Data Party!

HEAL Phase 1 Findings

November 1, 2016

Kaiser Permanente
Center for Community Health & Evaluation (CCHE)
Agenda & Goals

Agenda
What we’ve learned
  - Population-level findings
  - Policy/environment changes
  - Strategy-level findings
  - Supporting structures
Communicating findings

Goals
Create a collaborative learning environment
Understand major findings from Phase 1
Identify ways to communicate findings locally
Phase 1 Evaluation Questions

Are community food and activity environments and policies changing?

Are there population-level changes in obesity related attitudes, knowledge and behavior?

Are there population-level changes in health status outcomes?

Did we have an impact on community capacity (i.e., HEAL Zone coalitions)?

Are the changes made in communities sustainable?

What are we learning to inform program improvement?
Methods

Document strategies
Dose

Adult Survey
Youth Survey
Teacher Survey
Coalition Survey

Key Informant
Interviews

Photovoice

Strategy-Level Evaluations
Impact To-Date
Population Level Change Adults
There were no statistically significant changes in fruit and vegetable consumption when compared to the control. Changes here are likely just “noise” in the data.

Data Source: Adult Survey
There were no statistically significant changes in physical activity when compared to the control. Changes here are likely just “noise” in the data.

Data Source: Adult Survey
With the exception of Lemon Grove, there were no statistically significant changes in fruit and vegetable consumption at HEAL elementary schools. Most changes here are likely just “noise” in the data.

Data Source: Youth Survey
Consumption of fruits and vegetables decreased at middle schools in Ontario and Whittier. It may be helpful to have a conversation with school partners to understand what could be causing this.

Data Source: Youth Survey
In general, results were most promising for youth physical activity. At the elementary school, Whittier saw a significant increase in physical activity and their targeted efforts in this area may have contributed to the improvement.

Data Source: Youth Survey
Anaheim and Ventura saw a significant increase in physical activity. Anaheim’s targeted efforts in this area may have contributed to the improvement.

Data Source: Youth Survey
Reflection

Questions?

How does this confirm or contradict what you expected?
What’s Changed
Changes in Policy, Systems, and Environment
Overall, what would you say about how access to healthy food and physical activity is changing in your communities?
Strategy Level Findings
Gallery Walk

What are these data telling you about this type of strategy?
Discussion

What does this mean for our Phase 2 work?

What will it take to get to the outcomes we want to achieve?
Anaheim and Ontario both implemented strategies to encourage students to be more physically active during recess. In Anaheim, parent volunteers led activities for the students. In Ontario, YMCA staff facilitated active recess. Lancaster, a HEAL Partnership, also implemented this strategy by training duty aides (parent volunteers) to support the students.

Overall, active recess increased levels of moderate and vigorous physical activity among students.

At Euclid Elementary in Ontario, intensity did not increase because most students who were not active were waiting in lines for available activities (e.g., tetherball, kickball), an issue that persisted before and after the YMCA became involved. The Ontario HEAL Zone continued to refine this strategy after data were collected. Additional observations may show results similar to those seen at other schools.

Data Sources: Recess observations using the SOPLAY tool.
Anaheim removed flavored milk during all meals at every school in the district. Long Beach removed flavored milk during breakfast at every school in the district. Initially, the amount of milk sold to students decreased, but sales increased again once students adapted to the change.

Because flavored milk was the preferred choice before it was removed and sales generally stabilized in the long run, it is likely that most students eventually replaced flavored milk consumption with consumption of nonfat or 1% milk.

Data Sources: School milk sales data
Five of the six HEAL Zones made environmental changes to parks in their community in order to increase opportunities for residents to be physically active. In addition, some sites began promoting the new equipment/trails through exercise programs.

Long Beach and Lemon Grove conducted park observations before and after they added fitness equipment and walking trails. In all locations, there was an increase in the average number of people observed per hour, which may indicate increased use of the park. In Long Beach, 15% percent of people observed were using the new fitness equipment during follow up observations. However, the intensity of activity (graphs) did not increase.

It’s important to note that, in all cases, the site added the new equipment toward the end of Phase 1 and staff conducted follow up observations shortly after. More time is needed to promote the new equipment and encourage residents to use it before we are likely to see a change in physical activity. Additional data collection is planned for Phase 2 to explore this strategy further.

Data Sources: Observation of parks using the SOPARK tool.
Clinics across three HEAL Zones and at Hollywood High School developed and began using a HEAL prescription with patients. In several locations, additional educational and promotional strategies were implemented in conjunction with the prescription. Most progress in this setting was focused on systems change within the clinics (i.e., to what extent is the HEAL prescription used?). However, some preliminary data suggested that, with additional support, outcomes improved for some patients.

Data Sources: Interviews and focus groups with providers and staff.
Two sites, Riverside and Lemon Grove, successfully implemented wellness initiatives and policies in early childhood care settings. Initial information about what was accomplished at the centers is promising, however more data may be needed to better understand the full impact of these strategies on children and families.
All six HEAL Zones and one HEAL Partnership attempted to make environmental changes within markets and corner stores to make healthy choices easy for customers. The variability in success across stores speaks to the challenges faced when implementing strategies in these settings including difficulties increasing customer demand and the large amount of staff time required to develop and maintain relationships with store owners.

At three sites, the strategy was not sustained.

Customer surveys in Riverside, Ventura, and Whittier show a slight increase in the percentage of people who noticed the healthy messages and mixed findings on whether people are actually buying more fruits and vegetables as a result.

Anaheim’s work at a larger market was the most successful, likely because the changes they made were extensive in comparison to other sites (installed a HEAL branded refrigeration unit, removed candy and placed healthier items at checkout stands, renovated the produce areas to make it more aesthetically pleasing, placed healthy recipes in produce area, branded certain food and beverage items as “healthy”, communicated healthy messages over the store intercom, conducted store
tours and healthy food tasting, sold healthy meal and snack options in the hot food space, and more)

Data Sources: Surveys with consumers conducted in-person at each corner store.
See previous slide.
Two sites, Lemon Grove and Ventura, worked with restaurants to create healthy menus, an environmental change that was aimed at making it easier for customers to choose healthy options. This setting proved to be the most challenging. Neither site was able to sustain the work.

Data Sources: Lemon Grove – visits to restaurants; Ventura – interviews with owners and First 5 Ventura staff (restaurant strategy partner)

<table>
<thead>
<tr>
<th>Restaurants</th>
<th>Lemon Grove</th>
<th>Ventura</th>
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<tbody>
<tr>
<td>10 restaurants</td>
<td>10 restaurants</td>
<td>3 restaurants</td>
</tr>
<tr>
<td>Six months after launch of family/kid healthy menus, only 3 of the 10 restaurants continued to make the menu available to customers.</td>
<td>This strategy was not sustained. It took a lot of time to engage the restaurant owners. Many were extremely busy, did not feel it was their responsibility to provide healthy options, and/or were worried about the cost of new ingredients. Despite heavy promotion and positive attitudes about the program, there was little demand from customers for the healthy menu items, which meant there was little economic incentive for restaurant owners.</td>
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Supporting Structures
Discussion

How well did the HEAL coalitions function?
## Coalition Structures

<table>
<thead>
<tr>
<th>HEAL Zone</th>
<th>Organizing Agency</th>
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<tbody>
<tr>
<td>Anaheim</td>
<td>Anaheim Family YMCA</td>
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<tr>
<td>Lemon Grove</td>
<td>Community Health Improvement Partners</td>
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<tr>
<td>Long Beach</td>
<td>City of Long Beach</td>
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<tr>
<td>Ontario</td>
<td>City of Ontario</td>
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<tr>
<td>Riverside</td>
<td>Department of Public Health Nutrition Services and Health</td>
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<tr>
<td>Ventura</td>
<td>Ventura County</td>
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Successful Coalitions Had...

- Strong partners
- Effective coordinating agency led by a strong coordinator
- Engaged and empowered residents
Challenges

Moving forward as united group despite different perspectives, priorities, and needs

Amount of time and energy needed to move the work forward

Continuing to meet on a regular basis

Community support listed as main challenge at post
Discussion

How did you engage resident and youth?

How well did your approach work?
What worked, what didn’t

Effectively Fostering Self-Advocacy

Last night’s city council meeting, there were several HEAL Zone or RLA members who were at the meeting, and you might not have seen those people before. But because they were exposed to it through the HEAL Zone and exposed to speaking up and letting their voice be heard, they’re coming out.

Time Restraints

It was great to see the residents were at the table, prepared to contribute, but it was also a short timeline so I feel like we could be more community friendly in the sense that we’re giving enough time for residents to catch up and prepare.
Communicating Data
Methods

Document strategies
Dose

Adult Survey
Youth Survey
Teacher Survey
Coalition Survey

Strategy-Level Evaluations

Key Informant Interviews

Photovoice
Data Communication Plan

Who?  What?
Why?  When?
How?
Who? Think about who you want to share data with.

Examples: coalition members, parents, participating residents, community members, schools, etc.
What?
Why?

How do you imagine they will benefit?
What do you want them to do with the information?
When?

When will this make the most impact?
Is there an important upcoming event or decision?
How?

Report
Newsletter, brief, or brochure
Discussion
Presentation
Poster
Email
# Communication Plan

Developing a communication plan will help you better leverage your resources and make the greatest impact. Complete this worksheet to begin developing your communication plan.

<table>
<thead>
<tr>
<th>Who should receive information?</th>
<th>What information should they receive?</th>
<th>Why do you want to share this information?</th>
<th>When should they receive this information?</th>
<th>How do you plan to share this information?</th>
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Discussion

Tell us about your Data Communication Plan.