



Kaiser Foundation Hospitals

Kaiser Permanente Southern California Region Community Benefit Grant Report Form

14. Were there any changes in your budget? If so, did you submit a budget modification? *Reminder: Kaiser Permanente requires that all major changes to the original approved budget be submitted and approved by our office in advance. Major changes include adding or deleting line items and changes of over 10 percent to a budget category.*

15. Is there anything else that you would like us to know about your work for this grant?

I hereby certify that this report, including any attachments, is accurate to the best of my knowledge, and that our organization remains in full compliance with the terms of the Purchase Order/Contract regarding this grant.

Signature

Date

Name & Title

Organization

West Ventura HEAL Zone Initiative Coalition Meeting Minutes

[Date]	[Time]	Bell Arts Factory 432 N. Ventura Ave. Ventura, CA 93001	
Meeting called by			
Type of meeting	West Ventura HEAL Zone Initiative Coalition		
Facilitator	Seifa Saucedo		
Note taker	Claudia J. Castañeda		
Attendees			
Introductions			
Presenter	Seifa Saucedo		
-			
Action Items	Person Responsible	Deadline	
Kaiser Permanente HEAL Zone Initiative			
Presenter	Seifa Saucedo		
Action Items	Person Responsible	Deadline	
A.L.E.A.N West Ventura			
Presenter	Seifa Saucedo		
Action Items	Person Responsible	Deadline	
Next Meeting			
Presenter	Seifa Saucedo		
Action Items	Person Responsible	Deadline	



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Organization: County of Ventura Public	
Report: Progress <input checked="" type="checkbox"/> Final <input type="checkbox"/>	Grant ID: 20623152
Reporting Period Covered: July 1, 2013 – December 31, 2013	
Grant Term (01/01/2012-10/01/2015)	Grant Amount 300,000.00
Contact: Letty Alvarez	
Telephone: (805) 677-5261	Fax: (805) 677-5220
E-mail: Letty.Alvarez@ventura.org	
Project Title: West Ventura HEAL Zone Initiative	
Grant objectives: Increase consumption of healthy foods and beverages, decrease calorie consumption, and increase physical activity.	

A complete progress report covering July 1, 2013 – December 31, 2013 includes:

1. Institutionalize/implement the use of Healthy Foods and Beverages and/or Non-Foods and Beverages for Fundraising, for Rewards Related to Fundraising, and for School/Class Events/Celebrations Educate Students about the Importance of Not Consuming Unhealthy Foods and Beverages

a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s):
	Challenge(s):
b. Lessons learned. What went well, and why? Did some things not turn out as expected?	
c. What you would do differently in the future as a result?	

2. Support and encourage revision of existing School Policies that Require Schools to Use Healthy Foods and Beverages and/or Non-Foods for Fundraising, and Rewards Related to School/Class Events/Celebrations Promote School Fundraising Plans

a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s):
	Challenge(s):
b. Lessons learned. What went well, and why? Did some things not turn out as expected?	
c. What you would do differently in the future as a result?	

3. Implement Safe Walking and Biking Paths to and from School

a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s):
	Challenge(s):
b. Lessons learned. What went well, and why? Did some things not turn out as expected?	
c. What you would do differently in the future as a result?	



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4. a. Revise school district policies and procedures that will ensure the Institutionalization and Sustainability of Strategies to Increase Safe Walking and Biking Paths to Schools. b. Educate Students about Pedestrian and Bicycle Safety c. Promote the Safe Walking and Biking Paths to School.

a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s):
	Challenge(s):

b. Lessons learned. What went well, and why? Did some things not turn out as expected?

c. What you would do differently in the future as a result?

5. Increase consumption of healthy foods and beverages. Decrease calorie consumption. a. Five (5) restaurants implement Good for Kids Certified. Policy and certification for food producers and retail stores/restaurant conversion businesses. Increased awareness, knowledge, skills, motivation, and utilization among community members around healthy eating. b. Increase access to healthy foods from retail stores/restaurant conversion businesses.

a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s):
	Challenge(s):

b. Lessons learned. What went well, and why? Did some things not turn out as expected?

c. What you would do differently in the future as a result?

6. Increase consumption of healthy foods and beverages. Decrease calorie consumption. Foods from retail stores/restaurant conversion businesses. Promote access to fresh fruits and vegetables and physical activity through Annual Food Day Educate families on access to food sources.

a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s):
	Challenge(s):
b. Lessons learned. What went well, and why? Did some things not turn out as expected?	
c. What you would do differently in the future as a result?	



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7. Increase consumption of healthy foods and beverages. Decrease calorie consumption. Foods from retail stores/restaurant conversion businesses. Promote access to fresh fruits and vegetables and physical activity through Annual Food Day Educate families on access to food sources.	
a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s): Challenge(s):
b. Lessons learned. What went well, and why? Did some things not turn out as expected?	
c. What you would do differently in the future as a result?	
8. Landon Pediatric Foundation will collaborate with Ventura County Health Care Agency and Community Memorial Hospital Clinics to establish a Policies and Procedures that would require local Health Clinics within the HEAL Zone to Provide Patients (Adults and Children) with Body Mass Index (BMI) Measurements as a component of routine medical care.	
a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s): Challenge(s):
b. Lessons learned. What went well, and why? Did some things not turn out as expected?	
c. What you would do differently in the future as a result?	
9. Improve Safe Access to Parks and Recreation and Acquire a new Park in West Ventura Facilities and Joint Use agreement	
a. Support the design and installation of needed equipment to encourage active living and recreation at Kellogg Park.	
a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s): Challenge(s):
b. Lessons learned. What went well, and why? Did some things not turn out as expected?	
c. What you would do differently in the future as a result?	

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10. Increase Community engagement to strengthen and motivate participation with agencies and any other activity in West Ventura HEAL Zone that directly impacts residents. Formation of the Pool committee for the development to access physical activity in the HEAL Zone.	
a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s): Challenge(s):
b. Lessons learned. What went well, and why? Did some things not turn out as expected?	
c. What you would do differently in the future as a result?	
11. Educate and inform West Ventura community residents on the significance of safe and smoke free parks as they relate to healthy eating and active living. Mobilize community support for smoke free policy for HEAL Zone area parks.	
a. Your major accomplishments as well as challenges during the past 6 months (Key accomplishments)	Accomplishment(s): Challenge(s):
b. Lessons learned. What went well, and why? Did some things not turn out as expected?	
c. What you would do differently in the future as a result?	
12. Describe any changes (if any) to your Community Action Plan, including things that you added, deleted, or changed.	
13. How did your collaborative evolve during the past 6 months? For example, describe new partnerships, resident involvement, etc.	
New partnerships	
Resident involvement	Resident Involvement—

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