



GROWING A MOVEMENT

Healthy Kids, Healthy Communities Final Report



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Healthy Kids, Healthy Communities Final Report

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For more than 40 years, the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. We are striving to build a national Culture of Health that will enable all Americans to live longer, healthier lives now and for generations to come.

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Growing a Movement: Fitchburg, MA.

Introduction: Omaha, NE.

Findings: King County and Seattle, WA.

Conclusions and Implications: Milwaukee, WI.

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PREFACE

August 2014

Dr. Risa Lavizzo-Mourey's 2006 announcement of the Robert Wood Johnson Foundation's (RWJF, the Foundation) \$500 million investment to reverse the childhood obesity epidemic by 2015 was a bold and deliberate call to action. Strong collaboration resulted among philanthropy, government, industry, schools, researchers, clinicians, advocates, parents, youth and others to address this serious threat to our nation's health.

Healthy Kids, Healthy Communities (HKHC) emerged from this funding and was the Foundation's largest community-based initiative focused specifically on reversing the obesity epidemic in children at greatest risk, with a special focus on the South, where disparities were the highest due to race, ethnicity and income. Recognizing the influence of place on behavior, health and quality of life, HKHC addressed the policies, systems and environments that make it easier for youth and their families to engage in physical activity and play, and to make healthier food choices.

As HKHC evolved, a number of complementary Foundation-funded initiatives also emerged to build awareness and demand for healthy policies and environments. Leadership for Healthy Communities supported local and state government leaders. The National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN) developed model policies and ordinances and provided legal technical assistance, and the Alliance for a Healthier Generation focused on improving school environments through its Healthy Schools Program. Meanwhile, Active Living Research, Healthy Eating Research, Bridging the Gap, SALUD America! and the African American Collaborative Research Network helped build an evidence base to validate the most promising interventions. And initiatives such as Y-USA's Pioneering Healthy Communities and Communities Creating Healthy Environments worked with hundreds of additional neighborhoods, cities, towns and counties to engage local leaders, residents and youth. In addition, the National Collaborative on Childhood Obesity Research provided a coordinating mechanism for the research community. And the Healthy Weight Commitment Foundation and Partnership for a Healthier America increased industry commitments to create and market healthier products.

Momentum also grew outside of the Foundation. Spurred by the launch of the Healthy Eating Active Living Convergence Partnership, local funders shifted toward funding place-based initiatives that addressed complex, multi-faceted issues contributing to obesity. Along with this momentum, awareness and action increased. PreventObesity.net and MomsRising lifted the voices of thousands of advocates for change through social media. First Lady Michelle Obama's *Let's Move!* campaign encouraged healthier practices in our homes, schools, communities, worksites and places of worship. And government-funded programs, such as Safe Routes to School, Communities Putting Prevention to Work, Racial and Ethnic Approaches to Community Health, and Community Transformation Grants infused hundreds of communities with resources to support capacity building and infrastructure to help Americans live healthier lives. Though too short lived, these initiatives further validated the role of multi-sector collaboration and community engagement in chronic disease prevention.

It has been inspiring and humbling to watch this field evolve and to witness the beginning of a shift in social norms. Though today too many school lunches remain unhealthy, too many playgrounds are still unsafe or locked to the public, too many roads are unwelcoming to bicyclists, too many parents must travel long distances to shop at a full-service grocery store and too many partisan battles over essential public health funding are being fought, we still have many reasons to be hopeful.

Just last summer, the Centers for Disease Control and Prevention, relying on Pediatric Nutrition Surveillance System, 2008-2011 data, reported a levelling off in rates of childhood obesity in many communities, including several with HKHC partnerships. Even though the HKHC program has ended, important signs of progress continue: additional funding for parks and playgrounds, the hiring of new staff in municipal budgets to coordinate healthy living initiatives, and the passage and implementation of Complete Streets policies and shared use agreements, to name a few.

As the nation continues to pursue healthier communities, we aim to contribute to the conversation by sharing this final report as an overview of the five-year HKHC national program, including key findings from our work, brief vignettes and images, implications for the field and suggestions for future work. Please join us as we proudly reflect on the outcomes of this seminal initiative, and honor the passion and commitment of leaders from the 49 HKHC community partnerships across the country who made it possible.



Sarah Strunk
Executive Director
Active Living By Design
National Program Director
Healthy Kids, Healthy Communities



Donna Chavis
Chair
Healthy Kids, Healthy Communities
National Advisory Committee



INTRODUCTION

The *Robert Wood Johnson Foundation* (RWJF, the Foundation) established *Healthy Kids, Healthy Communities* (HKHC) in 2008 with a \$33.4 million investment to reduce childhood obesity by supporting partnerships and initiatives in 49 communities across the country. HKHC focused on reaching children at greatest risk for obesity, based on race/ethnicity, income and/or geographic location, with a goal of contributing to the decline in childhood obesity rates by 2015.

Communities utilized a variety of obesity-prevention strategies to increase access to healthy foods and/or opportunities for physical activity. A key component of HKHC was a focus on policy, systems and environmental change strategies rather than behavior change alone. To achieve sustainable change and community buy-in, HKHC grantees utilized existing multidisciplinary partnerships or formed new coalitions to lead their work during a four-year grant period.

What can we learn from such a large investment from the Foundation and the dozens of grantees who worked diligently to improve their communities' structures, systems and supports for healthy living? This report describes how HKHC was structured, illustrates common themes and successes, and identifies challenges and unexpected outcomes during the program. The report is intended for residents and decision makers alike and can be valuable for anyone interested in healthy community work. It provides insights into what is achievable and how the HKHC grantees developed and implemented new initiatives.

A key component of HKHC was a focus on policy, systems and environmental change strategies rather than behavior change alone.

BACKGROUND

Active Living By Design (ALBD) served as the HKHC National Program Office. ALBD has a multidisciplinary team with diverse backgrounds and with skill sets ranging from public health and nutrition to transportation and planning, community engagement, health policy, communications and social work.

One of the first steps in launching HKHC was to recruit a National Advisory Committee, a diverse group of professionals representing different perspectives and geographic regions. These advisors provided overall direction to the initiative, especially during formative stages of the initiative and the proposal review processes.

SELECTION OF GRANTEES

Nine Leading Sites grantees were selected from 43 organizations that were nominated by several state and national foundations with experience funding local healthy eating and active living initiatives. The term Leading Sites reflected the expectation that these grantees would serve as mentors and ambassadors due to their previous experience and leadership with active living and healthy eating strategies. The HKHC Leading Sites' four-year funding period started in December 2008 with \$400,000 grants.

Forty-one Round Two grantees began their four-year grant one year later, each receiving \$360,000 awards. The national call for proposals to select those grantees attracted 540 brief proposals from communities across the country, confirming the high degree of enthusiasm and readiness for this work. Approximately half of the Round Two grantees were located in 15 Southern states, where rates of childhood obesity were among the highest in the country (see map, below).

The *49 communities*¹ comprising the HKHC portfolio were intentionally diverse in nature. In addition, they proposed a range of healthy eating and active living strategies, such as increasing community gardens and farmers' markets, enhancing conditions for safe bicycling and walking, improving access to parks and playgrounds, enacting healthy vending guidelines, and developing other organizational policies and practices to encourage healthy eating and active living.

MAP OF HKHC GRANTEES

9
LEADING SITES
grantees

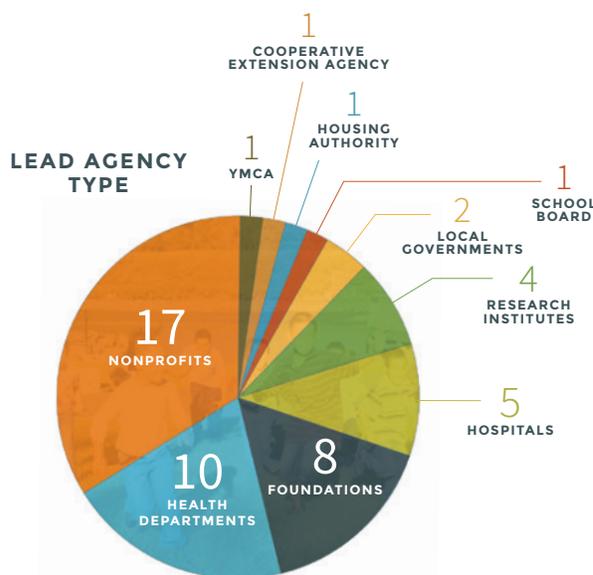
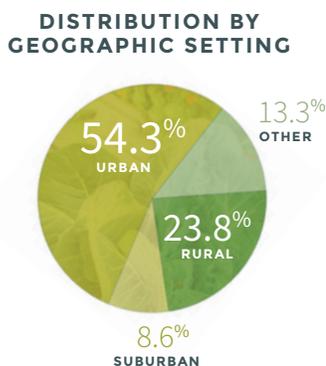
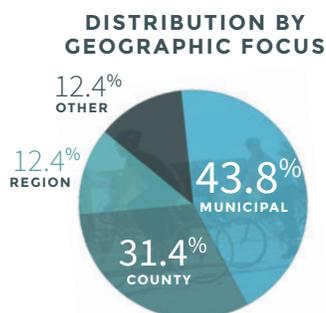
40
ROUND TWO
grantees

28
STATES, DC &
PUERTO RICO

14
SOUTHERN STATES
at greatest risk for obesity



CHARACTERISTICS OF GRANTEES



TECHNICAL ASSISTANCE MODEL

ALBD developed HKHC’s technical assistance model using lessons learned from its previous initiatives and partnerships.² ALBD project officers each worked with a portfolio of grantees for the entire grant period, enabling trusted relationships to form and creating institutional memory. Project officers conducted regular technical assistance and coaching calls, provided customized technical assistance by telephone and email, and conducted regular site visits to meet with project staff and observe community progress in person.

Additionally, ALBD coordinated a peer-learning network for group technical assistance and supported peer mentoring and learning across sites. Activities included monthly learning network conference calls and webinars, special trainings and annual grantee meetings. Grantee meetings provided a special opportunity for both capacity building and networking. These interactive, three-day convenings included cutting-edge topics for plenary sessions, strategy-specific technical sessions, workshops and experiential field trips where participants saw on-the-ground successes. These experiences strengthened relationships among project directors, coordinators, community partners and other attendees, creating connections that lasted even after HKHC ended.

EVALUATION

Transtria, LLC and the *Washington University in St. Louis Institute for Public Health* received funding from RWJF to evaluate the HKHC national program. Based in St. Louis, MO, Transtria is a public health research and consulting firm that supports the development, implementation and evaluation of research and practice-based interventions. Their team employed a collaborative, community-based approach to the HKHC evaluation, which utilized multiple methods, site-specific assessment strategies and cross-site evaluation components. Evaluators tracked plans, processes, strategies and results related to active living and healthy eating policy, system and environmental changes, as well as partnership and community capacity indicators and broader social determinants of health. Transtria’s formal evaluation of the HKHC initiative provides additional details related to the community partnerships’ local efforts through community case reports. A 2015 supplement to the *Journal of Public Health Management and Practice* will also document program outcomes. For more information about the evaluation, visit www.transtria.com/hkhc.

¹ RWJF originally awarded 50 HKHC grants to communities. In 2011, one grantee ended its work after a year of funding, resulting in 49 total HKHC sites.

² RWJF: *Active Living by Design* (2003–2009) and *Healthy Eating by Design* (2005–2007); Blue Cross and Blue Shield of North Carolina Foundation: *Fit Together* (2005–2009); North Carolina Health and Wellness Trust Fund and North Carolina Division of Public Health: *Fit Community* (2005–2012); W.K. Kellogg Foundation: *Food & Fitness* (2006–2008); Blue Cross and Blue Shield of Minnesota: *Active Living Minnesota* (2008–2013).



FINDINGS

Working closely with *Healthy Kids, Healthy Communities* (HKHC) Leading Sites and Round Two Sites for multiple years positioned Active Living By Design (ALBD) staff to provide assistance to and observe significant accomplishments of the 49 communities. ALBD project officers and staff had many opportunities to engage HKHC project staff through monthly coaching calls, periodic site visits, email and learning network activities. In addition, the grantees' annual and final narrative reports, annual matching funds reports and selected summary data supplied by Transtria helped inform the development of this report. Community examples of these findings from HKHC partnerships are embedded throughout.

Findings are grouped into four themes:

- 1 – Partner Collaboration
- 2 – Connections to the Larger Movement
- 3 – Engaging the Community
- 4 – Policy and Environmental Change

1

Partner Collaboration was Critical for Success

The HKHC model required lead agencies to collaborate with a broad range of community partners to help achieve their goals. Some of these partnerships had existed for quite some time, while others were relatively young. ALBD encouraged HKHC leaders to broaden their networks to include a variety of public, private and nonprofit partners from many different fields to accomplish this multidisciplinary work. This meant organizing and moving forward collectively across a range of activities, which included assessing community conditions, identifying priorities, planning strategies, recruiting stakeholders and community residents, advocating for policy and environmental change, and documenting progress. These collaborations spurred the development of new leaders, helped identify new investments for healthy eating and active living, and left an enduring imprint in and beyond HKHC-funded communities. (See Appendix A for a list of partnerships that continued beyond the grant period.)

HKHC CREATED A PLATFORM TO HELP BUILD AND EXPAND LEADERSHIP.

Experience gained while directing the collective efforts of HKHC partnerships enabled many former project directors and coordinators to expand their leadership positions. HKHC provided opportunities for professional growth, in part, through training and technical assistance. More significant for their professional development, however, was the real-life experience gained from project planning, assessment and evaluation, coalition building, policy advocacy, conflict resolution, personnel management and overall project coordination. While turnover is common for any organization or partnership, the transition of project staff and partners helped build the field as local leaders effectively imparted the principles, policy approach and/or an emphasis on health equity to their new organizations. Over time, several former HKHC staff became local elected officials, congressional staff, members of key advisory boards, directors of state and national programs, and leaders of various organizations in their communities; some also moved to higher-level positions within the lead agency.

HOUSTON, TX

Case Example

Niiobli Armah IV (shown on the following page) demonstrated strong leadership from the first day he joined Can Do Houston (TX) to work on its HKHC grant. As project coordinator, he implemented policy- and environmental-change-based initiatives in five target neighborhoods within Houston's inner-city area, building relationships with residents and community leaders alike and creating a bridge between policy makers and neighborhood advocates. Niiobli worked tirelessly to shift power to those who are most affected by poor health. While attending an HKHC grantee meeting, Niiobli connected with Shavon Arline-Bradley, Chief of Staff/Chief Programs Officer at the National Association for the Advancement of Colored People (NAACP). Shavon immediately recognized Niiobli's leadership ability and appreciated his on-the-ground experience.

Niiobli now works with Shavon as the director of health programs at the NAACP national office in Washington, DC. In his current role, Niiobli is responsible for managing the NAACP's national policy and advocacy work, which is primarily focused on childhood obesity, HIV/AIDS, health system reform and health disparities. Niiobli's work with local units and branches addresses preventive health and healthcare reform, grassroots approaches to addressing health disparities and advocacy training. From Houston to his national role, Niiobli embodies a personal mission to do innovative work in the space between where policy is created and where it impacts communities.

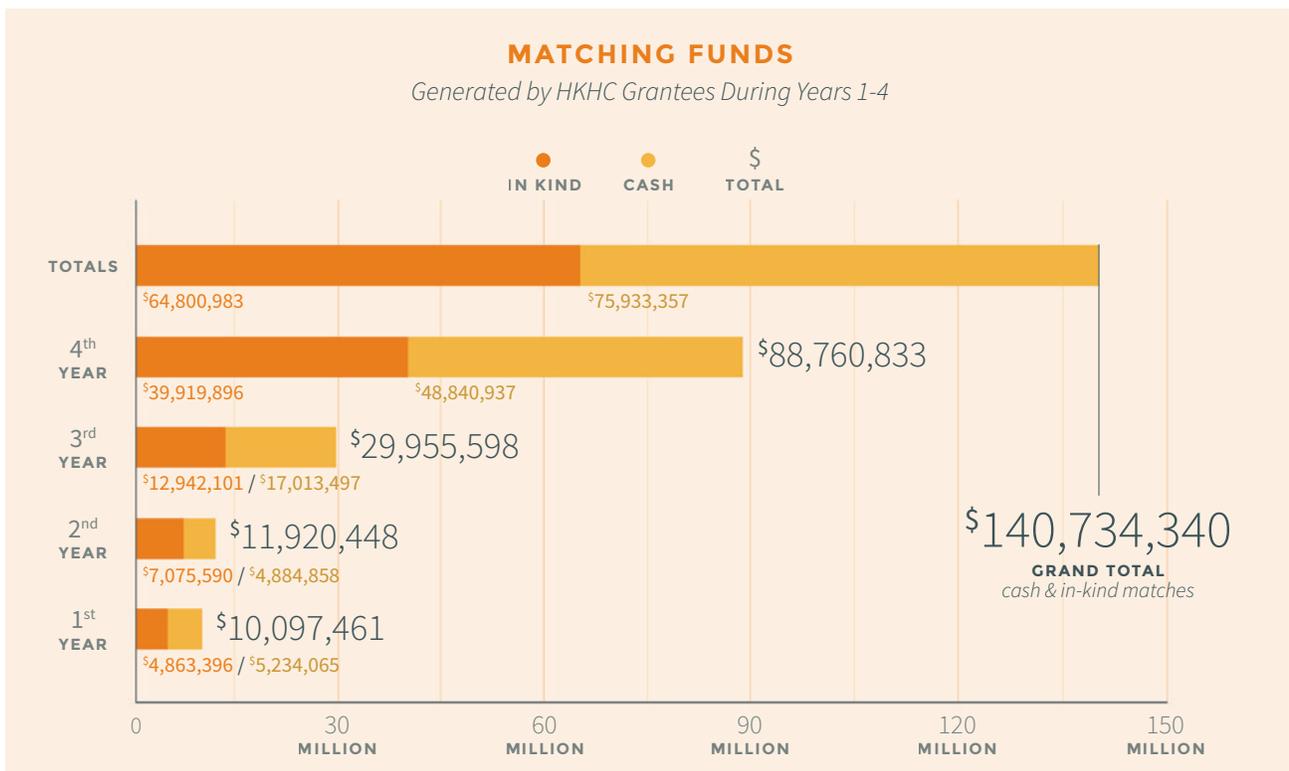
HKHC PARTNERSHIPS GENERATED NEW RESOURCES AND ENHANCED THEIR CAPACITY FOR SUSTAINABILITY.

As a condition of the grant award, the Robert Wood Johnson Foundation (RWJF) required a 50 percent match, which each grantee could meet through a combination of cash and in-kind contributions. All HKHC grantees surpassed this obligation. In fact, in 2013, 78 percent of partnerships more than doubled their required matching contribution of roughly \$45,000 per year. For Round Two grantees, the proportion of cash contributions increased steadily each year as these partnerships built networks and achieved success. The total cash and in-kind match for all grantees exceeded \$140 million, more than four times RWJF's \$33.4 million investment in HKHC (see "Matching Funds" on the following page and Appendix B). HKHC lead and partner agencies successfully leveraged investments for their HKHC initiatives in collaboration with various funding agencies. Matching funds included grants and other contributions from federal, state and local governments (83 percent), foundations (8 percent), non-profits (4 percent), schools (4 percent) and businesses (1 percent).

These contributions served two purposes: 1) intensifying and broadening the strategies that would not have been feasible with RWJF funds alone and 2) providing bridge funding, which enabled community partnerships to continue important components of their work. In many instances, HKHC partnerships continued to move forward with the identity and brand created during the grant period even after RWJF funding ended.



▲ From left: Niiobli Armah IV at an HKHC grantee meeting, and one of eight KEYS 4 HealthyKids community gardens in Charleston, WV.



CHARLESTON, WV

Case Example

In response to the HKHC call for proposals, a multidisciplinary partnership was formed under the leadership of Dr. Jamie Jeffrey, a pediatrician and medical director for the childhood obesity clinic at Charleston Area Medical Center. The partnership branded itself and the initiative as *KEYS 4 HealthyKids* (KEYS). KEYS developed relationships with local and regional funders to intensify and extend their strategies to improve healthy eating and physical activity within child-care organizations, after-school programs and neighborhoods. A \$50,000 grant from the West Virginia Bureau of Public Health funded community projects, including eight community gardens (shown on previous page), a garden tool lending program, five convenience store healthy checkouts, training for 10 child care centers to improve policies and practices for a healthier environment, and a public workshop to gather input about health measures during Charleston's comprehensive plan update process. Similarly, the Claude Worthington Benedum Foundation, a regional philanthropy, awarded \$75,000 in grants for local and regional projects.

This investment resulted in the development of a KEYS toolkit to expand into regional communities, mini-grant funds to implement the healthy eating and active living initiatives, and a peer-learning network to offer continued technical assistance to existing and future KEYS communities. KEYS is still in place, receiving \$275,000 from six funders, which fully supports their ongoing strategies. One example is a \$150,000 award from USDA's Supplemental Nutrition Assistance Program Education grant program to support policy and environmental change efforts within child care and school wellness committees.

“Even local funders have . . . begun to include policy targets in their funding objectives, in addition to traditional programmatic outcomes, development of community partnerships and youth engagement.”

Jamie Jeffrey
Charleston, WV

HKHC HAS CONTRIBUTED TO THE EMERGENCE OF NEW ADVISORY STRUCTURES.

HKHC initiatives resulted in important and ongoing councils, commissions and advisory boards that continue to champion healthy eating and active living (HEAL) strategies. These structures are also venues for community engagement to guide elected officials and government staff on key health and equity principles during policy development and implementation. Furthermore, advisory councils can help local governments progress along a HEAL agenda. Some councils comprise diverse members with broad agendas, while others focus on a specific strategy area. For example, eight HKHC communities formed food policy councils. Seven HKHC communities developed advisory councils and committees focused on Complete Streets, pedestrian and bicycle issues, and/or trails. In five other communities, HKHC initiatives led to resident and/or youth councils, which inform local officials on a range of health and community development topics (see map on the following page). In addition to formal advisory bodies, some HKHC partnerships helped establish new neighborhood groups and advocacy coalitions (e.g., Friends of Max Brandon Park in Flint, MI, described on Page 29).

DUVAL CO. AND JACKSONVILLE, FL

Case Example

In 2009, *Healthy Kids, Healthy Jacksonville* (HKHJ) identified food policy and safer streets for active transportation as top priorities. After conducting planning meetings and food assessments in Jacksonville’s lowest income neighborhoods, HKHJ partners determined that the city needed a coordinated effort to advance a more equitable food system. The *Duval Food Policy Council* began its work by convening annual food summits. This evolved to a committee structure focusing on comprehensive planning, children’s nutrition and urban agriculture. To date, the Food Policy Council has helped unify and focus disparate food advocates, public officials and residents. It has also helped increase produce availability in Jacksonville corner stores and provided input on state legislation regarding healthy beverages in child-care settings and SNAP/EBT³ usage at farmers’ markets.

The Jacksonville Bicycle and Pedestrian Advisory Committee (BPAC) and Context Sensitive Streets Subcommittee (CSSS), which were both established through city council ordinances, helped implement the city’s 2040 Mobility Plan. This plan prioritizes walking, bicycling and public transportation as critical components of the transportation system. The BPAC and CSSS are vital venues for helping the city equitably accommodate and encourage safe, active transportation. Both groups assemble residents, advocates, technical experts, public health professionals, and city transportation and planning staff in developing a more active transportation system for Jacksonville.

ADVISORY STRUCTURES



*Duval/Jacksonville, FL, shown on the map above, had more than one related council.

³ Federal Supplemental Nutrition Assistance Program with Electronic Benefits Transfer (debit card) technology.

2

Connections to the Larger Movement Enhanced Local Action

ALBD emphasized the importance of strengthening existing connections among partners and establishing new ones. This occurred from the development of the call for proposals through the grant selection process, and it continued throughout the initiative. Grantees also benefitted from linkages to regional and national partners. In addition to providing direct assistance, ALBD helped facilitate grantees' relationships with other RWJF-funded organizations and peer HKHC community leaders. In many instances, grantees developed or benefitted from their own regional and in-state connections for further help.

HKHC PROVIDED A COLLABORATIVE, ADAPTABLE AND FLEXIBLE MODEL.

The HKHC grant program had a number of key elements that were required of all grantees, which partnerships could adapt to align with their community context. These elements included a focus on low-income children and families; multidisciplinary partnerships; community engagement; careful assessment; and policy, systems and environmental approaches to childhood obesity prevention implemented at the municipal, county or regional level. While HKHC grantees were required to develop yearly work plans to stay focused and track their accomplishments, a flexible approach gave grantees the ability to adapt to changing political and economic conditions.

In addition, HKHC community partnerships were encouraged to work on upstream factors impacting active living and healthy eating. As such, they were able to recruit collaborators from a variety of disciplines, such as chambers of commerce, local businesses, state and local government agencies, and others in order to gain broad support and to facilitate policy and built environment changes.

FITCHBURG, MA

Case Example

Since 2009, the *Fun 'n FITchburg* (FnF) partnership has been a driving force for health and community development in this city of 40,000 residents. The Montachusett Opportunity Council led and helped form the partnership to plan and implement grants from RWJF (the HKHC grant) and the Massachusetts Department of Health (Mass in Motion) to prevent childhood obesity. FnF embodied the HKHC model through collaboration, community engagement, ongoing assessment and policy strategies to increase access to affordable healthy food and provide safe opportunities for active living. Fitchburg's mayor and other leaders embraced the FnF model to organize action and leverage further investments. The city used the FnF approach to address health and economic disparities by securing one of six Working Cities Challenge Grants awarded by the Boston Federal Reserve Bank.

The partners also used the *Collective Impact* model to capitalize on community assets. Their goal was to improve equity in key systems and build community involvement to support neighborhood revitalization. Mary Giannetti, FnF's lead organizer and HKHC Project Director, summarized the lasting impact:

“Our agency will continue to make a conscious effort to build a policy, systems and environment focus into our future work wherever applicable using ALBD’s 5P Model. This is a huge shift from our previous program-centric focus and adds considerable value to ensure efforts are sustained after grant funding is exhausted.”

Mary Giannetti
Fitchburg, MA



▲ From top: Youth in Fitchburg, MA, and cyclists in Columbia, MO (from the Case Example on the following page).

COLUMBIA, MO AND BOONE AND NEWTON COUNTIES, AR

Case Example

PEER RELATIONSHIPS BOOSTED LOCAL INITIATIVES THROUGH SHARED LEARNING.

A key expectation of the Leading Sites was to serve as mentors to the Round Two grantees. Many Round Two sites were new to the field and this type of healthy community change work. Travel funds were built into the Leading Sites' budgets and capacity building stipends were available to support face-to-face meetings between grantees and visits to each other's communities. Many of the grantees took advantage of these types of peer-learning exchanges, and Round Two sites that quickly embraced the work also served as mentors to other communities. In addition, shared learning experiences occurred through HKHC convenings, such as the annual grantee meetings, and through monthly learning network conference calls and webinars in which grantees shared successes with their peers. Because of these reciprocal relationships, numerous communities were able to replicate successful models.

"...friendships have developed, and there is no doubt that these two communities will continue to communicate and work together to create healthier environments."

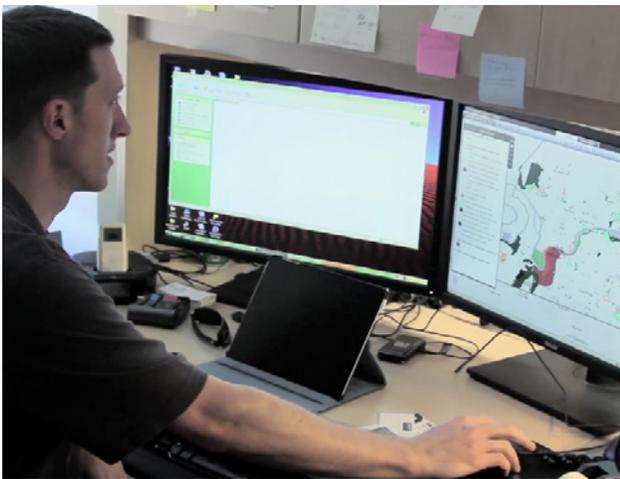
*Cindy Miller
HKHO Project Coordinator
Boone and Newton Counties, AR*

The learning exchange between Healthy Kids Healthy Ozarks (HKHO), a Round Two grantee in Harrison, AR, and the PedNet Coalition, a Leading Site grantee in Columbia, MO, illustrates an effective mentoring relationship. Due to the PedNet Coalition's considerable experience, the physical proximity of the two sites in neighboring states and the strategy proposed by HKHO to increase walkability in Harrison, the pairing of the two sites was a natural fit. HKHO Project Director Rick Hinterthuer and PedNet Coalition Project Director Ian Thomas met at an RWJF-funded meeting in Atlanta in 2009. As a result of that meeting, Ian and Sam Robinson (also with PedNet) spoke at Harrison's Healthy Living Expo in November 2010. In March 2011, HKHO took a delegation of 10 community leaders from Harrison to Columbia for a two-day site visit to experience the city's active living initiatives and infrastructure. In addition to HKHO staff and volunteers, the delegation included a city council member, the mayor's key staff assistant, a chamber of commerce representative and the city's economic development officer.

The team experienced the city's extensive trail system and met with the Mayor of Columbia and his staff, Columbia's director of parks and recreation, and many others. These partnerships have had subsequent exchanges to collaborate on the City of Harrison's road diet, the Safe Routes to School walking school bus project, and implementation of the Lake Harrison Fitness Trail.

LINKAGES WITH OTHER RWJF-FUNDED ORGANIZATIONS GREATLY IMPROVED ADVOCACY EFFORTS, COMMUNICATION AND OTHER OUTCOMES, BOTH LOCALLY AND NATIONALLY.

The commitment of nearly \$500 million dollars by RWJF in 2006 for its childhood obesity initiative spawned many national program offices and other major programs that now comprise RWJF's childhood obesity portfolio of projects. The Foundation's strategy encouraged regular interaction between more than 30 organizations and programs in the childhood obesity portfolio.⁴ Monthly conference calls and coordination of technical assistance activities among many of the groups resulted in greater familiarity with the resources available from each of these major programs. HKHC as a portfolio, as well as the individual grantees, benefited greatly from these relationships. An unexpected outcome was the bi-directional increase in capacity. HKHC grantees received specialized technical assistance from these national organizations and provided valuable input and a vital community perspective as these organizations developed tools and refined their services.



▲ John Bilderback using COGIS.

CHATTANOOGA, TN

Case Example

John Bilderback, project director for Grow Healthy Together Chattanooga (GHTC), the HKHC partnership, learned of a new mapping tool called Childhood Obesity Geographic Information Systems (COGIS) being developed by the University of Missouri's Center for Applied Research and Environmental Systems. COGIS integrates existing data sources, including local data, to produce maps that illustrate areas of need to elected officials and residents.

In January 2012, Chattanooga faced a dilemma when Food Lion closed all 12 local stores, leaving many areas of the city without adequate access to healthy foods. With the assistance of GHTC, a coalition convened to conduct research and identify a solution that would address the need. The coalition developed a mobile market to deliver healthy foods to designated locations throughout the city. GHTC's Leadership Advisory Councils surveyed neighborhood residents about preferred locations and types of foods. Using COGIS, John layered that information over population data that showed the highest poverty areas. The mobile market was up and running within six months of the Food Lion stores' closing and helped improve accessibility to healthy food in Chattanooga's neighborhoods. John stated, "COGIS enabled me to do my job. It also empowered the residents and enabled other researchers in the community to collaborate with us."

Simultaneously, COGIS's developers received valuable feedback on ways their mapping platform could meet a true community need. The video, "*GIS Mapping: Using Data to Paint a Picture*," highlights this success. This was one example of how several HKHC grantees provided input for the online tool.

⁴ HKHC grantees worked most frequently with the following RWJF-funded organizations: Active Living Research (University of California at San Diego and San Diego State University), Healthy Eating Research (University of Minnesota), Leadership for Healthy Communities, The Food Trust, National Policy and Legal Assistance Network (NPLAN), Prevent Obesity.net and COGIS (University of Missouri).

3

Engaging the Community Drove Action and Equity

Local governments often find it challenging to adequately address geographic disparities in income, education and basic amenities, such as safety and health, through policy development and the provision of services. Since HKHC focused on children and families in low-income neighborhoods and communities of color, many HKHC partnerships worked at this intersection while driving change at a city, county or regional scale. HKHC community partnerships advocated for more equitable distribution of opportunities for healthy eating and active living by boosting resident participation in government decision-making processes. Greater engagement of community members, particularly low-income residents, helped develop grassroots activism and grounded government staff and elected officials in the needs, assets and perspectives of traditionally underrepresented neighborhoods.

LOCAL GOVERNMENTS MADE BIG LEAPS WITH COMMUNITY ENGAGEMENT.

Strategic engagement of community residents with government agencies and elected officials has resulted in more mutually-beneficial working relationships. Because of HKHC, city governments and partners have a greater appreciation for residents' perspectives and participation. In many cases, city governments are changing the way they do business. In several HKHC communities, elected leaders and/or departmental officials implemented new procedures to accommodate, and even require, greater community participation in government processes and decisions. In some cases, resident and youth engagement led local governments to prioritize healthy eating and active living improvements by redirecting capital investments and services.

BENTON CO. AND THE CITY OF CORVALLIS, OR

Case Example

In Benton County, the Creciendo en Salud HKHC initiative generated new resources and successfully advocated for changes in policies and environments to support health. In the process, they created a greater understanding and appreciation among partners and government officials for better community engagement. Originally, the partners' efforts focused on building the capacity of youth and low-income residents to advocate for health opportunities in their neighborhoods. For the first time in many cases, Latino and low-income residents testified at city council meetings, city advisory groups and school board meetings. Over the four-year grant period, these inclusive, multicultural outreach and leadership development strategies were central to the Creciendo en Salud initiative and impressed local policy makers. Corvallis' City Council launched a Public Participation Task Force to revise its processes and structures to be more effective and efficient across departments and to increase diversity among city advisory councils, citizen committees and neighborhood associations. The mayor appointed the Creciendo en Salud coordinator to the task force because of her experience in working with low-income and non-English speaking residents.

Greater engagement of community members, particularly low-income residents, helped develop grassroots activism and grounded government staff and elected officials in the needs, assets and perspectives of traditionally underrepresented neighborhoods.



▲ HKHC community partnerships advocated for more equitable distribution of opportunities for healthy eating and active living by boosting resident participation in government decision-making processes.

MEANINGFUL ENGAGEMENT HAS INCREASED RESIDENTS' LEADERSHIP CAPACITY.

Greater community participation through HKHC also increased residents' capacity to assume leadership roles in civic planning processes and improvement projects. Capacity-building approaches varied from periodic educational sessions, related to healthy eating and active living issues, to a year-long curriculum. Residents learned about a range of topics including government services, political processes, land use planning, utilities and economic development.

BALDWIN PARK, CA

Case Example

After receiving HKHC funding, the California Center for Public Health Advocacy, the City of Baldwin Park and the Baldwin Park Unified School District launched People on the Move (POTM). POTM is a multilingual, multicultural initiative that strengthened resident leadership to promote healthy eating and increase physical activity. At the heart of POTM are the resident leaders who drive the momentum of every community strategy and adopted policy. Resident leaders, trained to become content experts, drive each strategy and/or policy from inception to implementation. For example, resident advocates, armed with cameras and assessment tools, led a grassroots campaign for healthier corner stores and a nationally recognized Complete Streets policy. Resident leaders have become change agents for Baldwin Park, ensuring deep community engagement, resident expertise and positive relationships with decision makers, and are now on a path toward sustainable resident leadership. This model of community engagement has built trust and mutual respect between government and elected officials, planners, and community members. Together, their efforts have changed the health of the city.

YOUNG PEOPLE WERE INVALUABLE PARTNERS TO HKHC INITIATIVES.

Given RWJF's goal of reducing childhood obesity, it made sense to involve youth in developing healthy eating and active living interventions. Many HKHC community partnerships went well beyond using simple surveys or focus groups to acquire young people's input. Rather, they directly and regularly engaged youth throughout the grant period in assessment, planning, implementation and evaluation (see the map on the following page). Support for youth participation varied among community partnerships. In some cases, youth received stipends, academic credit and other incentives. *Photovoice*, a commonly used technique, helped educate young people about healthy eating and active living issues, and used the camera lens to highlight their perspectives. Youth also played key roles in assessing streets for walkability, auditing parks for access and safety, and surveying convenience stores for the presence of healthy foods. Several HKHC initiatives helped organize and develop freestanding youth councils. In other communities, youth comprised special HKHC subcommittees and/or attended regular partnership meetings. Implementation roles for youth included organizing and participating in park cleanups and community construction of playgrounds. Youth groups were also effective advocates for government policy changes at local and state levels.

To encourage further engagement, youth from the HKHC partnerships received scholarships to participate in the Southern Obesity Summit, an annual regional conference focusing on obesity issues in 16 Southern states. Over two years, 25 youth and 12 adult chaperones attended the conference, where the youth delegates met with their peers to share experiences and action plans. Some gained the added benefit of speaking at the conference.

BUFFALO, NY

Case Example

To envision and inspire community change, the HKHC Buffalo partnership looked to its youth. The Buffalo Youth Advisory Committee (YAC), comprised of high school students from across the city, engaged other young people in their efforts to create a healthier Buffalo. Based on the video game *Just Dance*, YAC members planned an engagement event called *Just Lead* where youth could discuss meaningful issues and have fun. The YAC created five interest areas: Healthy School Zones, Youth Voice, Youth Passes (local transportation system), School Wellness Policies and Healthy School Lunches. Youth seats were created on the Food Policy Council of Buffalo and Erie County, the Buffalo City Bicycle and Pedestrian Board, and the Buffalo Public Schools Wellness Committee.

YAC members also participated in the city's zoning and land use change process, and hosted a youth training session to educate high school students about land use planning and effective participation in public meetings. Another successful YAC effort resulted in a policy change that will remove the old, unhealthy vending machines throughout the school district. Buffalo YAC now includes representatives from nine Buffalo schools, who continue to advocate for healthy changes in their community.

“[Our] youth leaders . . . have asserted themselves as engaged and active members of their community, and plan to continue finding meaningful ways for youth to participate in matters that affect the daily lives of their families, their neighbors, and themselves.”

*Kari Root Bonaro
HKHC Project Director
Buffalo, NY*



▲ The Buffalo Youth Advisory Committee shifted power through youth engagement in their efforts to create a healthier Buffalo.



4

Policy and Environmental Change was Critical to Building a Culture of Health

HKHC's fundamental aim was to improve conditions in communities that make healthy eating and active living easier, safer and more affordable. The lasting imprints of the HKHC initiatives are new and modified policies, built environments, organizational practices and social norms. All 49 funded communities documented at least one policy and/or environmental change. These changes required the right strategies and the persistence of dedicated partners. They also happened because elected officials, government professionals, community leaders and residents were convinced of their value.

HKHC PARTNERSHIPS HAVE CONTRIBUTED TO SUSTAINABLE POLICY CHANGE.

Policy was the most challenging, yet most promising, strategy to generate lasting change. HKHC policy successes ranged in scope and reach. Some changes were modest and symbolic, while others had direct and potentially profound influences in communities. Policies were adopted that will impact small populations, as well as entire cities, counties or regions. Policies included ordinances, resolutions, codes, executive orders, design guidelines, administrative policies and other written rules determining government operations and local development. HKHC initiatives also influenced the development or modification of comprehensive and master plans and increased local budgets and capital expenditures to improve access to healthy foods and opportunities for active living. In many HKHC communities, important organizational practices occurred without formal adoption by elected officials. (See also "New Practices within Organizations," page 29.)

Healthy eating policies and practices: HKHC sites documented 715 policy and practice changes to improve access to healthy affordable food. These included nutrition standards in child-care- and after-school settings; acceptance of Supplemental Nutrition Assistance Program (SNAP)/EBT benefits at farmers' markets; community gardens; healthy vending and food guidelines for government-sponsored facilities, programs and events; urban agriculture zoning laws; and healthier food at corner stores, food banks, restaurants and grocery stores. (See page 25 and Appendix C.)

Active living policies and practices: HKHC community partnerships influenced government officials to approve and implement a variety of changes to increase safe physical activity options in urban, suburban and rural areas. Common policies and practices included Complete Streets ordinances, comprehensive and master plans, guidelines affecting child-care providers and shared use agreements. HKHC communities documented 576 policy or practice changes during the grant period. (See page 26 and Appendix C.)

HKHC Partnerships also documented dozens of combined policy and practice changes addressing both healthy eating and active living. Newly created committees were most common, followed by changes to comprehensive plans, resolutions and organizational policies and/or practices. (See page 26 and Appendix C.)

“Policy change needs a champion. Although external partners such as HKHC can provide much-needed support, policy change within an institution requires an internal champion in order to gain traction and come to fruition. Ms. Lammel-Harmon provided the essential vision, access, and influence to implement healthier snack vending.”

*Lucy Gomez-Feliciano
HKHC Project Director
Chicago, IL*

HKHC PARTNERSHIPS HAVE CONTRIBUTED TO SUPPORTIVE BUILT ENVIRONMENTS.

The built environment can support or impede access for people to engage in healthy behaviors. In addition to policy change, the HKHC initiative led to changes to the physical infrastructure of the 49 communities to encourage and enable healthy choices. While HKHC funding could not pay for physical projects directly, partnerships could use funds to coordinate efforts, write grants and advocate for changes in the built environment. Knowing that simply building infrastructure (e.g., a trail, farmers’ market, connected sidewalks, community garden or bike lane) does not necessarily lead to behavior change, the HKHC communities often promoted their use through complementary programs and promotional activities that were not funded by RWJF.

HKHC community partnerships helped create 828 environmental changes (417 for healthy eating environments and 411 for active living environments). These environmental changes improved access to healthy eating, physical activity or both with public and/or private support. Examples include opening healthy corner stores in areas identified as food deserts, placing healthier options in vending machines and creating Complete Streets that accommodate pedestrians and bicyclists. Like policy, environmental approaches are much more sustainable than individual programs or educational activities. Changes in, or maintenance of, the environment can impact a community beyond individual health. In many cases, such changes can stimulate the local economy, improve safety, build capacity among stakeholders, and empower and mobilize community groups that have not historically been involved in local decision making. The following examples illustrate a few of the many environmental changes HKHC communities helped advance during the grant period.

Healthy eating built environments: The most common built environment changes that influenced HKHC communities’ access to healthy foods included creating farmers’ markets and community gardens; retrofitting corner stores to offer fresh, healthy foods; and establishing healthy food retail venues in existing food deserts. (See page 27 and Appendix C.)

Active living built environments: Built environment changes that improved residents’ access to physical activity included street improvements to increase safe walking and bicycling, development of new parks and playgrounds, trail development and maintenance, improvements in connectivity (e.g., pedestrian bridges and tunnels), and new bicycle racks and rental stations. (See page 28 and Appendix C.)

715

HEALTHY EATING

Policy & Practice Changes

KANSAS CITY, MO

The Greater Kansas City Food Policy Coalition worked with the local HKHC partnership and the Ivanhoe community and other partners on a citywide campaign to amend **urban agriculture zoning laws** in Kansas City, MO. Now, residents can grow and sell food from their properties and have local children, families, volunteers and apprentices work on their farms and in their gardens. The new zoning law not only promotes local, healthy foods but also creates economic opportunities and a spirit of entrepreneurship within Kansas City neighborhoods.

WASHINGTON, DC

In Washington, DC, HKHC partners instituted the federal **After-School Supper Program for students from low-income families**. The program now provides healthy meals and improved existing after-school federal-nutrition and nutrition-education programs. DC Hunger Solutions led this policy change, which now serves daily suppers to more than 9,200 children and teens.

MOUNT GILEAD, NC

Mount Gilead, NC, a town with approximately 1,400 residents, passed a healthy foods policy to encourage **healthy foods at town-supported events**. This policy covers all town meetings, potluck and catered events, community health fairs and town-operated children's programs.

⁵Policy change counts in child-care facilities were significantly higher because grantees documented multiple changes within each participating center.

*Data source for pages 25-28: Transtria, LLC. The number of communities represents those addressing policy, practice and/or built environment strategies.

529

**CHILD-CARE FACILITY⁵
NUTRITION STANDARDS**
changes in **13** communities
addressing healthy eating*

95

FARMERS' MARKET
changes in **31** communities*

23

CORNER STORE
changes in **12** communities*

23

COMMUNITY GARDEN
changes in **28** communities*

15

HEALTHY VENDING
changes in **7** communities*

14

**ORGANIZATIONAL
HEALTHY EATING**
policy changes in **5** communities*

7

**URBAN
AGRICULTURE**
changes in **6** communities*

4

FOOD BANK
changes in **4** communities*

3

RESTAURANT
changes in **6** communities*

2

GROCERY STORE
changes in **7** communities*

SANTA CRUZ, CA

The Santa Cruz, CA, Metropolitan District Board of Directors, in partnership with the Jóvenes SANOS youth advocacy group, passed the Healthy Food and Beverage Options Policy at Santa Cruz METRO transit facilities and stations. **New nutrition standards impact employees, transit center tenants, vendors and vending machines** at all Santa Cruz METRO facilities. The policy also addresses pricing and advertisement, and encourages transit center tenants to participate in the Healthy Food and Beverage Options Program.

CHICAGO, IL

In Chicago, IL, the Chicago Park District (CPD) approved a new healthy vending policy, drafted new standards and developed a new request for proposals addressing **healthy snack vending options**. CPD now selects a vendor that supplies healthier snacks to all park facilities across the city, impacting at least 96 vending machines.

576

ACTIVE LIVING Policy & Practice Changes

HOUGHTON, MI

Houghton, MI, became the sixth city in the state, and the first in the rural Upper Peninsula, to adopt a **Complete Streets ordinance**. The city council subsequently approved its first comprehensive non-motorized transportation network plan to guide future planning, design and expenditures to support active living. The city also added a bicycle-parking addendum in its zoning code in the section addressing businesses and multi-family housing.

SILVER CITY, NM

The Silver City, NM, City Council approved updates to its Land Use and Zoning Code, which will lead to more walkable streets and provide **protections for trails, community gardens and farmers' markets**.

61

**COMBINED
HEALTHY EATING & ACTIVE LIVING
Policies & Practice Changes⁶**

**19
COMMITTEE/
TASK FORCE
changes**

**13
RESOLUTION &
OTHER POLICY
changes**

**13
CITY/COM-
PREHENSIVE PLAN
changes**

**10
ORGANIZATIONAL
POLICY
changes**

**4
SCHOOL
WELLNESS
changes**

**1
NEW STAFF
POSITION
change**

**1
REIMBURSEMENT
change**

PALM BEACH COUNTY, FL

The School Board of Palm Beach County, FL, unanimously passed a **shared use agreement** for Berkshire Elementary School. The playing fields are now open for public use during weekends and holidays. This process at Berkshire has helped inform potential future shared use agreements with other schools within the district.

BIRMINGHAM, AL

Birmingham, AL, adopted the Red Rock Ridge & Valley Trail System plan, Jefferson County's 750-mile blueprint for **off-road and street improvements to make safe walking and bicycling a reality**. The plan helped spawn investments of more than \$12 million in built environment improvements from Transportation Alternative Program funds, private investments and a federal TIGER discretionary grant program, which targets low- to moderate-income areas of Birmingham.

PHILADELPHIA, PA

Philadelphia, PA, policy makers approved **Healthy Living Guidelines for Out-of-School-Time** (OST) programs, which were pilot tested in nine sites. These after-school standards for physical activity and healthy eating affect more than 209 OST sites citywide, improving opportunities for approximately 20,000 children.

384

**CHILD-CARE
PHYSICAL ACTIVITY STANDARDS
changes in 11 communities
addressing active living***

102

**ACTIVE TRANSPORTATION
changes in 39 communities***

43

**PARK & PLAY SPACE
changes in 28 communities***

31

**SHARED USE
changes in 9 communities***

14

**LAND USE
changes in 6 communities***

2

**SAFETY
changes in 1 community***

⁶ Some of these policy and practice changes focused solely on healthy eating or active living. Active transportation- and parks-related comprehensive plan changes are represented at the top of this page. "Reimbursement" refers to a change in billing codes that expanded reimbursement to providers delivering services to overweight and obese children and adults.

417

HEALTHY EATING

Built Environment Changes

KANE COUNTY, IL

The HKHC partnership in Kane County, IL, worked with the Kane County Forest Preserve, local municipalities, Sherman Health, small business owners and three low-income housing complexes to create **250 new community garden plots called Giving Gardens**. The gardens augment the local emergency food system with a significant supply of fresh, locally grown food for low-income residents. The joint effort increased the number of plots for lease to over 1,150 and generates revenue on otherwise unused land.

KING COUNTY AND SEATTLE, WA

The HKHC partnership in King County and Seattle, WA, facilitated efforts to provide fresh produce for the Seattle Housing Authority community of High Point. Public housing tenants, residents and community leaders approached a local Walgreens to request the **addition of fresh produce** to the store. The store manager allocated prime space for a produce display and started stocking fresh fruits and vegetables.

183

COMMUNITY GARDEN
changes in **28** communities
addressing healthy eating*

138

FARMERS' MARKET
changes in **31** communities*

LOUISVILLE, KY

In Louisville, KY, HKHC partners helped outfit seven Healthy-in-a-Hurry Corner Stores with **refrigeration and fresh produce** using funds leveraged from the Communities Putting Prevention to Work federal grant and with the help of the Louisville Metro Department of Health & Wellness and the YMCA of Greater Louisville.

HERNANDO, MS

In Hernando, MS, the Community Foundation of Northwest Mississippi Food Hub and other HKHC partners helped establish *4 Rivers Fresh Foods*, a food hub serving northwest Mississippi. They established a new, **online farmers' market** to aggregate, distribute and market locally grown produce to households, schools and institutions such as hospitals, restaurants and retail stores.

PORTLAND, OR

Portland, OR's, Village Market, a community-driven food retail business, opened in the New Columbia mixed-income housing development. This cooperative corner store sells **fresh, local and healthy foods at affordable prices**. Previously, this community and adjacent neighborhoods had no nearby source of fresh produce or other healthy foods. HKHC partners assisted Village Gardens, Janus Youth Programs and Home Forward to develop a business plan and launch this unique retail establishment.

59

CORNER STORE
changes in **12** communities*

10

RESTAURANT
changes in **7** communities*

9

FOOD BANK
changes in **4** communities*

9

GROCERY STORE
changes in **7** communities*

8

HEALTHY VENDING
changes in **7** communities*

1

**CHILD-CARE FACILITY
NUTRITION STANDARDS**
change in **13** communities*

411

ACTIVE LIVING

Built Environment Changes

RANCHO CUCAMONGA, CA

Residents of Rancho Cucamonga, CA, now have easier access to the **21-mile Pacific Electric Trail**, which connects five cities. The HKHC partnership, led by the City of Rancho Cucamonga, completed a pedestrian bridge at Foothill Boulevard and Vineyard Avenue. This greatly improves residents' connectivity to amenities in Rancho Cucamonga, which previously had limited access for pedestrians or bicyclists.

ROCKY MOUNT, NC

In Rocky Mount, NC, partners, volunteers and sponsors of the Nash and Edgecombe counties' Healthy Kids Collaborative transformed the Children's Discovery Park using the Natural Learning Initiative design model. The park now features **natural and interactive learning areas, including edible gardens, looped pathways, a gathering lawn and natural construction zone**. The park now serves as a demonstration site for early childcare professionals and is open to the public as a community gathering place.

251

ACTIVE TRANSPORTATION
*changes in 39 communities
addressing active living**

124

PARKS & PLAY SPACES
*changes in 28 communities**

35

**CHILD-CARE PHYSICAL ACTIVITY
FACILITIES AND/OR EQUIPMENT**
*changes in 11 communities**

1

ACTIVITY BUS
*change in 1 community**

KINGSTON, NY

In Kingston, NY, the HKHC partnership helped implement Safe Routes to School initiatives throughout the city. HKHC partners secured Safe Routes to School funding to install **new crossing lights and a new sidewalk to make it safer for children to walk to school**. In addition, the partnership and residents conducted a Crime Prevention through Environmental Design (CPTED) training to identify safety strategies that will inform future work.

DENVER, CO

In Denver, CO, Denver B-cycle installed **29 additional B-cycle stations** throughout the city. The HKHC partnership worked to expand their low-income membership program reach, increased the number of bike sharing stations serving low-income populations, and encouraged the reduction in age required to rent a B-cycle from 16 to 15.

MILLEDGEVILLE, GA

Phase 1 of the **Fishing Creek Community Trail** at the Oconee River Greenway in Milledgeville, GA, is now open. The HKHC partnership received funds from the Georgia Department of Natural Resources Recreational Trails Program to create the connector trail, part of a Safe Routes to School project, and a portion of a 9.5 mile trail network that will eventually stretch from the Greenway to the Industrial Park and Recreation Complex.

*Data source for pages 25-28: Transtria, LLC. The number of communities represents those addressing policy, practice and/or built environment strategies.

HKHC PARTNERSHIPS HAVE CONTRIBUTED TO NEW PRACTICES WITHIN ORGANIZATIONS.

The experience that partners gained from HKHC offered a new appreciation of the roles and responsibilities of city and county agencies and, in many cases, a shared learning about how they could best collaborate to achieve common goals. As individuals began to look inward for potential changes within their own agencies, some created new staff positions and/or implemented institutional policies and practices that address healthy eating and active living.

KNOX COUNTY, TN

Case Example

The success of the Knox County, TN, HKHC partnership, Together! Healthy Knox (T!HK), influenced the Knox County Health Department (KCHD) to continue its work for three additional years following the HKHC grant period. With funding from the Tennessee State Department of Health, the partnership will extend its HKHC work into South Knoxville, a new priority location. In order to expand its focus, the health department hired two additional staff members, one to coordinate healthy eating and active living activities, and another to focus directly on policy priorities and interface with local elected officials. Under the supervision of HKHC staff, site resource coordinators at seven community schools in Knox County will build outdoor classrooms, improve school nutrition at after-school enrichment sessions and connect parents and partners to diabetes management resources. Moving forward, the KCHD will continue to work with residents, reach out to collaborators and implement strategic policy and environmental changes.

“As a government entity, on-the-ground community empowerment is crucial. You have to help the community by walking alongside them with guidance and patience.”

*Ben Epperson
HKHC Project Coordinator
Knox County, TN*

HKHC PARTNERSHIPS IMPACTED SOCIAL NORMS IN COMMUNITIES.

Although the HKHC initiative focused primarily on healthier community policies and environments without an expectation for direct behavior change, many partnerships did observe the effects of their work in people’s daily lives. For example, Safe Routes to School programs led to more children walking; Adopt-a-Park and other park cleanup efforts resulted in increased park use; new trails increased walking and bicycling for recreation in neighborhoods; low-income families purchased more fresh produce from farmers’ markets, thanks in part to new SNAP/EBT machines; and families started growing their own food in community gardens available at low-income housing properties.

FLINT, MI

Case Example

Max Brandon Park is the largest park in Flint but fell into disrepair as the city’s economy suffered. For years, very little happened beyond the efforts of a few steadfast residents who occasionally mowed the grass or picked up trash. This changed when committed neighbors and local organizations formed a Friends of Max Brandon Park group with support from the Crim Fitness Foundation and HKHC partners. Visible physical improvements and steady promotion of the park turned Max Brandon Park into an active and vibrant space. The park was helped by financial backers, such as the Genesee Conservation District, University of Michigan, Ruth Mott Foundation and KaBOOM!, who were impressed by the commitment and initiative of the Friends group. The Friends inspired other nearby organizations to promote Max Brandon Park as a great place to host programs and activities. For example, West Flint Church of the Nazarene organized events for their congregation to help clean up, paint and repair equipment and spread woodchips under playgrounds. Nearby churches and other organizations now view the park as a safe outdoor space for physical activity events and a weekly Bible study. Today the space is much more heavily used (see the following page), which also makes it a safer place. The neighborhoods surrounding Max Brandon Park have the Friends and themselves to thank for making it a more active part of their lives.



▲ Today Max Brandon Park in Flint, MI, is much more heavily used, which also makes it a safer place.



CONCLUSIONS AND IMPLICATIONS

Healthy Kids, Healthy Communities (HKHC) grantees achieved many successes across the portfolio. While communities represented a wide range of contexts, the HKHC model proved to be a robust approach for achieving changes in healthy eating and active living. HKHC created a lasting impact in dense urban communities, rural towns and in neighborhoods with immigrants from many nations. Whether implemented in Caguas, Puerto Rico; Washington, DC; or King County, WA, the fundamental strategies included collaboration, assessment, community engagement, and policy and built environment change.

GROWING LEADERS

Tremendous growth occurred during the HKHC grant period, both in individuals and within institutions. The initiatives created greater capacity in communities, frequently moving them far beyond the initial scope of the grant. Local governments took on greater roles to improve health conditions for low-income children and families. Resident involvement in policy making increased and their participation influenced the delivery of government services. Elected officials became champions of healthy communities. Likewise, local HKHC project staff frequently transitioned to more influential roles, becoming elected officials and members of appointed commissions. Some now work for governmental agencies that are new partners for healthy eating and active living.

LEVERAGING INVESTMENTS AND CONNECTIONS

The Robert Wood Johnson Foundation's (RWJF's) investment in HKHC complemented parallel efforts and leveraged new funding. Local HKHC initiatives benefited from non-RWJF funders, including government and other agency support at regional and state levels. RWJF funding for childhood obesity prevention was widely used as a match for related initiatives, such as those addressing community development, food security, transportation, neighborhood safety and healthy housing. Beyond the technical assistance from Active Living By Design (ALBD) and Transtria, other funded RWJF national organizations helped contribute to grantees' success. In addition, peer communities offered new ideas and were a tremendous boost when the work was most challenging.

While communities represented a wide range of contexts, the HKHC model proved to be a robust approach toward achieving changes in healthy eating and active living.

RESPONDING TO NATIONAL TRENDS

The prevailing national trends during the grant period played out differently across communities. Planning for the HKHC grant program began in 2008, just as the nation's economy sank. The financial atmosphere led to anxiety in communities as unemployment increased while public resources and services diminished. All levels of government faced austerity measures, including layoffs, fewer programs and much smaller capital budgets. At the same time, the political dialogue coarsened and became increasingly polarized. Critics of any increased government role, including one promoting a culture of health, were vocal, organized and combative. For example, healthy community advocates and elected officials commonly faced stiff opposition even to traditional land use planning strategies.

On the other hand, the federal government's response to the economic collapse had a silver lining for some HKHC communities. In 2009 and 2010, the Centers for Disease Control and Prevention (CDC) invested heavily in selected communities through the Communities Putting Prevention to Work (CPPW) grant program, part of the federal American Recovery and Reinvestment Act. Due in part to their preparation as HKHC grantees, nine communities successfully competed for CPPW awards, which deepened, expanded and accelerated their healthy eating and active living strategies. Similarly, eight HKHC communities received awards from CDC's subsequent grant program, Community Transformation Grants (CTG). Initiated in 2011, CTG awards were smaller and addressed more than just healthy eating and active living strategies, but the funding period was longer and potentially more sustainable. Three HKHC communities received both CPPW and CTG awards. These investments clearly led to greater policy and built environment changes, if only during a short time period.

CONSIDERING SUSTAINABILITY

Despite the hard-won accomplishments in many HKHC communities, not every initiative left a thriving partnership intact with a sustained, organized and collaborative focus on their healthy eating and active living strategies. Some community partnerships proved to be quite fragile and depended on the talents and commitment of particular project directors, coordinators or key partners. Turnover was high within partnerships and lead agencies. While productive leaders often moved on to positions of greater authority, the initiatives they left behind were vulnerable and lost momentum when other partners were unable or unwilling to carry them forward. On the other hand, the inherent focus on policy, systems and environmental change strategies meant that all HKHC communities left a legacy, whether or not their partnership remained intact beyond the funding period. In Somerville, MA, for instance, the city created two new staff positions devoted to healthy eating and active living initiatives. Fortunately, in many communities, the work of former HKHC partners is as robust as ever and carries on, albeit with different funders and support systems.

Kadie Peters of Jefferson County, AL, explained, "The HKHC grant will not be continued, but various pieces of the project will continue. Through the Jefferson County Health Action Partnership, priority groups are continuing HKHC-related projects focused on increasing healthy food access, implementing infrastructure supportive of walking and biking, and working with all local YMCAs on implementing the Healthy Eating Physical Activity standards. All current projects are designed to be scalable and replicable, and rely on a collective approach to accomplish this work outside of dedicated funding. . . . The numerous products created through HKHC will continue to be distributed and used to advance policy, systems and environmental changes."

BUILDING COLLABORATION

Personal and professional relationships grounded the accomplishments of each HKHC community initiative. Linking arms was much more than a feel-good approach—it was an essential ingredient of success. The collective action that developed between new partners, and deepened among existing ones, allowed health advocates, residents and government officials to make progress toward complex goals. Active partners, who ideally included residents, built trust by attending to fundamental group processes of inclusion, open dialogue and consistent communication. Partnerships progressed together while allowing for voices of dissent and intentionally working to resolve conflicts. Ultimately, human capital and committed leadership built significant and highly visible policy and environmental changes.

“The HKHC grant will not be continued, but various pieces of the project will . . . All current projects are designed to be scalable and replicable, and rely on a collective approach to accomplish this work outside of dedicated funding.”

*Kadie Peters
HKHC Project Director
Jefferson County, AL*

LOOKING AHEAD

Our work is far from over. Recent reports suggest that childhood obesity levels have taken an encouraging turn, and awareness of the epidemic is much higher. Yet, despite the improved conditions for healthy eating and active living, HKHC initiatives have just scratched the surface, and significant barriers remain—especially for poor families. For example, young children in Charleston, WV, will eat better and be more physically active in childcare centers as a result of the policy wins achieved through HKHC. But those same children will graduate to elementary schools that struggle to simultaneously achieve educational standards, meet nutritional guidelines in the lunchroom and offer safe walking environments for students.

By and large, however, the HKHC communities are in a much better position than they were prior to receiving HKHC funding. A depth of capacity now exists in most HKHC communities as an outcome of this four-year investment. Technical assistance, peer learning, experience and persistence enabled project staff and partners to continue making improvements in the quality of life of their communities for years to come.

APPENDICES

APPENDIX A

Partnerships Sustained Beyond the Grant Period (as of July 31, 2014)

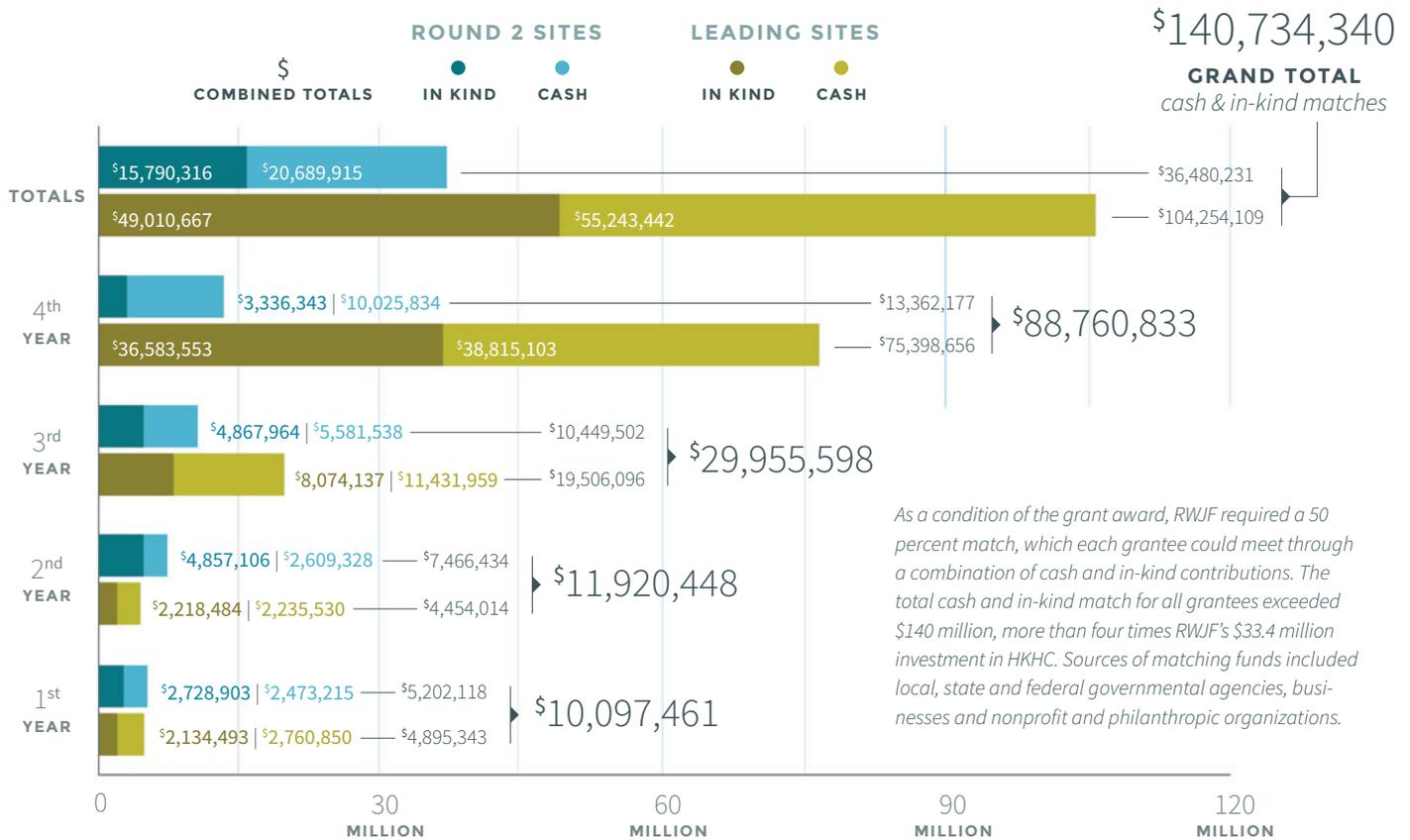
- | | | | |
|---|--|--|--|
| Baldwin Park, CA:
<i>People On The Move*</i> | Duval County, FL:
<i>Healthy Kids, Healthy Jacksonville</i> | Houston, TX:
<i>CAN Do Houston*</i> | Milledgeville, GA:
<i>Live Healthy Baldwin*</i> |
| Benton County, OR:
<i>Creciendo en Salud</i> | El Paso, TX:
<i>Healthy Eating, Active Living Coalition</i> | Jefferson County, AL:
<i>Health Action Partnership*</i> | Nash and Edgecombe counties, NC:
<i>Healthy Kids Collaborative*</i> |
| Boone and Newton counties, AR:
<i>Healthy Kids, Healthy Ozarks</i> | Fitchburg, MA:
<i>Fun 'n FITchburg</i> | Kane County, IL:
<i>Kane County Fit for Kids</i> | Omaha, NE:
<i>Live Well Omaha*</i> |
| Buffalo, NY:
<i>Healthy Kids, Healthy Buffalo</i> | Flint, MI:
<i>Safe and Active Genesee for Everyone*</i> | Kansas City, KS/MO:
<i>Healthy Kids*</i> | Phoenix, AZ:
<i>Maryvale On The Move*</i> |
| Charleston, WV:
<i>KEYS 4 HealthyKids</i> | Greenville, SC:
<i>Live Well Greenville*</i> | Kingston, NY:
<i>Live Well Kingston</i> | Rancho Cucamonga, CA:
<i>Healthy RC*</i> |
| Chattanooga, TN:
<i>Grow Healthy Together*</i> | Hamilton County, OH:
<i>WeTHRIVE!</i> | Knox County, TN:
<i>Together Healthy Knox*</i> | Rochester, NY:
<i>Healthi Kids*</i> |
| | | Louisville, KY:
<i>Mayor's Healthy Hometown Movement*</i> | Watsonville, CA:
<i>Go For Health!*</i> |



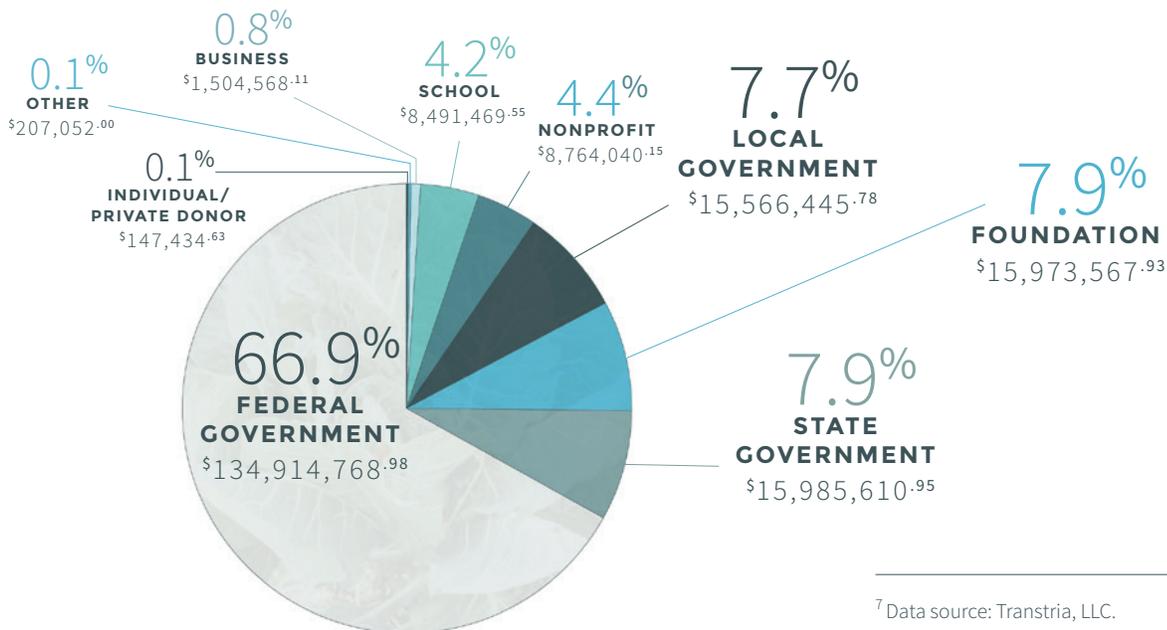
* Denotes those partnerships that were also in existence prior to HKHC.

APPENDIX B

Healthy Kids, Healthy Communities Matching Funds Summary



Healthy Kids, Healthy Communities Resources Generated⁷



APPENDIX C

Policy and Environmental Change Accomplishments by HKHC Grantees

ACTIVE TRANSPORTATION CHANGES⁸

STRATEGY	POLICY	PRACTICE	POLICY + PRACTICE	BUILT ENVIRONMENT	TOTAL
ON-STREET PEDESTRIAN TRANSPORTATION <i>(sidewalks, curb cuts, buffer, school crossing sign)</i>	7	3	10	50	60
INTERSECTION TREATMENTS <i>(crosswalks, countdown timers, stoplight or stop sign, pedestrian island, crossing aid)</i>	0	0	0	56	56
OFF-STREET TRAILS	2	6	8	45	53
ON-STREET BICYCLE TRANSPORTATION <i>(bike lanes, sharrows, bike share, share the road signage)</i>	7	5	12	30	42
OTHER STREET DESIGN & TRAFFIC CALMING <i>(road diet, roundabouts, bulb outs)</i>	3	3	6	29	35
AMENITIES <i>(benches, trees, bike parking, onsite showers/lockers)</i>	0	2	2	27	29
COMPLETE STREETS <i>(policy or practice)</i>	25	0	25	0	25
COMPREHENSIVE PLAN/PLANNING PRODUCTS <i>(street design guidelines, bike or pedestrian master plan)</i>	18	0	18	0	18
PUBLIC TRANSIT <i>(routes, stops, buses, trains)</i>	0	1	1	10	11
SAFE ROUTES TO SCHOOL <i>(policy or practice)</i>	8	2	10	0	10
NEW COMMITTEE/COUNCIL/TASK FORCE	4	4	8	0	8
ACTIVE LIVING SIGNAGE <i>(mile markers, promotions, way finding)</i>	0	0	0	4	4
NEW STAFF POSITION	2	0	2	0	2
TOTAL	76	26	102	251	353

PARK & PLAY SPACE CHANGES⁸

STRATEGY	POLICY	PRACTICE	POLICY + PRACTICE	BUILT ENVIRONMENT	TOTAL
RECREATION FACILITIES <i>(fields, courts, playgrounds, pools)</i>	6	1	7	71	78
AMENITIES <i>(water fountains, benches, tables)</i>	17	1	18	26	44
RECREATION EQUIPMENT <i>(balls, bases, goal posts)</i>	0	1	1	15	16
TRAILS/WALKING PATHS IN PARKS	0	0	0	12	12
COMPREHENSIVE PLAN/PLANNING PRODUCTS <i>(park master plan)</i>	6	0	6	0	6
LAND USE/ZONING	3	1	4	0	4
MAINTENANCE	2	1	3	0	3
FINANCIAL ASSISTANCE	0	2	2	0	2
NEW COMMITTEE/COUNCIL/TASK FORCE	2	0	2	0	2
TOTAL	36	7	43	124	167

CORNER STORE CHANGES⁸

STRATEGY	POLICY	PRACTICE	POLICY + PRACTICE	BUILT ENVIRONMENT	TOTAL
OFFERING HEALTHY FOODS & BEVERAGES <i>(food retail)</i>	3	8	11	22	33
HEALTHY EATING SIGNAGE & MARKETING <i>(product placement, advertisements, promotions)</i>	0	2	2	14	16
NUTRITION ASSISTANCE <i>(WIC, SNAP, EBT, other benefits including signage)</i>	0	8	8	6	14
FOOD STORAGE & PREPARATION <i>(new shelf or refrigerations space, cooking equipment)</i>	0	0	0	11	11
LIMITING UNHEALTHY FOODS & BEVERAGES <i>(food retail, programmatic)</i>	0	0	0	5	5
SIGNAGE & MARKETING RESTRICTIONS <i>(advertisement bans, product placement)</i>	1	0	1	1	2
LAND USE/ZONING	1	0	1	0	1
TOTAL	5	18	23	59	82

FARMERS' MARKET CHANGES⁸

STRATEGY	POLICY	PRACTICE	POLICY + PRACTICE	BUILT ENVIRONMENT	TOTAL
NUTRITION ASSISTANCE <i>(WIC, SNAP, EBT, other benefits including signage)</i>	20	35	55	56	111
OFFERING HEALTHY FOODS & BEVERAGES <i>(food retail)</i>	2	31	33	67	100
INCREASE IN SERVICES <i>(hours of operation, more routes, added vendors)</i>	0	0	0	10	10
AMENITIES <i>(water fountains, benches, tables, cooking demo space)</i>	0	1	1	2	3
FOOD DISTRIBUTION	1	1	2	1	3
NEW STAFF POSITIONS	1	1	2	0	2
LAND USE/ZONING	1	0	1	0	1
MAINTENANCE	1	0	1	0	1
TOTAL	26	69	95	136	231

CHANGES ACHIEVED THROUGH CHILD-CARE PHYSICAL ACTIVITY STANDARDS⁸

STRATEGY	POLICY	PRACTICE	POLICY + PRACTICE	BUILT ENVIRONMENT	TOTAL
DESIGNATING PHYSICAL ACTIVITY TIME	233	84	317	0	317
OTHER GENERAL PHYSICAL ACTIVITY	50	0	50	0	50
RECREATION EQUIPMENT <i>(balls, goal posts)</i>	0	0	0	26	26
CURRICULUM	12	0	12	0	12
RECREATION FACILITIES <i>(fields, courts, playgrounds, pools)</i>	0	0	0	9	9
LIMITING SEDENTARY TIME	5	0	5	0	5
TOTAL	300	84	384	35	419

CHANGES ACHIEVED THROUGH CHILD-CARE NUTRITION STANDARDS⁸

STRATEGY	POLICY	PRACTICE	POLICY + PRACTICE	BUILT ENVIRONMENT	TOTAL
OFFERING HEALTHY FOODS & BEVERAGES <i>(food retail, programmatic)</i>	170	8	178	0	178
OTHER GENERAL NUTRITION STANDARDS	88	77	165	1	166
LIMITING UNHEALTHY FOODS & BEVERAGES <i>(food retail, programmatic)</i>	101	0	101	0	101
INCREASING WATER CONSUMPTION <i>(child care, schools)</i>	71	0	71	0	71
CURRICULUM	10	0	10	0	10
NUTRITION ASSISTANCE <i>(CACFP, other benefits)</i>	4	0	4	0	4
TOTAL	444	85	529	1	530

OTHER POLICY & ENVIRONMENTAL CHANGES⁸

OTHER ACTIVE LIVING STRATEGY	POLICY	PRACTICE	POLICY + PRACTICE	BUILT ENVIRONMENT	TOTAL
SHARED USE	19	12	31	0	31
LAND USE	14	0	14	0	14
SAFETY	2	0	2	0	2
ACTIVITY BUS	0	0	0	1	1
OTHER HEALTHY EATING STRATEGY					
GARDENS	13	10	23	183	206
HEALTHY VENDING	12	3	15	8	23
HEALTHY EATING POLICIES <i>(Organizational)</i>	13	1	14	0	14
RESTAURANTS	2	1	3	10	13
FOOD BANKS	0	4	4	9	13
GROCERY STORES	0	2	2	9	11
URBAN AGRICULTURE	7	0	7	0	7
COMBINED STRATEGY					
COMMITTEE/TASK FORCES	13	6	19	0	19
CITY/COMPREHENSIVE PLANS	13	0	13	0	13
OTHER HEALTHY EATING & ACTIVE LIVING POLICIES & RESOLUTIONS	3	10	13	0	13
HEALTHY EATING & ACTIVE LIVING POLICIES <i>(Organizational)</i>	8	2	10	0	10
SCHOOL WELLNESS	4	0	4	5	9
NEW STAFF POSITIONS	1	0	1	0	1
REIMBURSEMENT	1	0	1	0	1
TOTAL	125	51	176	225	401

⁸ Data source: Transtria, LLC.

APPENDIX D

Additional Resources

HKHC CASE EXAMPLES

Case examples were developed during HKHC and are standalone documents that identify examples of childhood obesity strategies that HKHC grantees employed to achieve a policy win or to implement an environmental change.*

<i>Child Care and After-School Care</i>	<i>Federal Nutrition Assistance</i>
<i>Communities Putting Prevention to Work</i>	<i>Healthy Corner Stores</i>
<i>Community Engagement</i>	<i>Mapping</i>
<i>Community Gardens</i>	<i>Parks and Playgrounds</i>
<i>Complete Streets</i>	<i>Shared Use Agreements</i>
<i>Engaging Immigrant Communities</i>	<i>Social Media</i>
<i>Farmers' Markets</i>	<i>Youth Engagement</i>

HKHC COMMUNITY SPOTLIGHTS

Community Spotlights are brief news stories or snapshots describing HKHC grantees' successes (e.g., mobile markets, playability plans, etc.). Each spotlight addresses an accomplishment or innovative aspect of a grantee's work.*

<i>Benton County, OR</i> <i>Corvallis Offers Coordinated Approach to Health & La Escuelita de Fútbol Scores Big with the Kids</i>	<i>El Paso, TX</i> <i>El Paso Group Teaches Kids to Eat Healthier & Pedestrian Safety Ordinance</i>	<i>New Orleans, LA</i> <i>Taking First Steps for "Stepping to School"</i>
<i>Birmingham, AL</i> <i>Urban Agriculture Policy Win in Birmingham</i>	<i>Fitchburg, MA</i> <i>Rock with Fun 'n FITchburg: Creating Safe and Sought after Parks</i>	<i>Omaha, NE</i> <i>Wake Up Call for Omaha</i>
<i>Boone and Newton counties, AR</i> <i>HIKE! Partnership Provides Momentum for Youth Involvement in National Parks and Forests in Newton County</i>	<i>Flint, MI</i> <i>Weaving Community Park Assessments</i>	<i>Phoenix, AZ</i> <i>Neighbors United Forever for Change in Phoenix, AZ (Vecinos Unidos Siempre para el Cambio en Phoenix, AZ)</i>
<i>Buffalo, NY</i> <i>Buffalo Residents Work to Increase Access to Healthy Food, Exercise</i>	<i>Greenville, SC</i> <i>Nicholtown Spinners – Not Your Average Bike Club</i>	<i>Rochester, NY</i> <i>Kids Ask Where are the Play Spaces?</i>
<i>Chattanooga, TN</i> <i>Getting the 45th Street Park Back in Action</i>	<i>Hamilton County, OH</i> <i>Health Movement Makes Big Changes in Hamilton County Communities</i>	<i>San Antonio, TX</i> <i>Por Vida Initiative</i>
<i>Cuba, NM</i> <i>Growing Advocates in the Cuba Community Garden</i>	<i>Houghton County, MI</i> <i>Cultivating a Garden and a Healthy School</i>	<i>Seattle, WA</i> <i>Walgreens' Fresh Produce Stand & Seattle-Area Affordable Housing Community Planting Gardens, Building Sidewalks</i>
<i>Denver, CO</i> <i>Growing Local in Denver: Food, Economy and Community</i>	<i>Kansas City, MO/KS</i> <i>A Victory for Urban Agriculture in Kansas City</i>	<i>Somerville, MA</i> <i>Filling the Streets with Fun</i>
<i>Desoto, Marshall and Tate counties, MS</i> <i>Stitching Together Healthy Communities</i>	<i>Knox County, TN</i> <i>Empowering the Community to Improve Health in Knox County</i>	<i>Spartanburg, SC</i> <i>Food Oasis on Wheels</i>
	<i>Lake Worth, Greenacres, Palm Springs, FL</i> <i>Creating Open Space through Shared Use</i>	<i>Washington, DC</i> <i>Washington, DC Schools Provide Nutritious Meals After School</i>
	<i>Milledgeville, GA</i> <i>Community Collaborates to Improve Safety</i>	<i>Watsonville and Pajaro Valley, CA</i> <i>Santa Cruz County Students Making Local Restaurants Healthier</i>
	<i>Moore and Montgomery counties, NC</i> <i>Engaging Policymakers for Sustainable Change</i>	

*For print readers, see the Endnotes for a link the Resources page on our website.

THREE-PART HKHC VIDEO SERIES

Three Leading Sites (Central Valley, CA, Chicago, IL, and Louisville, KY) produced a three-part video series with Burness Communications and Home Front Communications, highlighting policy makers and resident advocates, showing the context of their work (including challenges and barriers) and describing early wins.

Chicago, IL

Part 1: <http://www.activelivingbydesign.org/resources/chicago-assessing-the-challenge/>

Part 2: <http://www.activelivingbydesign.org/resources/chicago-steps-to-success/>

Part 3: <http://www.activelivingbydesign.org/resources/chicago-achieving-results/>

Central Valley, CA

Part 1: <http://www.activelivingbydesign.org/resources/central-valley-assessing-the-challenge/>

Part 2: <http://www.activelivingbydesign.org/resources/central-valley-steps-to-success/>

Part 3: <http://www.activelivingbydesign.org/resources/central-valley-achieving-results/>

Louisville, KY

Part 1: <http://www.activelivingbydesign.org/resources/louisville-assessing-the-challenge/>

Part 2: <http://www.activelivingbydesign.org/resources/louisville-steps-to-success/>

Part 3: <http://www.activelivingbydesign.org/resources/louisville-achieving-results/>

HKHC IMPACT VIDEOS

Thirteen HKHC partnerships developed videos to highlight their accomplishments during the grant period.

Baldwin Park, CA

<https://vimeo.com/album/2609476/video/79424658>

Buffalo, NY

<https://vimeo.com/album/2609476/video/80089968>

Charleston, WV

<https://vimeo.com/album/2609476/video/79400441>

Denver, CO

<https://vimeo.com/album/2609476/video/79400444>

Flint, MI

<https://vimeo.com/album/2609476/video/80089966>

Hamilton County, OH

<https://vimeo.com/album/2609476/video/79400446>

Houghton County, MI

<https://vimeo.com/album/2609476/video/79400449>

Houston, TX

<https://vimeo.com/album/2609476/video/79400450>

Jacksonville, FL

<https://vimeo.com/album/2609476/video/80398034>

Knox County, TN

<https://vimeo.com/album/2609476/video/79424662>

Milwaukee, WI

<https://vimeo.com/album/2609476/video/79413789>

Nash and Edgecombe counties, NC

<https://vimeo.com/album/2609476/video/80089967>

San Antonio, TX

<https://vimeo.com/album/2609476/video/79413794>

Full album

<http://vimeo.com/album/2609476/>

ENDNOTES

For those who are reading this in printed form, the following is a list of the hyperlinks embedded throughout the text. They are listed in alphabetical order, rather than sequentially as they appear in the text.

4 Rivers Fresh Foods:

www.4rivers.deliverybizpro.com

Active Living By Design:

www.activelivingbydesign.org

ALBD's 5P Model:

<http://www.activelivingbydesign.org/about/community-action-model/>

Collective Impact:

www.ssireview.org/articles/entry/collective_impact

Duval Food Policy Council:

www.facebook.com/DuvalCountyFoodSummit

Fun 'n FITchburg:

www.ci.fitchburg.ma.us/residents/fun-n-fitchburg/

GIS Mapping: Using Data to Paint a Picture:

<http://vimeo.com/52485041>

Healthy Kids, Healthy Communities:

www.healthykidshealthycommunities.org

Healthy Kids, Healthy Communities Grantees:

www.healthykidshealthycommunities.org/communities

Healthy Kids, Healthy Jacksonville:

<http://hjcpc.org/>

KEYS 4 HealthyKids:

<http://keys4healthykids.com/>

Natural Learning Initiative:

www.naturalearning.org/project/tag/9

Niiobli Armah IV:

<http://www.activelivingbydesign.org/resources/hkhc-personal-profile-niiobli-armah/>

Photovoice:

<http://en.wikipedia.org/wiki/Photovoice>

Resources:

<http://www.activelivingbydesign.org/resources/>

Robert Wood Johnson Foundation:

www.rwjf.org/en.html

Transtria LLC:

www.transtria.com and www.transtria.com/hkhc.php

Washington University in St. Louis Institute for Public Health:

<http://publichealth.wustl.edu/Pages/default.aspx>

SHARE YOUR THOUGHTS

We would love to hear your feedback on this document.
If you have suggestions, ideas or stories to share, please let us know by visiting
<https://www.surveymonkey.com/s/ALBDfeedback>

Thank You



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