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Communities of excellence in nutrition, physical activity and obesity prevention (CXÂ³) : a local needs assessment of Monterey County neighborhoods

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***Communities of Excellence in Nutrition, Physical Activity
& Obesity Prevention (CX³)***

A local needs assessment of Monterey County Neighborhoods

Keywords: Obesity prevention, low-income neighborhoods, childhood obesity, healthy food access

Abstract: This capstone project is designed to increase access and healthy food choices for families living in low-income communities, the majority of whom are enrolled in WIC or other healthy family programs. Conducting a needs assessment by mapping and surveying the defined neighborhoods will allow for a direct look at issues surrounding each individual neighborhoods needs of improvement and assets for its community.

I. Executive Summary

Agency & Population

The Monterey County Health Department Nutrition Network have a behavioral goal seeking to increase Californian's consumption of fruits and vegetables to nine or more daily cups, increasing physical activity to at least thirty minutes for adults and sixty minutes for children, and achieve full participation in Federal food assistance programs.

Summary of Problem

The growing problem of obesity and overweight in all age groups is recognized not only as a threat to health, employment, and longevity, but also as a huge financial burden. In 2000, obesity, overweight and physical inactivity cost California an estimated \$21.7 billion (California Department of Health Services, 2005). California's Latinos in low income neighborhoods are disproportionately affected by obesity and Latinos are the fastest growing populations group in California. One out of three Californian residences is Latino, and account for 47% of children attending public school in California (LCHC, 2005).

CX3 Capstone Project

Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX³) is a program planning framework that involves taking an in-depth look at communities to identify areas in need of improvement. Because the community itself has a critical role to play in preventing obesity, CX³ examines communities in relation to a variety of obesity prevention benchmarks referred to as community indicators and assets. CX³ indicators and assets pay special attention to low-income neighborhoods where people live, work, go to school and shop for food.

II. Description of Agency

The Monterey County Health Department (MCHD) Regional Nutrition Network, lead by Chris Moss the field site mentor has two specific goals that work towards the MCHD mission. Goal 1: The Regional Nutritional Network lead agency will maximize information, networking, coordination, training, resources, and potential impact of Network-funded projects in the regional area. Goal 2: Bring Regional Collaborative members together to plan and implement initiatives that make it easier for low-income populations to adopt healthy eating and physical activity lifestyles in their communities. These goals directly support the countywide mission at MCHD of “Working to enhance, promote and protect the health of Monterey County’s individuals, families, communities and environments. (MCHD website)

The MCHD is a government agency with a broad span of program service divisions, and the departments Community Health Division controls the Regional Nutrition Network Program. The *Regional Nutrition Network Program* guides the Nutrition and Fitness Collaborative of the Central Coast (NFCCC), a collaborative of 50+ agencies spanning Monterey, Santa Cruz, and San Benito counties, representing schools, agencies, and organizations working to improve the health and well being of Central Coast residents. The NFCCC’s Vision is for all Central Coast residents practice healthy eating and physical activity in communities that value, support, and promote these life-long behaviors. Their program goals are to reduce obesity, especially among children, increase physical activity levels, and increase access to affordable, nutritious food. The Network's behavioral objective seeks to increase Californians' consumption of fruits and vegetables to 9 or more daily cups, increase daily physical activity to at least 30 minutes for adults and 60 minutes for children, and achieve full participation in Federal food assistance programs.

III. Summary of Need

It seems our nation has developed into a fast paced society that no longer has time to prepare healthy meals or cook at home for our families, so obesity has become the largest American man-made disease. We have the highest rates of obesity among children, especially those in low-income families. Healthy food choices and access to grocery stores are not readily available to residents of low-income neighborhoods. Also children are being targeted by fast food media and marketing within close proximity to schools. Streets and sidewalks are littered with trash and in unsafe conditions to utilize. All of these are signs that huge changes are needed to regulate equal access to healthy foods while meeting the needs of citizens in all communities even those in low-income neighborhoods.

The American Institute for Cancer Research and the World Cancer Research Fund released its new report about diet and cancer. The findings are a mouthful: If you want to reduce your cancer risk, stay as lean as possible within your healthy weight range; eat no more than 18 ounces of beef, pork and lamb a week; abstain from processed meats such as bacon, ham, cured sausage and lunchmeat; cut salt; drink no more than two alcoholic beverages daily if you're a man (or one if you're a woman); stay away from sugary, fatty processed foods; and eat mostly fruits, vegetables and grains. "If these recommendations were adopted around the world, scientists estimate it could prevent about one-third of global cancer cases," says W. Phillip T. James, one of 21 international experts who analyzed more than 7,000 large-scale scientific studies for the report. (Obra, 2007)

Obesity rates for children in low-income communities with few parks are up to nine times higher than for children in affluent areas with abundant recreational access, according to a new report that analyzes childhood obesity in the cities and communities of Los Angeles County.

Other studies have linked obesity to income and park access, but the degree of disparity in Los Angeles County "is always surprising and always very disturbing," said Dr. Jonathan E. Fielding, director of the county Department of Public Health, which released the report Friday.

“A study conducted by Kimberly Morland and her colleagues at the Department of Community and Preventive Medicine at Mount Sinai Medical Center in New York revealed that when blacks have healthy neighborhood food choices, their fruit and vegetable consumption increases more than that of any other racial group. Morland concluded that for every full-service supermarket in a predominantly black neighborhood, fruit and vegetable consumption among blacks in the surrounding area increased by 32 percent. For varying reasons such as wealth disparities and access to personal transportation, other researchers have also pointed out that the local food environment tends to influence the food choices of blacks and other people of color more than whites.” (Washington Post, 2007)

IV. Project Background & Description

Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX³) is a program planning framework that involves taking an in-depth look at communities to identify areas in need of improvement. Because the community itself has a critical role to play in preventing obesity, *CX³* examines communities in relation to a variety of obesity prevention benchmarks referred to as community indicators and assets. These *CX³* indicators and assets are set standards of “excellence.” They define what a community itself should look like in order to help prevent the devastating chronic diseases related to overweight and obesity for its residents.

A wide spectrum of community level indicators and assets were compiled— almost 200 in total! In the summer 2005, over 150 experts, practitioners, researchers, etc., participated in an

on-line rating of the community indicators and assets. Rating helped identify consensus about a smaller, more manageable number of the strongest indicators of community norms that are most likely to improve nutrition, food security, and physical activity of residents in low-income communities. Rating also identified the community assets essential to achieving those improvements. Most importantly, the rating process lays the foundation for the rest of CX³ the development of assessment tools, identification of strategies for creating change, the provision of training and technical assistance materials, automation, and overtime the celebration of progress.

The indicators are grouped into community “environments” that are based on the Social-Ecological Model and modeled after the Prevention Institute and Strategic Alliance’s ENACT (Environmental Nutrition and Activity Strategies Tool). The community indicators are designed to look at a community’s environments and norms. For example, is the community designed to promote walking, is fresh food accessible in the neighborhood, etc. Typically, these are indicators that can ultimately be turned into some type of written policy (voluntary or legislated, zoning, formalized practice). The indicators have come from many sources: studies from peer reviewed literature, reports from expert groups such as the Institute of Medicine, policy statements from voluntary organizations, recommendations from associations, brainstorming sessions with different groups, and so on.

CX³ indicators can be thought of as intermediate outcomes that precede individual behavioral changes. Only indicators that are within a community’s control are included. For example, the amount of food advertising on TV is not included because the Federal Trade Commission regulates TV advertising. Because lower income communities and groups are disproportionately affected by less healthy environments, the indicators and assets focus on neighborhoods where people eligible for food stamps and similar low-income populations live, work, socialize, go to

school and shop for food. The local data compiled in evaluating the indicators and assets is what makes CX^3 such a powerful tool for local groups. It shows how your community currently “measures up” and where it needs to improve to become a community of excellence for its residents.

This CX^3 needs assessment project was designed and delivered through three separate components. The first phase consisted of mapping various cities in Monterey County using a Geographical Information System (GIS) identifying low-income communities based upon income using the Federal Poverty Level (FPL). These neighborhoods also had to contain at least one middle school or high-school because CX^3 looks at marketing and influential factors located within close proximity to school campuses. The GIS mapping also collected data examining local transit bus access, and the quantity of supermarkets and fast food locations within a half mile of schools.

Once qualifying neighborhoods were identified research data was collected for the second phase of in-depth on the ground surveying. An evaluation of supermarkets' and convenience stores' healthy food options also included a safety and walkability component. Surveying the fast food restaurants and other food vendors focused on location, marketing practices, and promoting healthy eating. While the third and final component evaluated the local Health Departments infrastructure as it pertained to obesity prevention issues. Each piece of the CX^3 process has been designed and implemented with the intent of incorporating the data findings into new policies or programs working towards nutrition, obesity prevention, and increased physical activity.

V. CSUMB Vision Statement

“The university will be framed by substantive commitment to multilingual, multicultural, gender-equitable learning. The university will be a collaborative, intellectual community distinguished by partnerships with existing institutions both public and private”

When I was reading the CSUMB vision statement the quote above stood out to me because I feel that is exactly what I have strived to experience and accomplish through my internship and capstone project at MCHD. Over the past year, I have learned MCHD language focusing on specific state regulations that affect the delivery of CX³, and common acronyms used at the county as state level. Networking with so many people within MCHD who are from different ethnic background allows for varying insight and perspectives to be shared and utilized towards the common goal of completing CX³. Sharing the CX³ needs assessment data with both public and non-profit sectors will allow for community wide participation and change to occur.

“Seek ways to contribute to the economy of the state, the well-being of our communities, and the quality of life”

This section of the CSUMB vision statement gave me a sense of pride as I read it. Our university wants to educate and mold its students, myself included, into becoming positive community members who have the knowledge, skills, and attitude to improve our local communities, national economic standing, as well as the overall quality of life. I was empowering to feel that I was heading in a direction of personal gain, while my intentions were focused on my desire and ability to help others while making positive change. I personally feel that I have an obligation to be a productive citizen who takes on social responsibility to be a community builder. This capstone project has allowed me to develop my knowledge and skills while caring for the needs of a local community.

VI. CSUMB Major Learning Outcomes

1. Cross Cultural Competencies- Allowing myself to work with and expand my perspective on things from those who do not share the same cultural beliefs. There are many people who work at MCHD who come from very different ethnic backgrounds, and I am excited to see how working as a team will change the dynamics of my capstone project.
2. Collaboration- Since the capstone project focuses on improving needs within a neighborhood, my field mentor and I have talked about the various agencies we would like to have involved in the process. We are looking to have city engineers and city councilmember's join us in the surveying process so the need is clearly portrayed to those who have power to make the necessary changes.
3. Statistics- After surveying is complete, the statistics will allow us to evaluate each neighborhood and determine specific needs of change.
4. Research Methods- State wide trainings allowed me to gain knowledge about current research and data pertaining to obesity prevention needs. Surveying the individual neighborhoods based on the determined assets and indicators allowed me to research Monterey Counties' local obesity prevention needs.
5. Information Management- Collecting the data and compiling reports that reflected the importance of the project and the local neighborhood's needs. Also allowing the information produced from CX3 surveys to be shared with local coalition efforts toward other useful projects to improve the future direction of services in these specific neighborhoods.

VII. Conclusion

Although the CX^3 data from the surveying process has not been returned for evaluation and further implementation the CX^3 project has proved to be extremely beneficial. During the mapping process I learned an extreme amount about electronic resources and database information that can support the need of intervention as it pertained to CX^3 . Surveying in the neighborhoods and recording the findings allowed me to see exactly where change is needed. Many of the fast food outlets and convenience stores are located close enough to schools to have local marketing regulations implemented limiting unhealthy eating ads influencing our youth. Fortunately, the cities surveyed in Monterey County were already regulated by policy to abstain from billboard advertisement.

The MCHD will utilize the CX^3 data through implementation of new regulations through their state contracted Scope of Work (SoW). The NFCCC is also interested in providing grant funding for CX^3 to further its implementation on a tri-county level. Currently coalition meetings are forming to involve community stakeholders in the reconstruction process. In addition local community members are involved and excited to see how CX^3 will improve local low-income neighborhoods. In order to see CX^3 as a successful project I recommend the MCHD continue attending coalition meetings, network with other agencies around obesity prevention, and spread the message allowing local change to take place.

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