the produce was pricey and it was located four miles away—too far from West Modesto to conveniently add local produce to their neighborhood grocery shopping every week.

In response, Carole Collins, Program Manager of the West Modesto Healthy Eating Active Living (HEAL) Collaborative, started exploring the options, trying to identify some local farmers and vendors to launch a more local market. Many were skittish, worried about crime and about the Collaborative’s interest in keeping prices as low as possible in the low-income neighborhood. Despite these perceived barriers, a few farmers did sign on. Among those who responded was Heifer International, a nonprofit that fights poverty worldwide and owns and operates tracts of farmland in nearby Ceres. Besides selling their produce at the market, they wondered, “was there anything else we could do to help?”

This query led to a partnership with the mentoring program called Project UPLIFT, which helped connect a dozen urban kids to the land around them. At first, recalls John Ervin, Project UPLIFT’s founder and CEO, the teenagers were reluctant participants. To them, farming seemed like dirty and unappealing work.

Gradually, however, they developed an appreciation for the farm and the produce they were helping to grow—and for the work experience they gained. One young man even joined the Future Farmers of America and is taking an agricultural mechanics class. During the summer, some students received hourly stipends for their work. Through the year, many volunteered to stay on top of weeding and other tasks needed. They learned about growing and harvesting organic produce, as well as irrigation systems. They also sold their produce at the farmers’ market and supplied small markets with produce—learning about marketing and entrepreneurial skills to increase their customer base. Over time, program staff knew they were onto something when some of the teenage participants brought their friends to show off the farm.

Some of the young farmers are now growing produce in their own back yards and porches, and many have tried to coax their own families into healthier eating patterns. “My mom buys more produce now,” says one, “because I tell her to buy it.” When there is extra produce, it is distributed to corner stores in the neighborhood, which the Collaborative has been working to turn into additional access points for healthier food items.

The Collaborative is concerned about sustaining the youth grower program, and they continue to seek new partners and other vendors to keep the farmers’ market going and the young people cycling through the farm. Youth are learning firsthand about the value of tasty, healthy fruits and vegetables along with life skills that can benefit them and their communities far into the future.
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 on 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 SHOWcD: 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 West Modesto

Two Photovoice projects were conducted in the Initiative. 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 HEAL-CHI efforts.

Time 1: A total of 14 West Modesto residents participated as photographers in the original Photovoice project in Spring 2007. The Photovoice pictures premiered in an art gallery-like setting during an Eat Well, Play Well and Be Well event. The exhibit inspired support for HEAL goals and the community response was powerful. Neighborhood residents, while viewing the images and narratives, engaged in discussion about the issues conveyed and identified what needs to be done about them. With over 600 people viewing the exhibit, it initiated a heightened awareness of HEAL-CHI projects and resident endorsement of the efforts under way. The Cultural Commissioner of the City of Modesto saw the photos and asked to meet with the West Modesto/King Kennedy Neighborhood Collaborative to discuss the potential for future exhibitions. Photos were also displayed at the stakeholders meeting held in July 2007. Comments from partner organizations were very positive. They expressed an interest in using the images to advocate for more healthy eating and active living opportunities throughout the neighborhood.

Photovoice images have been used in other ways to promote the Collaborative's goals. Several photos were used in a HEAL overview presentation to the Public Health Coordinators/Managers at the Stanislaus County Health Services Agency. Photos were also framed and displayed at the new Kaiser Permanente Hospital in September 2007. The Photovoice project was discussed on a local radio show and featured in an article in the Modesto Bee, the local newspaper. The Collaborative also incorporated the Photovoice images into a presentation for its capital campaign to build a...
new walking trail, a presentation to the Central California Regional Obesity Prevention Program (CCROPP), in meetings with the school district to expand the Walk It Out program to additional schools, and in talks with the Safe Communities Coalition to highlight its walking school bus work. The pictures and related captions highlighting barriers to health were also used in several CHI communities to successfully advocate for change.³

The Photovoice image below demonstrates the community's interest in improving their walking path.

Time 2: Creative methods were needed to document the environmental changes brought about by these interventions and to communicate the results to a range of audiences. An innovative way to apply Photovoice as a qualitative evaluation method was created and piloted. The method included asking members of the Collaborative to participate in a second round of photographs and captions to document changes to their community environment, to reflect on the potential impact of those changes and plan for future advocacy efforts.

In addition to the original Photovoice project participants, those most familiar with the accomplishments of the Collaborative were recruited in an attempt to capture the changes that were created as a result of the funding. Once people were trained on the adapted method, they were given cameras to take pictures that represented 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 the HEAL-CHI project? Why are these changes important to your community? What do we still need to do to create a HEAL community?

Findings

A total of seven Collaborative members and residents participated in the time 2 Photovoice project in the summer of 2010. Participants were asked to select their greatest achievements from among a list of accomplishments. Below are the accomplishments represented by the photographers. They chose:

- Increasing access to healthy food in the neighborhood, including farmers’ markets and corner stores

- Increasing access to physical activity in the neighborhood and schools, including a new walking trail, walking school buses, and physical activities for youth in schools and after school

- Creating youth development opportunities to grow and sell fresh produce in the community

- Increasing healthy messaging throughout community
The Photovoice photo below is an example of one of the top accomplishments of the Collaborative.

![2010 photo](image)

After school program students use Hula Hoops to be active and have fun. Being active increases overall health and well-being. Students must be able to have access to these opportunities in the future.

The photos on the next pages are examples from the community’s perspective of the changes in their community, using Photovoice to assess the impact of the project over time. The first photo illustrates a change in school meals affecting all school children. The subsequent photos illustrate changes to the built environment that were documented as a need in 2007. Over the course of the project, the Collaborative developed plans for a new walking trail linking schools, parks, and neighborhoods. As of 2010, the design plans have been drawn and the community is raising funds to build the trail.
Making school lunches healthy seemed farfetched but now are a reality. Children are now able to feed their brain and their stomach with good nutritious food.

In our neighborhood, children walk this trash laden path every day to get to school. In other Modesto neighborhoods this would be unacceptable. I ask myself, would this be acceptable for my child or loved one?
West Modesto residents view the design for the upcoming Helen White Memorial Trail that will promote physical activity and a safe route for to school for children.

This entrance to the canal is difficult to get to. Neighborhood children use this path everyday to get to school. Does this look inviting and welcoming to you? Lets clean up our neighborhood and be proud of our community.
Community Impact and Sustainability

For the West Modesto/King Kennedy Neighborhood Collaborative to produce measurable community-level change in outcomes such as healthier eating and increased physical activity, its interventions must reach a substantial fraction of community residents in West Modesto, which has a population of over 38,000. It has implemented several programs reaching a number of people. The Walk it Out after-school physical activity program has 1,800 participants (25% of the 7,163 students in the district). The worksite program is targeting 4,000 employees in businesses and the BMI screening and referrals in health care settings will affect 7,500 clinic visits per year. Finally, in the neighborhood the healthy corner store intervention is reaching 4,200 shoppers while the farmers’ market is reaching 625 patrons.

Sustainability of the effort will come in two ways. First, the Collaborative has demonstrated that it can sustain itself over a long period of time while continuing to generate new ideas and projects that benefit the neighborhood. Second, many of its projects have targeted organizational policy change, particularly in the schools and health care clinics, with the hope that new policies, programs, and practices can be embedded in the organizations and remain in place after KP funding ends.
IV. Results: Strategy and Population-Level Change

The ultimate goal of the West Modesto/King Kennedy Neighborhood Collaborative is to produce population-level change. That is, a representative (randomly sampled) community resident could be expected to be eating more fresh produce and becoming more physically active as a result of the intervention. Population-level change was tracked for adults using an automated telephone survey and, for youth, using a school-based survey. Strategy-level change was also tracked using various evaluation methods to capture results from key strategies to complement and inform the population-level measures.

Strategy-Level Results

Strategy-level evaluations help us understand the impacts of promising high dose strategies in more detail. Some of the school-based strategies could be evaluated using the school survey described below. Changes in variables related to school nutrition and physical activity in the Modesto schools were compared to results in comparison communities. The one significant finding was that students reporting exercising in after-school programs increased from 33% to 46%, likely as a result of high dose, after school physical activity programs that were implemented district-wide.

Tracking of fruits and vegetables grown at the Heifer International farm, sold at the farmers’ market and provided to the corner markets, was conducted during the summer of 2009. A total of 1320 pounds of 20 different fruits and vegetables (with greatest volumes of squash, tomatoes, cucumbers, onions, collards and eggplant) was grown at Heifer’s farm at Ceres with the help of the Project Uplift youth development group. Over 900 pounds of that produce were sold at the weekly farmers’ market at Mellis Park in a stand managed by Project Uplift youth. Three hundred and eighty-five pounds of produce were delivered to the corner markets and the HBO group.

A brief survey of the owners of the seven corner markets who worked with the Collaborative was conducted in January of 2011. On average the stores serve 600 customers each week. Most of the stores reported receiving some produce from Heifer but supplemented that with purchases from other distributors. Six of the seven stores reported displaying the produce primarily in a cooler and some supplemented that with a display at the front counter. One store that did not have a cooler displayed produce in boxes on the front counter. Changes made as a result of working with the Collaborative included the addition of a cooler, improving product placement to the front of the store where it is visible to customers, and improving the variety of fruits and vegetables sold. All of the owners reported increased produce sales between 20% and 80% as a result of their work with the Collaborative. The stores now sell between about $40 and $500 dollars of fruits and vegetables each week to their customers.
In September 2009, in collaboration with Project Uplift youth, shoppers were surveyed at the weekly farmers’ market at Mellis Park. More than half (59%) of the 41 respondents reported attending the West Modesto Farmers’ Market on a weekly basis and nearly three-quarters (71%) reported that they were purchasing fruits and vegetables on the day of their visit. Many cited convenience and favorable prices as their reasons for shopping at the market. One stated, “I like this farmers’ market because it is in my neighborhood and very convenient.” More than half (60%) said that as a result of purchasing at the market, the amount of produce they consumed weekly increased. Market shoppers reported buying produce for approximately four other people in their household. One individual surveyed shared, “I have an 18-month-old grandson that loves vegetables as a result of tasting fresh organic fruits and veggies. We eat more fruits and veggies and love supporting the program.” Suggested areas of improvement mentioned by several people surveyed included adding additional vendors, implementing food assistance programs such as Electronic Benefits Transfer (EBT) machines, and extending the season of the market beyond four months.

In July 2010, interviews were conducted with school representatives, parents, and other residents participating as school bus “drivers” in the walking school bus program at Franklin Elementary School. The program offered adult supervision while walking to school, developed in response to safety concerns including speeding traffic, stray dogs, bullying, and nearby drug houses. Seventy-five students regularly walk to and sometimes from school in small groups chaperoned by one of the adult drivers. An analysis of the 21 walking school bus routes showed that participating students walk an average of half a mile to or from school each day. The drivers were enthusiastic about their support of the program and described myriad benefits including:

- The district recognizing the program for making improvements in attendance and decreased tardiness
- Reports of reduced bullying and crime, including gang activity and drug dealing
- Reduced traffic congestion at the school.
Population-Level Results

Population-level surveys of youth and adults were conducted to see if there were broad-based improvements in food and physical activity behavior outcomes. However, given the Collaborative's focus on programs, which reach fewer people, and policy change and environment improvements, which generally require more time to achieve impact, widespread changes in population measures were not expected. Detailed results are displayed in Table 2 and Table 3, and have not shown many significant changes to date.

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 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—one 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 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 2007 and 2010 in the Collaborative neighborhood. In 2007, about 40% of the respondents reported eating five fruits and vegetables per day and exercising the recommended amount. By 2010, the percentage stayed the same for physical activity, but those reporting eating five fruits and vegetables per day rose to half of the respondents. However, none of the changes over time shown in the table exceeded the statistical margin of error (i.e., they should be interpreted as not changing).
### Table 2. IVR survey responses: Initiative awareness, diet, physical activity, overweight

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total N (any responses)</strong></td>
<td>404</td>
<td>143</td>
</tr>
<tr>
<td><strong>Initiative Awareness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heard of the HEAL Initiative</td>
<td>34%</td>
<td>26%</td>
</tr>
<tr>
<td>Seen healthy changes in the community</td>
<td>38%</td>
<td>39%</td>
</tr>
<tr>
<td>Participated in HEAL program</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Diet/Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat 5+ fruits and vegetables/day</td>
<td>44%</td>
<td>50%</td>
</tr>
<tr>
<td>Mean number of F&amp;V</td>
<td>4.4</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommended level *</td>
<td>40%</td>
<td>39%</td>
</tr>
<tr>
<td>Some activity</td>
<td>43%</td>
<td>49%</td>
</tr>
<tr>
<td>No activity</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Body Mass Index (BMI)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal weight (&lt;25)</td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td>Overweight (25-30)</td>
<td>30%</td>
<td>35%</td>
</tr>
<tr>
<td>Obese (30+)</td>
<td>41%</td>
<td>35%</td>
</tr>
</tbody>
</table>

*Note: 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 in the 7th and 9th grades at middle and high schools. Surveys for these ages were used because older students are better able to complete questionnaires about eating and physical activity behaviors than younger children.

Baseline surveys were conducted in spring 2007, early in the implementation of the Collaborative strategies. Follow-up surveys were conducted in spring 2010. By the end of the project, many of the Collaborative’s school strategies were successfully implemented in elementary schools, but fewer were implemented in middle and high school settings. Therefore, the survey results shown in Table 3 represent trends in HEAL behaviors among youth attending schools and after-school programs in the neighborhood, but do not reflect exposure to all the school strategies carried out by the Collaborative. Results do illustrate some positive trends among youth in the neighborhood, 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). At baseline in 2007, approximately 60% of students reported exercising vigorously for 20 minutes or more (61% of 7th graders and 60% of 9th graders). By 2010, these percentages were slightly higher for 7th graders (67%), but stayed the same for 9th graders.

Sixty percent of 7th graders reported walking or biking to school in 2007. That number dropped to 47% by 2010. Around 40% of 9th graders reported walking or biking to school in both 2007 and 2010. Safety did not appear to be a contributing factor—about 60% of 7th and 9th graders consistently reported at baseline and follow-up that there are safe places to walk or ride a bike and they feel safe outdoors in their neighborhood.

About a third of students reported eating five or more servings of fruits and vegetables (34% of 7th graders and 31% of 9th graders); this percentage remained fairly consistent from baseline to follow-up. Perceptions about the health and taste of school lunch were consistent among 7th graders. About one-third thought school lunch was healthy and over 40% thought it tasted good. On a positive note, only about a quarter of the 9th graders thought school lunch was healthy at baseline, but over a third of the 9th graders thought school lunch was healthy at follow-up.

Several trends among high school students moved in a negative direction between baseline and follow-up. More 9th graders reported that it was easy to buy candy, soda, sweets (78% baseline, 84% follow-up). Fewer said they liked to go to places in the neighborhood to do physical activity (34% baseline, 23% follow-up) or reported learning about healthy food in a class (54% baseline, 41% follow-up).
Table 3. School survey baseline and follow-up: diet, physical activity

<table>
<thead>
<tr>
<th></th>
<th>7th Graders</th>
<th></th>
<th>9th Graders</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007</td>
<td>2010</td>
<td>2007</td>
<td>2010</td>
</tr>
<tr>
<td><strong>Total N (any responses)</strong></td>
<td>361</td>
<td>299</td>
<td>476</td>
<td>375</td>
</tr>
<tr>
<td><strong>Perceptions about neighborhood</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is easy to find a place to buy fruits and vegetables</td>
<td>54%</td>
<td>59%</td>
<td>62%</td>
<td>60%</td>
</tr>
<tr>
<td>It is easy to find a place to buy candy, soda, sweets</td>
<td>76%</td>
<td>77%</td>
<td>78%</td>
<td>84%*</td>
</tr>
<tr>
<td>I feel safe outdoors in my neighborhood</td>
<td>56%</td>
<td>60%</td>
<td>60%</td>
<td>62%</td>
</tr>
<tr>
<td>There are safe places to walk or ride a bike</td>
<td>60%</td>
<td>61%</td>
<td>65%</td>
<td>63%</td>
</tr>
<tr>
<td>I like to go to places in neighborhood to do physical activity</td>
<td>36%</td>
<td>30%</td>
<td>34%</td>
<td>23%*</td>
</tr>
<tr>
<td><strong>Perceptions about school</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School lunch is healthy</td>
<td>39%</td>
<td>36%</td>
<td>26%</td>
<td>36%*</td>
</tr>
<tr>
<td>School lunch tastes good</td>
<td>47%</td>
<td>43%</td>
<td>43%</td>
<td>44%</td>
</tr>
<tr>
<td>Foods sold in school vending/stores are healthy</td>
<td>26%</td>
<td>26%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>I am given candy/sweets few times a year or more</td>
<td>61%</td>
<td>61%</td>
<td>46%</td>
<td>52%</td>
</tr>
<tr>
<td>I take PE year round</td>
<td>95%</td>
<td>89%*</td>
<td>93%</td>
<td>92%</td>
</tr>
<tr>
<td>I learned about healthy food in a class</td>
<td>42%</td>
<td>36%</td>
<td>54%</td>
<td>41%*</td>
</tr>
<tr>
<td><strong>Eating behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ate 5 servings of fruits and vegetables yesterday</td>
<td>34%</td>
<td>35%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>Ate salad yesterday at home or school</td>
<td>23%</td>
<td>22%</td>
<td>26%</td>
<td>22%</td>
</tr>
<tr>
<td>Ate baked chips yesterday at home or school</td>
<td>43%</td>
<td>41%</td>
<td>38%</td>
<td>43%</td>
</tr>
<tr>
<td>Ate fast food 2 or more times in last 7 days</td>
<td>38%</td>
<td>37%</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>Ate candy or sweets yesterday any place</td>
<td>80%</td>
<td>78%</td>
<td>80%</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Activity behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I walked or biked to/from school yesterday</td>
<td>60%</td>
<td>47%*</td>
<td>41%</td>
<td>45%</td>
</tr>
<tr>
<td>I spent 20 min. or more doing vigorous activity yesterday</td>
<td>61%</td>
<td>67%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>I was physically active at a park or field outside school in the last 7 days</td>
<td>74%</td>
<td>72%</td>
<td>69%</td>
<td>67%</td>
</tr>
<tr>
<td>I watched programs on a TV or computer for 2 or more hours yesterday</td>
<td>31%</td>
<td>37%</td>
<td>37%</td>
<td>35%</td>
</tr>
</tbody>
</table>

*Difference between baseline and follow-up response = p<.05
School Fitnessgram Testing

Fitnessgram testing involves a battery of health-related physical fitness tests administered annually to all 5th, 7th, and 9th grade students in California. These include assessments of body composition and aerobic capacity.

Body Mass Index

The Fitnessgram includes an assessment of each student’s body composition, typically measured by height and weight. While the State of California assesses body composition using a Cooper Institute defined “Healthy Fitness Zone,” body composition was assessed using Body Mass Index (BMI) percentiles. Overweight is defined as BMI-for-age between the 85th and 95th percentile and obesity is defined as BMI-for-age at or above the 95th percentile.

Figures 7-9 shows baseline and follow-up BMI results by grade for three schools (one elementary, one middle school, and one high school) in Modesto City Schools. Rates of overweight in all three schools combined ranged from 44-51% in 2007 and 40-53% in 2010. Rates of obese students ranged from 23-35% at baseline and 22-33% at follow-up in 2010. While small changes in overweight and obesity rates between 2007 and 2010 can be observed at many of the schools, the changes were not statistically significant. This means that while trends may be occurring, they are not yet large enough to say that the change is any different from what would be expected due to chance alone.

Figure 7. BMI percentile: 5th graders at baseline and follow-up

![BMI percentile: 5th graders at baseline and follow-up](image)

1 Modesto N=149 (2007); N=85 (2010)
Figure 8. BMI percentile: 7th graders at baseline and follow-up

Overweight and Obese
> 85th percentile

[Bar chart showing data for 2007 (45) and 2010 (48)]

Obese
> 95th percentile

[Bar chart showing data for 2007 (27) and 2010 (33)]

1 Modesto N=392 (2007); N=298 (2010)

Figure 9. BMI percentile: 9th graders at baseline and follow-up

Overweight and Obese
> 85th percentile

[Bar chart showing data for 2007 (44) and 2010 (40)]

Obese
> 95th percentile

[Bar chart showing data for 2007 (23) and 2010 (22)]

1 Modesto N=762 (2007); N=671 (2010)
Aerobic Capacity
The Fitnessgram also includes measurement of aerobic capacity, the rate at which oxygen is taken in and used by the body during exercise. This assessment attempts to quantify students’ physical fitness for engaging in activities that involve the use of large muscle groups, like running.

Aerobic capacity is measured using either a one-mile run test or the PACER (Progressive Aerobic Cardiovascular Endurance Run) test. In the one-mile run, students are timed as they run (and walk if needed) a distance of one mile at the fastest pace possible. In the PACER test, students run back and forth to exhaustion across a 20-meter distance and count the number of laps they are able to complete. Both tests have age-appropriate definitions of the score needed for a student to be considered physically fit, or in the “Healthy Fitness Zone” for aerobic capacity.

Figure 10 shows baseline and follow-up results by grade from the three participating Modesto schools (one elementary, one middle school, and one high school). The results for the 5th and 9th graders show a statistically significant improvement with an increase of 5th graders in the Healthy Fitness Zone for aerobic capacity (24% in 2007 and 64% in 2010) and an increase in the Healthy Fitness Zone for aerobic capacity among 9th graders (49% in 2007 and 57% in 2010). Of note, the middle school (7th grade) baseline score was high at 87% and the school maintained this score over time. While many factors may have contributed to these improvements, attempts were made to increase physical activity minutes, especially in the after-school setting.
Figure 10. Aerobic capacity: Percentage of students in the Healthy Fitness Zone¹

¹ Modesto 5th grade N=149 (2007); N=85 (2010)
   Modesto 7th grade N=392 (2007); N=298 (2010)
   Modesto 9th grade N=762 (2007); N=671 (2010)
   * Difference between baseline and follow-up = p<0.05
Clinical Measures—KP Member Data

Another source of information about long-term population-level trends in healthy eating and active living are clinical data from Kaiser Permanente (KP) members. In many HEAL-CHI communities KP members make up a large percentage of the population. In the West Modesto area there are 3,000 adult KP members, or 12% of the population. 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 the ability to get comparison data on KP members not living within the HEAL-CHI community boundaries. By selecting comparison neighborhoods that have similar demographics (ethnicity and income), there is a better chance of separating out the effect of the Collaborative on health status and behavior.

A key measure for evaluating HEAL-CHI in the KP member data is the Body Mass Index (BMI), a measure of overweight and obesity that takes into account both height and weight. An adult with a BMI score greater than 30 is usually considered obese. Figures 11 and 12 show trends in obesity from 2007 (2nd quarter) to 2010 (2nd quarter), comparing West Modesto to areas with similar demographics in the rest of Stanislaus County. Results are presented for obesity (BMI>30) and mean BMI for adults, and for obesity (BMI>95th percentile) for children. Comparison census tracts were selected from the same county, matching income and ethnicity as closely as possible. Enough comparison tracts were selected to produce a roughly three to one KP member population ratio, comparison to intervention.

There was an upward trend in the percentage of KP member obese adults in West Modesto during the period 2007-2010—changing from nearly 45% in 2007 to nearly 50% by 2010. The percentage of KP member obese adults in comparison neighborhoods remained fairly consistent at around 45%. Although the numbers of KP member children in West Modesto is small, there appeared to be a decreasing percentage of obese children during the period 2007-2009, followed by a leveling off at around 20% in 2009-2010. The percentage of KP member obese children in the comparison neighborhoods remained fairly consistent at around 20%.
Figure 11. Adult obesity rates among West Modesto KP members vs. comparison neighborhoods

![Graph showing adult obesity rates among West Modesto KP members vs. comparison neighborhoods.](image)

1 Modesto N=1,000 (2007); N=1,200 (2010)
Comparison N=4,600 (2007); N=6,400 (2010)

Figure 12. Child obesity rates among West Modesto KP members vs. comparison neighborhoods

![Graph showing child obesity rates among West Modesto KP members vs. comparison neighborhoods.](image)

1 Modesto N=150 (2007); N=350 (2010)
Comparison N=800 (2007); N=1,700 (2010)
V. Challenges, Lessons Learned

A number of challenges arose in the process of implementing the HEAL-CHI work in West Modesto. The lessons learned in responding to these challenges may be useful for other communities undertaking similar initiatives. Information about challenges came from interviews with partnership members, from Collaborative staff descriptions of challenges and lessons learned associated with the individual interventions, and from the results of the evaluation. These challenges are described below:

Installing a new walking trail. Renovation of a blighted area adjacent to a central park in West Modesto and several nearby schools was incorporated into the Modesto General Plan. There was strong neighborhood support for it, however, it was a challenge to overcome land use regulations and raise funds for lighting and needed hardscape improvements. It is uncertain whether the city can pay for ongoing maintenance and there is a question about whether the trail will need to be monitored if children use it to walk to school.

Increasing fresh produce in small markets. The Collaborative discovered that store owners prefer to sell produce at the beginning or middle of the month to avoid food spoilage and accommodate their customers who often receive their paychecks early in the month. Initially the Collaborative supplied the stores with free produce baskets, but quickly learned that it was extremely labor intensive. The biggest challenge has been finding affordable produce suppliers to resolve the need to subsidize the produce offered.

Starting a farmers’ market. Finding growers and sellers for the market was difficult. At first it was hoped that individual families in the neighborhood could become growers. But certification for individual family growers costs $100 a year, and the volume of surplus produce they could grow was small. Partnering with Project Uplift and Heifer International to create youth growers and sellers was more successful. The Collaborative hopes to continue expanding the number of vendors at the market while maintaining affordable prices.

Changing school food. The school district discovered that over time students adjusted to new foods. There was an outcry when French fries were replaced with baked fries, but a year later baked fries sales are up. It has been a challenge to meet USDA calorie requirements, and offering more fresh produce has been reported to be costly for the school district.
Increasing PE minutes during school. At first, it was difficult to engage teachers in this effort. The Collaborative held a few events that encouraged teachers and equipped them with ways to enlist all students in physical activities in a fun way. Some equipment was purchased for schools, but finding a convenient storage option became an ongoing issue. Other solutions were scheduling the PE time and setting up a teacher buddy system to keep up the motivation.

Exercising at work. Allowing employees to use work space for exercise breaks became a liability issue for many employers. Risk management requested that everyone sign a waiver for walking clubs or use of break rooms for exercise. The Collaborative also discovered that even if top management was committed, the worksite needed to establish a wellness coordinator to implement policies. It was challenging finding an employee who had time to work on wellness in the workplace.

Adding BMI screening and counseling in clinics. The Collaborative learned that communication was the key to getting parents and patients to participate in health education opportunities. For instance, it found that “texting” new medical residents who need training works well. Setting up a new clinic practice for screening and referral was slow and required considerable physician and clinic staff communication and reinforcement. The screening process was simplified by using an MD prescription pad and clinical line staff to encourage parents and children into classes. But follow-up appointment “no-shows” and enrollment in classes is an ongoing challenge.
VI. Conclusions

The West Modesto/King Kennedy Neighborhood Collaborative implemented the Northern California HEAL-CHI project in each of the four major sectors—worksites, health care, schools, and neighborhood. It implemented several sustainable policy and environmental changes, particularly in the school setting. It took persistence and monitoring to achieve system-wide changes such as increasing PE minutes or changing school food offerings—changes that potentially reach all resident children on a regular basis. The Collaborative did discover that the after-school environment was easier to influence. It successfully changed an after-school policy and practice that resulted in an institutionalized practice where all children, in after-school programs, are now physically active on a daily basis. While there are many factors that may have played a role in this related finding, the percentage of 5th and 9th graders in the Healthy Fitness Zone for aerobic capacity did show improvements between measures in 2007 and 2010.

The Collaborative found it took more time than expected to fully implement some of the more sustainable neighborhood strategies. Influencing the offering of more fresh produce in small markets, installing a new walking trail, and establishing a farmers’ market and a steady supply of affordable fresh fruits and vegetables, were challenging. The Collaborative found that it needed to learn how to navigate through the systems of different agencies, overcome formidable regulations, and even start a capital fundraising campaign to gain traction on these strategies.

The West Modesto/King Kennedy Neighborhood Collaborative can build on its long-standing reputation of representing the needs and interests of the community. Its partnerships are strong and it developed many successes with the school district. A foundation has been built in multiple sectors. In the future, the Collaborative aspires to expand the reach and strength of its strategies in order to continue to create sustainable changes in a defined neighborhood, and a positive culture shift that supports health and wellbeing among residents.

“I really, really enjoyed HEAL-CHI...the way it’s worked, how it allows the Collaborative to work, and the way we value our partners and to identify our resources to really work together collaboratively with a common vision.”

“I see an incremental culture shift, which is contagious.”