West County
HEAL Collaborative
Community Health Initiative

Summary Report
Progress and Accomplishments 2006-2010

Prepared by the
Center for Community Health
and Evaluation
West County
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Kaiser Permanente Community Health Initiative

The West County HEAL 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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Iron Triangle, Parchester Village, North Richmond and a portion of the City of San Pablo neighborhoods
Executive Summary

Community Description

The West County HEAL Collaborative worked to promote healthy eating and active living within an area comprised of the city of Richmond, including the neighborhoods of the Iron triangle, Parchester Village, North Richmond, and a portion of the city of San Pablo called “Old Town.” The region is one of the most ethnically diverse in the Bay Area. Latinos make up 45% of the area’s residents, while African Americans represent 29%. Slightly over half the area’s residents live at or below 200% of the federal poverty level, which is more than two and a half times the countywide rate of 19%.

The West County HEAL Collaborative traces its roots to the Partnership for the Public’s Health (PPH), a five-year initiative launched in 2000 and funded by The California Endowment. The goal of the project was to strengthen the ability of local health departments and communities to work together to improve health in West County. Neighborhood House of North Richmond (NHN) was the lead agency for the PPH collaborative. Additional organizations and agencies with a link between healthy eating and active living (HEAL) and their organizational mission, joined to form the West County HEAL Collaborative.

Community Change Strategies and Accomplishments

The West County HEAL Collaborative is one of three Northern California Healthy Eating Active Living Community Health Initiative (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 West County HEAL Collaborative, like all three Northern California HEAL-CHI sites, worked in four community sectors (schools, worksites, health care settings and the neighborhood overall), with strategies targeting programs, policy, and environment. While some strategies covered the entire project area, such as influencing the General Plans in Richmond and San Pablo, the Collaborative selected three targeted areas within the West County area for their focus. These areas—referred to as “HEAL Zones”—
are North Richmond, the 23rd Street corridor, and the Iron Triangle/Main Street section.

Out of 25 strategies in their Community Action Plan (CAP), 19 were implemented successfully. Seven strategies were relatively “high dose,” meaning the 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). These included ensuring the implementation of state standards for PE and nutrition in schools, and adding health elements into the city General Plans of Richmond and San Pablo. Twelve of the implemented strategies will likely be sustained, including a Safe Routes to School project; the passage of ordinances and other agency policies to improve safety and walking or biking options; and improving school food and PE. A key contributor to sustainability was the passage of a policy that will continue to influence organizational practices and the built environment in the HEAL Zones.

One additional lasting achievement was increased capacity to engage residents and youth in community self-assessments followed by focused advocacy efforts. This advocacy model was used in promoting improvements in local parks during the initiative.

Other major activities pursued by the Collaborative within these HEAL Zones included increasing the promotion of and access to fruits and vegetables at neighborhood locations; implementing guidelines for breastfeeding counseling and services at health clinics and securing ongoing funding for staffing these services; adding pediatric obesity assessment in clinics and referrals to health clinics; working together with violence prevention efforts; supporting the removal of a neighborhood liquor store; and encouraging local churches to adopt HEAL policies and activities.
Conclusions

The West County HEAL Collaborative demonstrated that it can sustain itself over time and now has a reputation in the community for resident engagement and action. During the HEAL-CHI initiative, the Collaborative applied its advocacy model to increase access to healthy foods where people live or go to school and change the built environment to make it easier to walk to school or use local parks. The Collaborative now has the capacity to advocate effectively for HEAL and other issues, including community violence prevention.

The public policy and school policy strategies supported by the Collaborative hold the most promise for reaching large numbers of residents over a long period of time. But the Collaborative learned that it is a slow process to influence policy changes in institutional settings such as schools and governmental agencies. It will take years before these changes—such as the Health Elements in the General Plans—will be evident. Nonetheless, the investment in changes like these will permeate future development plans, making the cities of Richmond and San Pablo healthier places for decades to come.

“Sustainability won’t be the group itself, but the ideals in the community.”
I. Community Description

The West County HEAL Collaborative worked to promote healthy eating and active living (HEAL) within an area comprised of the city of Richmond, including the neighborhoods of the Iron Triangle, Parchester Village, North Richmond, and a portion of the city of San Pablo called “Old Town.” The region is one of the most ethnically diverse in the San Francisco Bay Area. Forty-five percent of the area’s residents are Latinos and 29% are African Americans. Slightly over half the area’s residents live at or below 200% of the federal poverty level, which is more than two and a half times the county-wide rate of 19%. Sixty-eight percent of students in the West Contra Costa Unified School District receive free or reduced meals at school.

Table 1. Community Demographics—West County HEAL Area

<table>
<thead>
<tr>
<th>Demographics</th>
<th>West County HEAL Area</th>
<th>City of Richmond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>52,900</td>
<td>99,216</td>
</tr>
<tr>
<td>% White</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>% Latino</td>
<td>45%</td>
<td>26%</td>
</tr>
<tr>
<td>% African American</td>
<td>29%</td>
<td>36%</td>
</tr>
<tr>
<td>% Asian</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>% Other</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Median household income</td>
<td>$36,691</td>
<td>$44,210</td>
</tr>
</tbody>
</table>

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

The West County HEAL Collaborative traces its roots to the Partnership for the Public's Health (PPH) five-year initiative launched in 2000 and funded by The California Endowment, to strengthen the ability of local health departments and communities to work together to improve health in West County. Neighborhood House of North Richmond (NHNR) was the lead for a group of local residents and agencies that came together to: (1) increase access to health care, (2) strengthen residents’ knowledge on health issues, and (3) advocate for environmental justice. It was during PPH’s five-year grant period that many of the organizations and agencies that are now part of the Collaborative first began to work together.

While the Collaborative has a lengthy history of working together on issues such as environmental justice and violence, this was the first time it had taken on obesity prevention. Other organizations and agencies that work on issues related to the HEAL theme, joined together with NHNR to form the West County HEAL Collaborative. For instance, a farm learning center distributed affordable fruits and vegetables in a number of settings and the City of Richmond provided funds for youth employment to conduct community assessments and advocate for park improvements.

The HEAL Collaborative was led by a dedicated and diverse group and included the following organizations that contributed both funded and in-kind resources:

- ArtsChange
- Brookside Community Clinic
- City of San Pablo
- Contra Costa Health Services
- EcoVillage Farm Learning Center
- Kaiser Permanente
- Neighborhood House of North Richmond
- Office of the Mayor of Richmond
- Office of Supervisor John Gioia, Contra Costa Board of Supervisors
- Opportunity West
- Planned Parenthood Shasta Diablo
- Richmond Main Street
- 23rd Street Merchants Association
- Weigh of Life
- West Contra Costa Unified School District

In the summers of 2007 and 2010, interviews were conducted with 19 key Collaborative members and 8 residents in order to better understand the work of the HEAL 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 County HEAL Collaborative was to stimulate multiple sections of the community to change HEAL-related policies and attitudes about individual and community wellness. The objective was to bring together and coordinate community members to promote policies and activities for healthy eating and active living.

Overall, stakeholders in interviews said that the role of the Collaborative was to ensure that HEAL goals in various sectors are “on target,” to work with other health initiatives in the county and to coordinate funding streams of HEAL-related work in the community. “HEAL is about the built environment, systems change and a policy focus.” This overall focus has not changed over time.

“We created something that is known and respected and effective in the community. I get calls from people every day looking to us for leadership to help out with certain things.”
Process

The Collaborative consisted of approximately two dozen nonprofits, stakeholders, and institutions. The work of the Collaborative was performed by both volunteers and paid staff, with contracts among partners and other organizations. It was organized into four sector work groups: neighborhood, health care, school and worksite. Each sector had a chair and a co-chair who represented the sector on the Coordinating Committee. The Coordinating Committee made the major decisions about the overall direction of the effort, discussed what was working and what was not working, and decided what needed to change. Issues were openly debated and decisions were discussed until consensus or compromise was reached. As described by an interviewee, “they work to change the environment in the neighborhood, health care, school and community sectors to make the healthy choice, the easy choice.”

The Coordinating Committee’s process included organizing the Collaborative’s Community Action Plan (CAP) and updating it each year. The Coordinating Committee and sector groups convened regularly to report on progress made, review evaluation results, and determine how the Collaborative would implement its CAP.

Several stakeholders said the process was working fine. Other stakeholders mentioned ways the Collaborative functioning could be improved. They suggested making the decision-making process more explicit, creating clearer and more streamlined objectives, and adding more communication and updates between sectors. The Collaborative recently worked on improvements to how decisions were made and created bylaws for member organizations to codify the positive ways they have been engaging with one another over the last few years.

Community Change Strategies

The HEAL-CHI approach in Northern California assumes that multisectoral, multilevel interventions have the greatest chance of producing long-term changes in HEAL outcomes. Multisectoral interventions target all major sectors of the community including schools, worksites, health care settings, and the neighborhood/community overall. Multilevel interventions attempt to influence behavior at the program, environment and policy levels.
Figure 1 briefly lists the West County HEAL Collaborative 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 HEAL-CHI project, has the potential for greater impact and sustainability using potentially fewer resources.

Figure 1. West County HEAL Collaborative key strategies

What follows is a description of the West County HEAL Collaborative’s strategies in more detail. Reach was determined by the Collaborative using precise numbers when available (e.g., tracking sheets of participants in programs or tallies of gardeners using plots) and estimates of the numbers

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likely touched by a strategy (e.g., number of store customers or residents living within a certain radius of a new walking path).

**Policy Strategies**

The Collaborative policy strategies were a major focus of its CAP. They focused largely on neighborhood strategies to improve the built environment using extensive assessment and advocacy for public policies. The Collaborative created a model for evaluating issues that are important to the community. Consequently, it has become the grassroots voice in supporting HEAL efforts. It also worked on school policies to improve the PE curriculum district-wide and implement healthy school food policies.

The following is a summary of the 12 policy-oriented strategies:

- **Health elements.** Wrote recommendations for modifications to health elements to be included in the Richmond General Plan (pending approval) and advocated for adding health elements in the San Pablo General Plan (approved). Helped organize an unprecedented turnout of 300 people for a community meeting about the planning process. Advocated for health improvements to redevelopment plans, Specific Area Plans, the Parks Master Plan, and other policy and project documents (estimated reach 50,000).

- **Park improvements.** Youth documented park conditions (including access, use, and safety) in over 50 parks. Actively participated on Parks Master Plan Advisory Committee, advocating for the underserved central core of Richmond to increase park funds and ensure safe design using park condition findings, which led to new language in the Parks Master Plan. Contributed to the passing of a city resolution to make improvements in parks for people with disabilities (reached 35,000).
• **Walking and biking assessments.** Conducted “walkability” surveys and advocated for pedestrian and bicycle safety, particularly along the 23rd Street corridor, through traffic calming, improved crosswalks and other changes. Carried out a school-based walkability assessment to support a Safe Routes to School infrastructure grant to make traffic and other safety improvements around the school (estimated reach 320).

• **School Physical Education.** Adopted and implemented a school district curriculum-based physical education program. Added a physical education specialist position that eventually was funded entirely by the district (reached 3,726).

• **School meals.** Developed administrative regulations creating Second Chance Breakfast at four schools that increased participation from 10% to 50%. Advocated for improvements and maintained school meal nutrition quality. Passed school administrative regulations to enforce reduced competitive food sales (reached 3,726).

• **Breastfeeding support.** Advocated for and secured ongoing funding for 2.25-person staffing for breastfeeding support counselors who provide one-on-one education and counseling to 300 women with babies living in the HEAL zones per month. In addition, stickers prompting doctors to discuss the benefits of breast feeding are now put on pregnant women’s charts (reached 1,300).

• **Worksite wellness.** Worked with 18 small worksites (10-15 employees) to adopt a worksite wellness policy focusing on breastfeeding accommodation, healthy meals/snacks, physical activity, and use of mass transit. Ensured that large employers (50-1,700 employees) had worksite wellness policies in place (reached 2,600).

• **Liquor laws.** Supported the revocation of a liquor store license and helped pass an ordinance restricting the number of liquor stores in Richmond (reached 500).

• **Weight management programs.** Established partnerships and systems in clinics and health centers to support community-based
weight management programs for children and their families (reached 120).

Environmental Change Strategies

The Collaborative’s environment strategies focused on improving the availability, accessibility, and affordability of fruits and vegetables. It promoted demand by participating in a range of community events. The following is a summary of the environmental change strategies:

- **Access to affordable fruits and vegetables.** Hosted a weekly farm stand for nine months of the year, for three years in the Iron Triangle area. Initiated and grew the CSA program from 30 to 150 biweekly boxes, half of which were subsidized to make them more affordable. Installed a school garden and two new community gardens. Facilitated the conversion of three stores to WIC vendors and are working on a fourth store; supported three stores in making healthy changes through product placement and offering locally grown produce. Distributed free seeds, plants, and fruits and vegetables. Engaged in related promotional events (estimated reach 7,000).

- **Walking and biking paths.** Advised on and secured funding for a bicycle and pedestrian path network plan across Richmond (estimated reach 10,000).

Programmatic Strategies

The Collaborative focused on many educational and promotional activities in a variety of community settings. Presence at events raised the profile of the Collaborative and identified it as a key player in supporting healthy eating and active living among residents. Some Collaborative members offered their own HEAL-related services in the community, e.g., Weigh of Life offered fitness and nutrition classes in Richmond. The HEAL program strategies were designed to change community attitudes and norms, and then use that new paradigm to influence and support policy and systems changes. The following are the Collaborative’s programmatic strategies:

- **Community awareness and engagement.** Provided promotion of healthy eating, active living through tabling at over 50 events,
meetings and presentations. Formed partnerships with RichmondBUILD, the Nutrition Network, and the Healthy Eating/Living Subcommittee. Promoted Soda Free Summer, Rethink Your Drink, and TV Turnoff campaigns, and promoted the use of mass transit among Collaborative agencies (estimated reach 10,000+).

- **Health Covenant.** Drafted and promoted a Health Covenant adopted by ministers at 27 local churches. This led to programmatic changes at several churches including a Health Board, a “Praise Up, Pounds Down” program, a biweekly exercise group and healthy dinners at a weekly Bible study group (reached 30 participants).

- **Parent education classes.** Provided nutrition education classes to parent groups. Led a weekly exercise and cooking class for groups of parents at four elementary schools (reached 140).

### Capacity Building Strategies

The Collaborative organized numerous activities to engage residents and understand their interests and priorities. The Collaborative linked that assessment with advocacy work for policy changes. For instance, it created an active youth summer development program to work with the youth to help identify local issues and needed improvements in their community. That information was then used to make recommendations to policymakers. These are the Collaborative’s capacity building strategies:

- **Community assessment.** Created a model grassroots method for collecting data through surveying and environmental assessments, to support advocacy for built environment changes related to physical activity. Utilized Photovoice photos to advocate for change. Created staffing to lead and organize the worksite sector plans.

- **Health provider training.** Trained doctors and nurse practitioners at health clinic sites to conduct pediatric obesity assessments and counseling.

- **Health Conductors.** Participated in establishing a local grassroots outreach worker initiative to change health attitudes among African-American residents. Unfortunately, just as the project was
about to get off the ground, the partnership funding for this was cut due to the economic downturn.

- **Community violence prevention.** Facilitated and provided strategic planning input to the Office of Neighborhood Safety Community Advisory Committee.

Figures 2-6 describe the types of strategies that were pursued by the Collaborative. 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 percent of the strategies focused on both nutrition and physical activity. Approximately one-third focused on physical activity alone and over one-quarter on nutrition alone. Figure 2 also shows the breakdown of strategies by sector. The majority of strategies occurred in the school (37%) and the neighborhood (37%) sectors. The worksite and health care sectors combined, comprised 20% of the strategies. Five percent of strategies reached across sectors.

**Figure 2. Distribution of the West County HEAL Collaborative strategies, by sector and health target**

- **Health target**
  - Both nutrition & physical activity: 40%
  - Nutrition: 28%
  - Physical activity: 32%

- **Sector**
  - School: 37%
  - Neighborhood: 37%
  - Healthcare: 10%
  - Worksite: 10%
  - Cross-sector: 5%

N=19 strategies. Does not include 6 capacity building strategies that are not sector specific.
Figure 3 shows the breakdown of strategies by objective. The majority of strategies (48%) were focused on policy change, particularly on increasing programs and services in schools. Almost one-quarter (24%) were capacity building activities focused on violence prevention and on advocacy for park improvements and other environmental changes.

**Figure 3. Distribution of the West County HEAL Collaborative strategies, by objective (n=25)**

Figure 4 shows the breakdown of 25 strategies in place at the end of the Initiative. Nineteen of these strategies had been implemented successfully and of these, 12 (63%) are likely to be sustained. Among the Collaborative's strategies, possibly sustainable strategies include:

- Advocating and attaining funding for a bicycle and pedestrian path network plan across Richmond.
- Supporting infrastructure changes for a funded Safe Routes to School project that will include sidewalk, signage and crosswalk improvements; and managing traffic flow, neighborhood cleanups and parent involvement.
- Regulating competitive food sales in schools.
- Offering Universal Breakfast programs at four schools.
• Adopting and implementing a school district curriculum-based physical education program and adding a physical education specialist position funded entirely by the district.

• Passing a city resolution to make improvements in parks for people with disabilities.

• Demolishing one liquor store, denying a license to another liquor store across the street from a rehabilitation facility, and recommending limiting the number of new liquor licenses for inclusion in the Richmond General Plan.

• Responsible for assisting in the writing and adoption of health elements in the San Pablo General Plan, and making suggestions for improving the health elements in the Richmond General Plan.

Figure 4. Distribution of all the West County HEAL Collaborative strategies, by status

Figure 5 shows the reach penetration of the strategies within two of the largest sectors—schools and neighborhood. Several policy enactments in schools resulted in programmatic improvements in physical education and school nutrition that potentially reach all of the students. Environmental changes in the neighborhood to improve nutrition or physical activity
reached 13% and 9% of residents respectively. Promotional program activities reached more residents in the neighborhood (nearly 20%).

An example of one of the highest reach strategies is:

- Conducting promotional and outreach activities at neighborhood meetings and events, making a variety of presentations, setting up exhibits, and holding multiple HEAL promotional activities at various venues (e.g., school, church, community centers).

An example of a high reach strategy that may also be sustainable is:

- Implementing a standards-based physical education curriculum at Verde, Dover, Helms, Lincoln, and Richmond High.

**Figure 5. Percent reached\(^1\) by the West County HEAL Collaborative strategies\(^2\) by objective and sector**

\(^1\) The number reached is an estimate. Some duplication is possible.  
\(^2\) Does not include 6 implemented capacity strategies or incomplete strategies.
Examining the number of people reached by the Collaborative’s strategies helps in understanding the extent to which the target population was touched in some way. It also is important to look at the strength of the strategies to affect behavior change. Figure 6 breaks down the 19 implemented strategies by their population dose—a combination of the number reached and the strength, or likely behavioral impact on each person reached. This metric was developed toward the end of the project to look at the impact of the strategies. 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 intensity of the intervention. 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 the Collaborative and placed into three categories—high, medium, and low as shown in figure 6.

Five of the Collaborative strategies are relatively high reach and one is high strength, and seven of the strategies (see green boxes in figure 6), or about 40%, are both medium and/or high reach and strength, i.e., high dose. The highest dose (high reach, high strength) strategy was school based—a standards based PE curriculum that included staff to train and support monitoring, was adopted and implemented.

Other strategies that were both medium/high reach and medium/high strength were placing more produce in farmers’ markets and small markets; adding more WIC stores and offering produce box delivery; making product placement improvements in stores; developing a plan for a walking and biking path network; breastfeeding support, education and counseling; monitoring and enforcing school nutrition guidelines; adding health elements to the San Pablo General Plan and influencing the health element language in the Richmond General Plan; and reaching large congregations through HEAL promotions in churches. Of these, all were sustainable or potentially sustainable.
Figure 6. Number of the West County HEAL Collaborative strategies and potential impact
Making city plans healthier

Every city and county in California is required to develop a General Plan—a blueprint that sets the vision and ground rules for land use and development, transportation, housing, conservation, parks and recreation, noise, and public safety. Each community decides how often the plan should be updated, and whether to add other optional key elements.

The city of Richmond’s General Plan was last updated in 1994. Early discussions about revising the plan happened to coincide with the formation of the West County Healthy Eating Active Living (HEAL) Collaborative, a Kaiser Permanente-funded program that uses the levers of policy change to improve the health and quality of life of residents in Richmond, North Richmond, and San Pablo. Since there was an opportunity to include something called a “Health Element” in the revised plan, Collaborative members realized that they had a rare—and perfectly timed—opportunity to weigh in and influence the Plan’s and the Health Element’s direction for the future.

The Collaborative’s input is evident throughout the latest version of the proposed Plan in Richmond. Limits on new alcohol vendors, support for healthy food vending, improvements to bicycle and pedestrian routes, and safety buffers around new construction can all be traced to pressure and recommendations from the Collaborative. Their involvement didn’t end with suggestions, though. Collaborative members and staff also serve on the Implementation Technical Advisory Group for the Plan’s Health Element—the group that will help ensure that these proposed changes come to fruition.

The Collaborative’s success in Richmond was noticed in neighboring San Pablo, where city staff initially resisted including an optional Health Element in their own General Plan. With the Mayor’s support, Collaborative staff and members helped form a General Plan Advisory Committee that overcame some of the resistance and barriers by providing technical assistance on writing the Health Element, based on their experience in Richmond. Today, San Pablo not only has a Health Element in its own General Plan, but it is touted as one of the best—a concise, clear statement of how policy decisions, large and small, affect the health of communities.

Parks parity

Richmond’s 55 parks differ in size, amenities, accessibility, and other features—but these variations, the Collaborative found, were far from random. Working with the city’s Park and Landscaping Department and the Pacific Institute, the Collaborative hired youth to design and conduct a comprehensive park survey. The results showed that the parks in low-income neighborhoods were much more likely than the ones in wealthier neighborhoods to be inaccessible to disabled people and strewn with litter. Their sports fields were neglected to the point of being unusable. Broken park equipment wasn’t repaired; graffiti covered the walls of park structures and restrooms were dirty and unusable.

When the Collaborative staff and youth workers presented these contrasts to the City Council and the Parks and Recreation Department, some improvements were launched: the city is conducting an ADA accessibility assessment of all its parks, and a new ordinance now calls for cleaner, well-maintained bathroom facilities in all parks. With these and other changes underway, the Collaborative hopes more residents in low-income neighborhoods will use their local parks for physical activity and as a place to gather with family members and neighbors outdoors, just as their more affluent neighbors do. With Collaborative members now serving on the city’s Parks Master Plan Steering Committee, they’ll make sure the city follows through.

Through these examples and many others, the Collaborative has become a two-way conduit for the exchange of ideas, input and information between residents and officials—all designed to make the West County areas of Richmond, North Richmond and San Pablo healthier places to live, work, and play.
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 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 West County

Two Photovoice projects were conducted. The first (time 1) was intended to capture barriers to healthy eating and active living. The second (time 2) was adapted to capture the changes in the community, from the perspective of the participant, as a result of the West County HEAL Collaborative efforts.

Time 1: A total of 11 West County adult residents participated in the original Photovoice project in June 2007. A total of 15 West County youth residents participated in an additional Photovoice project in July 2007. The photographers took photos of barriers to healthy eating and active living throughout the neighborhoods of the Iron Triangle, Parchester Village, Belding Woods, North and East sides of 23rd Street, North Richmond, and a portion of the city of San Pablo. Fifty photos were professionally mounted for display: 22 were taken by adults and 28 were taken by high school students.

The Photovoice images were exhibited in several venues to promote HEAL goals and advocate for changes in the neighborhood environment. The photos taken by youth were exhibited at a Municipal Advisory Council meeting. Neighborhood House of North Richmond hosted a showing of all of the photos within the 23rd Street HEAL Zone. The Photovoice display was also used at the Collaborative’s sector meetings, at back-to-school nights, and in meetings for promoting policy changes in North Richmond and the city of San Pablo. Ten Photovoice pictures were displayed and
discussed at the Hungry Planet exhibition at the Museum of the African Diaspora in San Francisco. In January 2008, the exhibit was shown at Kaiser Permanente in Richmond to highlight the efforts. Both the adult and youth photos were displayed at various other venues and events, such as Contra Costa College where they were viewed by many community leaders including the mayor of Richmond, and at the Richmond Center for Health in an exhibit along with other community art focused on health, nutrition, and inequities.

Photovoice was used by the Collaborative to successfully advocate for a number of neighborhood policy and environmental changes. For example, a Photovoice image was used in collaboration with other efforts to testify in front of the County Board of Supervisors for the demolition of a long-standing, crime-ridden liquor store. The pictures and related captions highlighting barriers to health were used in several CHI communities to successfully advocate for change.  

Because of the success using the time one Photovoice images for advocacy efforts, the Collaborative organized another Photovoice project in the summer of 2008. This time, there was a much more focused objective and more specific goals in mind. Around 30 youth engaged in advocacy training took photos. Twelve youth specifically focused on the conditions of parks. These photos were used in presentations to the Richmond Parks and Recreation Department, the Richmond and San Pablo City Councils, and the City of Richmond Planning Commission to advocate for improvements in the neighborhood parks.

The Photovoice images on the next pages illustrate the community’s interest in improving safety and access to healthy foods in the neighborhood in 2007.

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I don’t know what’s more visible, the fruits and vegetables or the graffiti. I don’t feel safe going into this market and the fruits and vegetables are only painted outside but the market does not have any inside. This is one of the markets on 23rd Street which promotes fruits and vegetables only on the outside.

These donuts are brought into the workplace and everyone looks forward to them. These inexpensive greasy, sugary treats are easy to buy in Richmond and very easy to eat. To cause a sea change in our community, our health care agencies, social services, schools, non-profits and change organizations need to be conscious of what we’re saying at every juncture and build a vision of better treats for the future, by what we serve in our own organizations.
Time 2: Creative methods are 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. This included asking members of a community collaborative to participate in a second round of photographs and captions to document changes to their community environment and then reflect on the potential impact of those changes and plan for future advocacy efforts.

Participants from the original Photovoice project plus those most familiar with the accomplishments of HEAL-CHI were recruited to try to capture changes that were created as a result of the funding. Once people were trained on the adapted method, they were again 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 the HEAL-CHI? Why are these changes important to your community? What do we still need to do to create a HEAL community?
Findings

A total of nine adults participated in the Photovoice project (winter 2010). Below are the HEAL-CHI accomplishments represented by the photographers. Participants were asked to select the top six greatest accomplishments. These were:

- Increased access to healthy food, including neighborhood gardens, farm stands, produce boxes, corner stores, and cooking demos.
- Successful policy advocacy that resulted in health elements in General Plans, a Safe Routes to School infrastructure grant, converting corner stores to become WIC vendors, and nutrition standards in schools.
- Increased access to physical activity in the neighborhood and schools, including before and after school and parent walking groups.
- Improved school nutrition, including implementing California nutrition standards and offering Universal Breakfast.
- Improved neighborhood safety/violence prevention, including safe places to play and the demolition of a crime-ridden liquor store.
- Sustained staffing designated to offer breastfeeding counseling in community clinics.

The photos on the next pages are more examples from the community’s perspective about what is different in their community as a result of the HEAL-CHI project.
Not in my community

There’s nothing healthy about a liquor store as we have far too many alcoholics in our community. We’d like liquor stores banned from our community, especially ones close to elementary schools.

2007 photo

Through working together with a group of parents at a local school, we successfully accomplished the demolition of a liquor store from the community that had a long history of drive-by shooting and drug sales. This made it very unsafe for parents to walk our kids to school. Now we would like to see a small corner park or a community garden.

2010 photo same location
Through HEAL partnerships, local markets have converted into WIC vendors that carry healthier items. Now the community has access to and can purchase healthy food at their local markets. We need to continue our work with local markets that don’t currently carry healthy items.

Universal Breakfast Implementation Standards

Universal Breakfast was established in 4 elementary schools at a HEAL zone in Richmond. This was accomplished by hard work and collaboration with WCCUSD Food Services Department and CFPA.
Through HEAL’s support, EcoVillage Farm was able to increase the residents’ consumption of fresh fruits and vegetables by providing the community with available, affordable fresh fruits and vegetables through a newly created community supported agriculture (CSA) program, the creating of community gardens, farm fresh markets, placing fruits and vegetables into corner stores and special community events (i.e., Cinco de Mayo, Juneteenth festivals).

San Pablo Health Element

After cutting our teeth on Richmond’s Health Element, The Richmond Parks Master Plan, the 23rd Street Redevelopment plan, and other long term city planning documents, HEAL's cumulative expertise on health policy work converged on the San Pablo General Plan update process. We convinced reluctant city staff and the General Plan consultants to include a Health Element and then provided TA in creating it. The San Pablo Health Element is now one of the most concise, thorough, and informative health elements we’ve ever seen, but it’s going to take a lot of will, money, and watch dogging to see this element’s full potential.
Breastfeeding Peer Counselors

Because of HEAL’s advocacy and the high level of our collaborative members, we were able to secure sustainable funding for two full-time and one part-time, multilingual breastfeeding peer counselors that provide one-on-one and group counseling sessions at our WIC clinic. Infants who are breastfed are more likely to be healthy children and less likely to become obese adults, and these counselors help spread the word to women in our community, where breastfeeding rates are traditionally low. There’s still more work to be done to change cultural and work place norms to make breastfeeding and expressing milk safe and comfortable to the mothers once they are out of the clinic.

Community Impact and Sustainability

For the Collaborative to produce measurable community-level change in healthier eating and increased physical activity, its activities must reach a substantial number of the 52,900 residents with the target neighborhoods in a meaningful and lasting way. While the implementation is still years away, the Collaborative objective to add Health Elements into the General Plan holds the potential to touch the daily lives of many residents. Likewise, the school district policies and staffing changes focused on monitoring and executing school food and physical activity policies can potentially reach all students in the district—and do so right away.

There are notably two ways the work of the Collaborative can be sustained. First, the Collaborative has demonstrated that it can sustain itself over time and has formed relationships, offered services, and has a reputation in the community for resident engagement and action. Second, nearly half of the strategies start with a policy change. Most of these will either increase access to healthy foods in the environment where people live or go to school, or will result in changes to the built environment that will make it easier to walk to school or use the parks or new biking trails. These changes are inherently more sustainable than programs.
IV. Results: Strategy and Population Level Change

The ultimate goal of the West County HEAL Collaborative 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. 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. While the Collaborative did not conduct pre and post impact assessments of individual strategies, it did conduct select surveys over the course of the HEAL-CHI project in order to understand the community’s needs and plan its strategies.

The Collaborative surveyed 139 residents at two community events in 2009 to determine the degree of access to healthy foods, parks, and gardens, and to assess safety concerns and physical activity and healthy eating opportunities. When asked about hard to find foods in their neighborhood, fresh fruits and vegetables were most often mentioned. Many (60%) reported that their neighborhood was not a safe place to be active outdoors. The most commonly reported safety concerns identified were fast cars (80%), broken sidewalks (73%), litter or garbage (60%), and violence (60%). Surveys were also conducted with over 70 administrators, teachers and custodial staff at seven schools to explore the possible adoption and expansion of the Universal Breakfast program.

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 policy change and environment improvements, which generally require more time to achieve impact, and the limited reach of its more intensive activities, we did not expect to see widespread changes in population measures. 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 (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 relatively less expensive than other survey methods—once the programming is done a whole list of people can be called at virtually no 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 are not representative of the entire community.

Table 2 shows results collected in 2007 and in 2010 in the West County HEAL Collaborative neighborhoods. Half of the respondents reported eating five fruits and vegetables per day in 2007 and 32% reported they were exercising the recommended amount. By 2010, the percentage of respondents stayed about the same for exercise, however, the percentage of respondents declined to 42% for fruit and vegetable consumption. 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>Total N (any responses)</td>
<td>212</td>
<td>97</td>
</tr>
<tr>
<td>Initiative awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heard of the HEAL Initiative</td>
<td>22%</td>
<td>14%</td>
</tr>
<tr>
<td>Seen healthy changes in the community</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Participated in the HEAL program</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>Diet/nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat 5+ fruits and vegetables/day</td>
<td>50%</td>
<td>42%</td>
</tr>
<tr>
<td>Mean number of F&amp;V</td>
<td>4.8</td>
<td>4.4</td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommended level*</td>
<td>32%</td>
<td>38%</td>
</tr>
<tr>
<td>Some activity</td>
<td>57%</td>
<td>55%</td>
</tr>
<tr>
<td>No activity</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal weight (&lt;25)</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Overweight (25-30)</td>
<td>39%</td>
<td>32%</td>
</tr>
<tr>
<td>Obese (30+)</td>
<td>31%</td>
<td>39%</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 conducted 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. While the Collaborative school sector did work on district-wide policies, many of the school strategies that were successfully implemented occurred at the elementary school level. A PE coordinator was hired to make improvements in all the schools in the target neighborhood, including the middle and high schools, however, the focus was on increasing the elementary school PE minutes where the need for improvement was greater. Therefore, the survey results shown in Table 3 are trends in HEAL behaviors among youth attending schools in the neighborhood. They may not, however, reflect exposure to all the specific school strategies carried out by the Collaborative. Results do illustrate some interesting 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). Percentages of students who reported taking PE year-round were consistently high among both 7th and 9th graders (about 90% or higher). However, at baseline, less than half of the students reported exercising vigorously for 20 minutes or more (48% of 7th graders and 42% of 9th graders). About half of the 7th graders (48%) and more than half of 9th graders (57%) reported walking or biking to school. At the follow-up measure in 2010, there was an improvement in the number of 9th graders who reported exercising vigorously (51%), however, there was a drop in the percentage of 7th graders who reported walking or biking to school (declined to 38%).

Over half of 7th graders and less than half of the 9th graders reported that there are safe places to walk or ride a bike in their neighborhood. These percentages were consistent at baseline and follow up. Similarly, about half of 7th and 9th graders reported feeling safe outdoors, but this percentage dropped to 44% of the 9th graders in the follow-up measure in 2010.
In 2007, about a third of students reported eating five or more servings of fruits and vegetables the preceding day, (33% of 7th graders and 28% of 9th graders). This remained consistent from baseline to follow up. Although the perception about school lunch remained very low, it did improve among the 9th graders (16% thought that school lunch was healthy and 21% thought that school lunch tastes good at follow up, compared to only 11% and 13% respectively at baseline).
Table 3. School survey baseline and follow-up: diet, physical activity

<table>
<thead>
<tr>
<th>Perceptions about neighborhood</th>
<th>7th Graders 2007</th>
<th>7th Graders 2010</th>
<th>9th Graders 2007</th>
<th>9th Graders 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total N (any responses)</td>
<td>237</td>
<td>409</td>
<td>321</td>
<td>318</td>
</tr>
<tr>
<td>It is easy to find a place to buy fruits and vegetables</td>
<td>67%</td>
<td>70%</td>
<td>64%</td>
<td>71%</td>
</tr>
<tr>
<td>It is easy to find a place to buy candy, soda, sweets</td>
<td>85%</td>
<td>86%</td>
<td>87%</td>
<td>89%</td>
</tr>
<tr>
<td>I feel safe outdoors in my neighborhood</td>
<td>48%</td>
<td>49%</td>
<td>50%</td>
<td>44%</td>
</tr>
<tr>
<td>There are safe places to walk or ride a bike</td>
<td>56%</td>
<td>58%</td>
<td>48%</td>
<td>46%</td>
</tr>
<tr>
<td>I like to go to places in neighborhood to do physical activity</td>
<td>36%</td>
<td>29%</td>
<td>24%</td>
<td>26%</td>
</tr>
<tr>
<td>Perceptions about school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School lunch is healthy</td>
<td>26%</td>
<td>28%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>School lunch tastes good</td>
<td>42%</td>
<td>42%</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>Foods sold in school vending/stores are healthy</td>
<td>16%</td>
<td>16%</td>
<td>14%</td>
<td>19%</td>
</tr>
<tr>
<td>I am given candy/sweets few times a year or more</td>
<td>72%</td>
<td>75%</td>
<td>62%</td>
<td>75%</td>
</tr>
<tr>
<td>I take PE year round</td>
<td>90%</td>
<td>95%*</td>
<td>91%</td>
<td>89%</td>
</tr>
<tr>
<td>I learned about healthy food in a class</td>
<td>29%</td>
<td>29%</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Eating behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ate 5 servings of fruits and vegetables yesterday</td>
<td>33%</td>
<td>38%</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Ate salad yesterday at home or school</td>
<td>28%</td>
<td>24%</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>Ate baked chips yesterday at home or school</td>
<td>39%</td>
<td>33%</td>
<td>34%</td>
<td>36%</td>
</tr>
<tr>
<td>Ate fast food 2 or more times in last 7 days</td>
<td>40%</td>
<td>46%</td>
<td>54%</td>
<td>53%</td>
</tr>
<tr>
<td>Ate candy or sweets yesterday any place</td>
<td>83%</td>
<td>79%</td>
<td>81%</td>
<td>77%</td>
</tr>
<tr>
<td>Activity behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I walked or biked to/from school yesterday</td>
<td>48%</td>
<td>38%*</td>
<td>57%</td>
<td>62%</td>
</tr>
<tr>
<td>I spent 20 min. or more doing vigorous activity yesterday</td>
<td>48%</td>
<td>44%</td>
<td>42%</td>
<td>51%</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>75%</td>
<td>68%</td>
<td>64%</td>
</tr>
<tr>
<td>I watched programs on a TV or computer for 2 or more hours yesterday</td>
<td>30%</td>
<td>44%</td>
<td>45%</td>
<td>38%</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 all students’ 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 Body Mass Index-for-age between the 85th and 95th percentile and obesity is defined as Body Mass Index-for-age at or above the 95th percentile.

Figures 7-9 show baseline and follow-up BMI results by grade for 5th, 7th and 9th graders from four schools (two elementary schools, one middle school, and one high school). Rates of overweight in all four schools combined ranged from 49-54% in 2007 and 50-59% in 2010. Rates of obese students ranged from 27-30% at baseline and 28-37% 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

Overweight and Obese > 85th percentile

Obese > 95th percentile

[Bar charts showing BMI percentiles for 5th graders at baseline and follow-up, elementary school 2007: 51; 2010: 59, Obese: 2007: 27; 2010: 37]

1 Richmond N=114 (2007); N=99 (2010)
Figure 8. BMI Percentile: 7th graders at baseline and follow-up

![BMI Percentile: 7th graders at baseline and follow-up](image)

*Richmond N=254 (2007); N=386 (2010)*

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

![BMI Percentile: 9th graders at baseline and follow-up](image)

*Richmond N=404 (2007); N=386 (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 three of the four participating schools (one elementary, one middle school, and one high school). Most schools conducted the one-mile test. One elementary school used the one-mile run test at baseline and the PACER test at follow-up and is not included in the results. Only schools that did the same test at baseline and follow-up are included in the analysis.

The results for the 5th graders show a significant decrease in the Healthy Fitness Zone for aerobic capacity (50% in 2007 and 19% in 2010). The numbers reported for 5th graders were small (39 students at baseline and 28 at follow-up) and may have contributed to this result. Findings for the 7th and 9th graders showed a trend toward improvement, but the changes were not statistically significant.
Figure 10. Aerobic Capacity: Percentage of students in the Healthy Fitness Zone.

1 Richmond 5th grade N=39 (2007); N=28 (2010)
Richmond 7th grade N=254 (2007); N=386 (2010)
Richmond 9th grade N=404 (2007); N=384 (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 is clinical data on Kaiser Permanente (KP) members. In many HEAL-CHI communities, KP members make up a big percentage of the population. In the West County area there are approximately 16,300 adult KP members—46% 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. Selecting comparison neighborhoods with similar demographics (ethnicity and income), improves the chances of measuring 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 using both height and weight. An adult with a BMI score greater than 30 is usually considered obese. Figure 11 shows trends in adult obesity from 2007 (2nd quarter) to 2010 (2nd quarter), comparing West County to areas with similar demographics in the rest of Contra Costa County. Figure 12 shows trends in child obesity for the same time period. 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 as closely as possible on income and ethnicity. Enough comparison tracts were selected to produce a roughly three-to-one KP member population ratio, comparison to intervention.

There was little change in the percentage of obese adults and children in West County from 2007 to 2010 (nearly 45% of adults and about a quarter of all children). These rates where similar to the comparison group that also showed little change in the rate over time.
Figure 11. Adult obesity rates\(^1\) among West County KP Members vs. comparison neighborhoods

![Graph showing Adult obesity rates](image)

\(^1\) Richmond N=1,600 (2007); N=4,400 (2010)
Comparison N=10,600 (2007); N=13,000 (2010)

Figure 12. Child obesity rates\(^1\) among West County KP Members vs. comparison neighborhoods

![Graph showing Child obesity rates](image)

\(^1\) Richmond N=200 (2007); 1,100 (2010)
Comparison N=1,400 (2007); 2,700 (2010)
V. Challenges, Lessons Learned

A number of challenges arose in the process of implementing the West County HEAL Collaborative and the lessons learned in responding to these challenges may be useful for other communities undertaking similar initiatives. Information about challenges came from interviews with Collaborative members and staff describing overall challenges and lessons learned from implemented strategies, and from the results of the evaluation.

Forming the Collaborative. One challenge for the Collaborative was developing effective working relationships and leadership. One Collaborative member interviewed described this period as “growing pains” where “everyone had to learn to work together.” Another explained, “it took us a while to get the right staff leadership. We had staff with good intentions, but this project has a whole lot of moving parts: sectors, personalities, goals and objectives. You have to have a range of skills. It took us a while to get the right range of staff. That caused us some problems for the first two years or so of our project.” Another agreed, “The staff now are great for us and highly respected in the community...It took us a while as members to settle down to work and appreciate what a collaborative can bring you versus having a bunch of individual kingdoms.”

Healthy food access. Among the greatest challenges in increasing healthy food access was how to create a culture shift to increase the demand for healthy foods. The Collaborative reasoned that creating this demand, especially among young people, would help institutionalize changes and increase healthy eating behaviors. They laid the groundwork for changing norms through establishing an active presence in the community, through nutrition education, free food samples, access to low-cost food sources (subsidized produce boxes), and by promoting sources for purchasing fresh, seasonal produce.
Built environment and city planning. Time and persistence were necessary before the Collaborative became a recognized stakeholder in the city planning process. Traditional city of Richmond stakeholders and insiders typically were the ones who attended City of Richmond General Plan proceedings. The Collaborative staff found that participating regularly (described as “embedding” themselves by one Collaborative member) in city committees and workgroups led to successful outcomes. However, even with their active participation and input, they met challenges. Initial suggestions for the Health Element in the Richmond General Plan were diluted by the committee. The Collaborative responded by engaging a knowledgeable partner, Public Health Law and Policy, who helped it respond quickly to reinforce its recommendations. As a result, the Collaborative is now seen as a community resource. The City of San Pablo specifically invited a Collaborative staff member to be on the General Plan Advisory Committee that oversees the development of the entire General Plan. This led to the development of the stand-alone Health Element in the General Plan with support from the mayor. “We’re now seen as the go-to group in the community for this kind of thing,” said one Collaborative member. “HEAL is like a grassroots think tank. We see the issue in the community, create the tools to measure, analyze the data, and come up with recommendations.”

Schools. Working with schools in a large school district was challenging because of time constraints, budget cuts, and the focus on academics over physical activity and nutrition. Staff challenges created delays: the Afterschool Director changed and there were vacancies on the District’s Wellness Committee leadership for two years. The Collaborative found ways to overcome these barriers. While working on expanding Universal Breakfast, it was able to overcome the reluctance among some teachers and custodians by first piloting Universal Breakfast during testing periods, gaining assistance from advocates (e.g. California Food Policy Advocates), and providing regular communications with the school administration. In another instance, a half dozen physical education prep teachers were laid off and kindergarten teachers were trained to take their place. The Collaborative hired a PE specialist to provide individual training and
monitoring. The school district realized the importance of this role and fully funded the position.

**Worksites.** The Collaborative shifted from partnering with the Chamber of Commerce to engaging two community partners to reach out to the business community and develop a network of worksites working on HEAL-related activities and policies. It realized that there were two very different groups of employers: the smaller “mom and pop” businesses along 23rd Street, and the larger businesses in the downtown/Iron Triangle area. Working with the smaller 23rd Street businesses first required regular contact over a period of time to establish rapport and a sense of trust. The Collaborative found that due to the challenging economic times, many of these businesses are simply struggling to stay in business. The Collaborative also found that the larger employers already had wellness policies and many of their employees did not live in the neighborhood.

**Health care.** Promoting breastfeeding proved to be difficult. Women in Richmond received prenatal care in the county, but their deliveries took place in another county because of budget and service cuts. The Collaborative responded to the challenge by convening a range of stakeholders, establishing policies and procedures to promote breastfeeding support, and creating new breastfeeding counselor support positions filled by individuals from the community.
VI. Conclusions

The West County HEAL Collaborative started by forming a large partnership composed of agencies and nonprofits in four major sectors: worksite, health care, school and neighborhood. Each sector developed plans focused on policy and environmental changes that increase fresh fruit and vegetable access and ensure that the built environment provides physical activity opportunities that are safe and inviting for residents. Over time, the Collaborative saw the value of making lasting changes through the adoption of policies, but recognized that it was a much slower and more difficult process than it imagined—particularly in institutional settings such as schools and governmental agencies.

The neighborhood sector achievements hold the most promise for reaching large numbers of residents over a long period of time. But it will take years before changes in the General Plans will be evident. The Kaiser Permanente investment has been used to support community changes that will permeate future development plans in the cities of Richmond and San Pablo for decades to come. Also, the reach of nearly all children in the school setting by the higher intensity strategies, many of which are sustainable, could be expected to produce measurable behavior change over time.

One of the noted achievements of the Collaborative is the way in which very different organizations came to work together on HEAL issues. As they formed working relationships, they also increased their capacity to engage residents and youth in community self-assessments followed by focused advocacy efforts. This is a promising outcome that has the potential to be sustained in the future as an asset in this community and beyond as other communities look for advice from the West County HEAL Collaborative.