

# 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



**Impact To-Date**

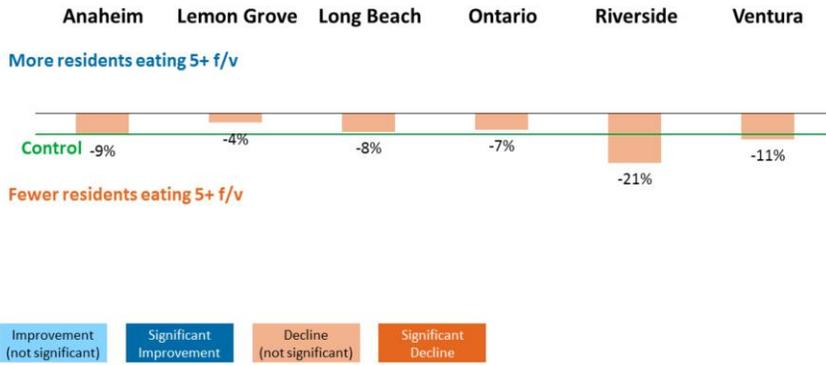
# Population Level Change Adults



# Fruits and Vegetables

Impact To-Date

Change in proportion of residents who eat 5 or more servings of fruits and vegetables (f/v) a day between 2013 and 2016.



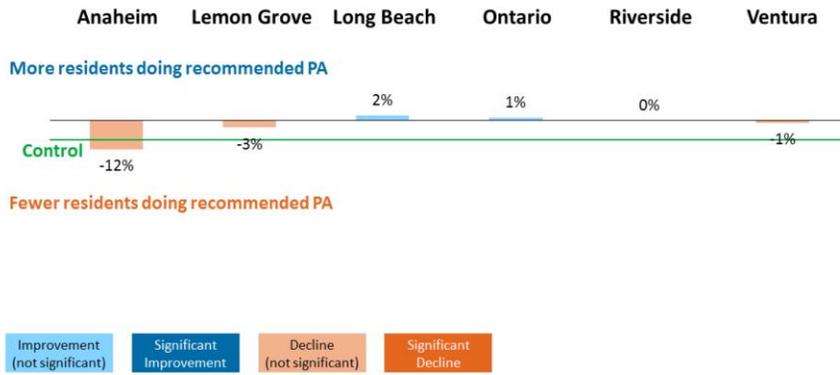
There were no statistically significant changes in fruit and vegetable consumption when compared to the control. Changes here are likely just “noise” in the data.

Data Source: Adult Survey

# Physical Activity

Impact To-Date

Change in proportion of residents who engage in recommended amount of physical activity (PA) each day between 2013 and 2016.

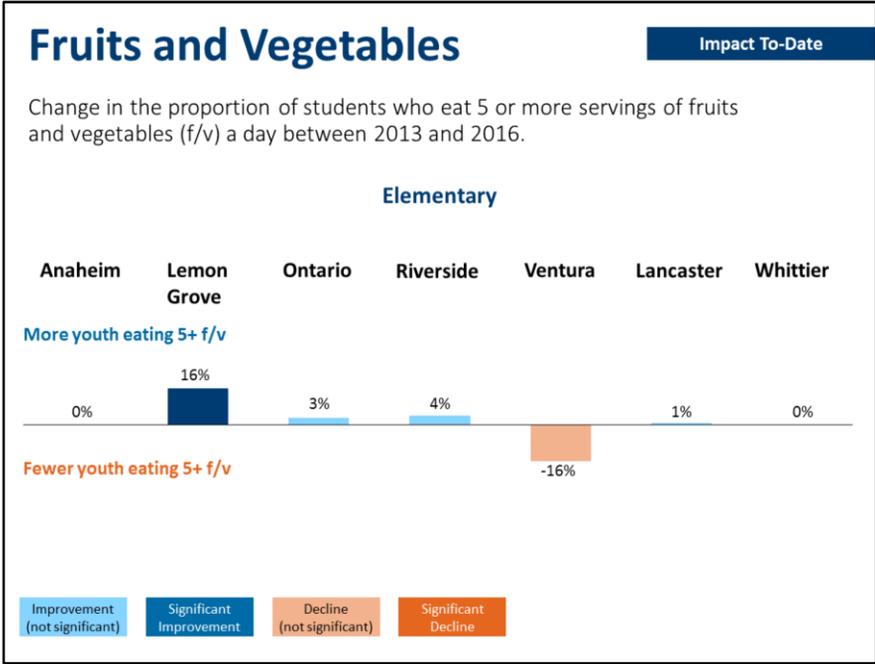


There were no statistically significant changes in physical activity when compared to the control. Changes here are likely just “noise” in the data.

Data Source: Adult Survey

# Population Level Change Youth





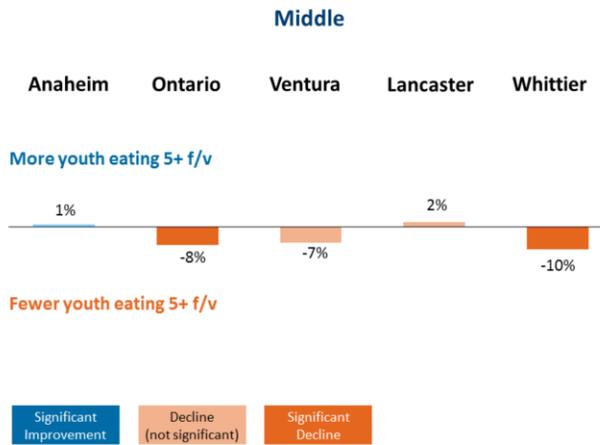
With the exception of Lemon Grove, there were no statistically significant changes in fruit and vegetable consumption at HEAL elementary schools. Most changes here are likely just “noise” in the data.

Data Source: Youth Survey

# Fruits and Vegetables

Impact To-Date

Change in the proportion of students who eat 5 or more servings of fruits and vegetables (f/v) a day between 2013 and 2016.



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.

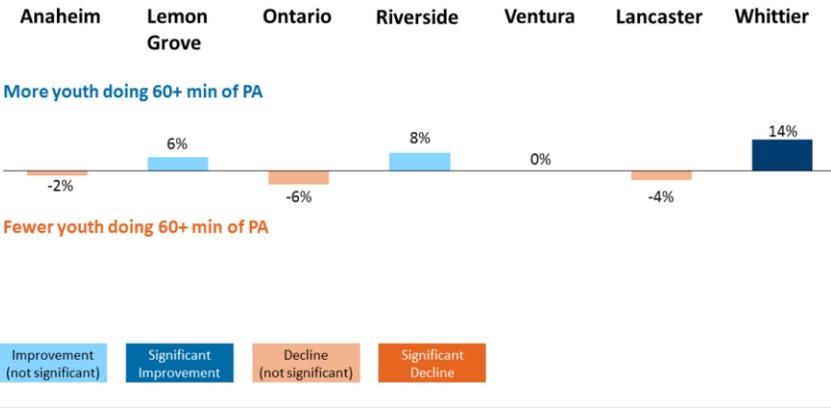
Data Source: Youth Survey

# Physical Activity

Impact To-Date

Change in the proportion of students who engage in at least 60 minutes of physical activity (PA) per day between 2013 and 2016.

## Elementary



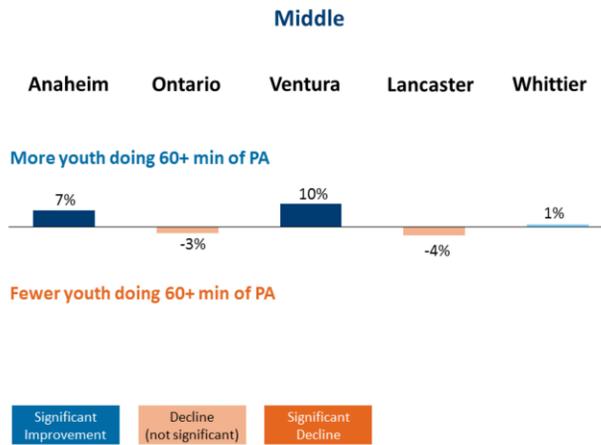
In general, results were most promising for youth physical activity. At the elementary school, Whittier saw a significant increase in physical activity and their targeted efforts in this area may have contributed to the improvement.

Data Source: Youth Survey

# Physical Activity

Impact To-Date

Change in the proportion of students who engage in at least 60 minutes of physical activity (PA) per day between 2013 and 2016.



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

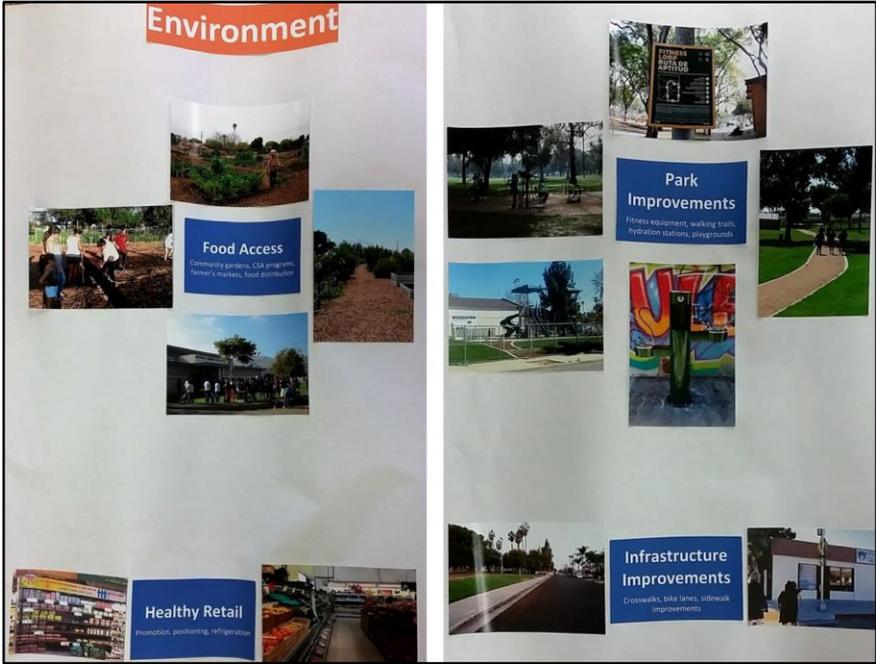
# Changes in Policy, Systems, and Environment





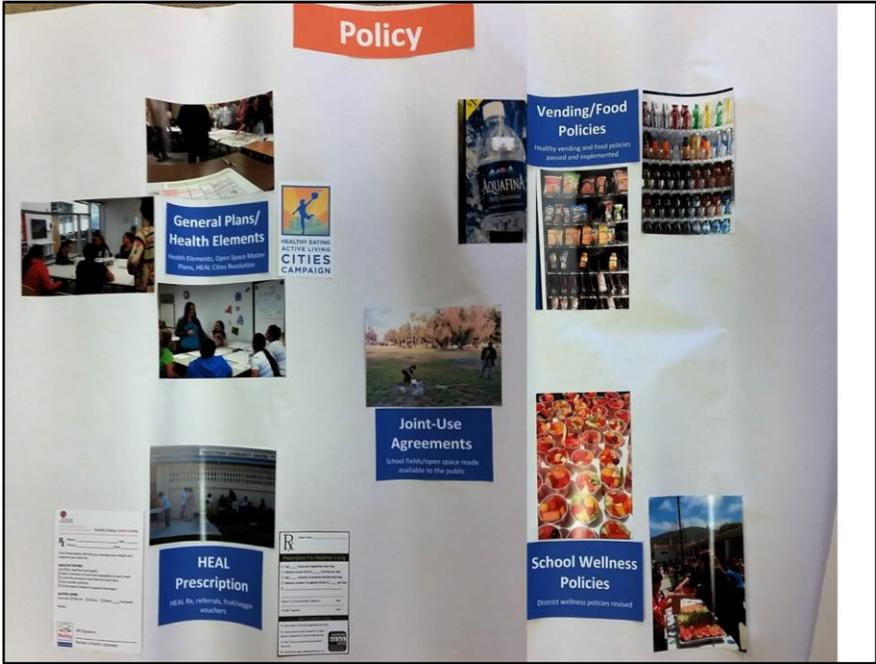
## Poster

**Overall, what would you say about how access to healthy food and physical activity is changing in your communities?**









# Strategy Level Findings





## Gallery Walk

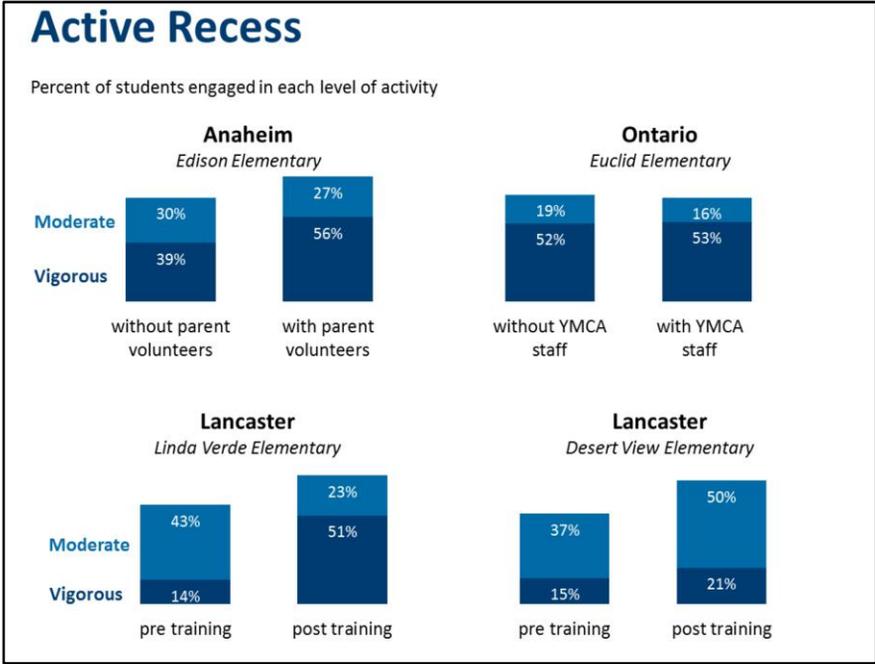
What are these data telling you about this type of strategy?



## Discussion

**What does this mean  
for our Phase 2  
work?**

**What will it take to  
get to the outcomes  
we want to achieve?**

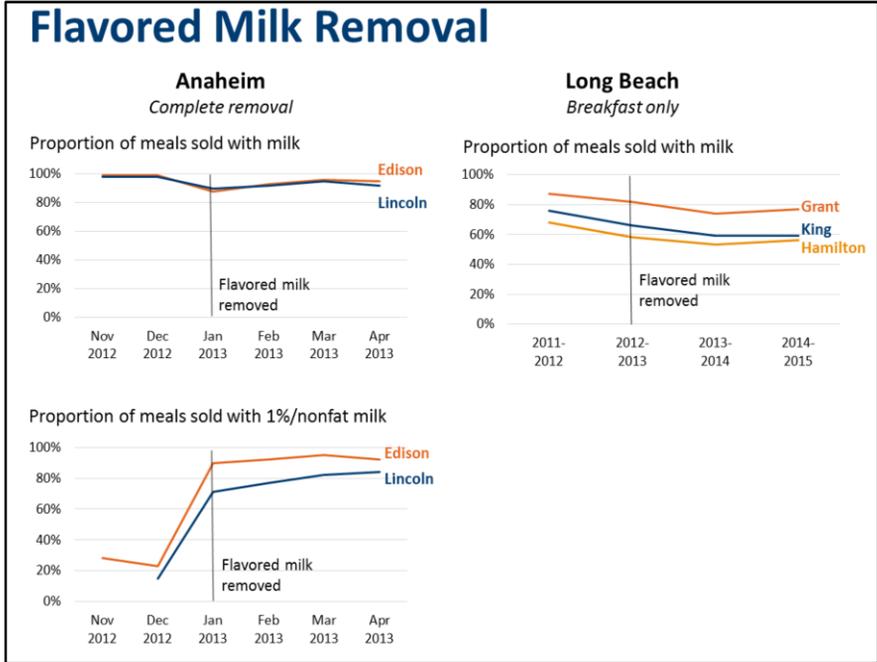


Anaheim and Ontario both implemented strategies to encourage students to be more physically active during recess. In Anaheim, parent volunteers led activities for the students. In Ontario, YMCA staff facilitated active recess. Lancaster, a HEAL Partnership, also implemented this strategy by training 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.

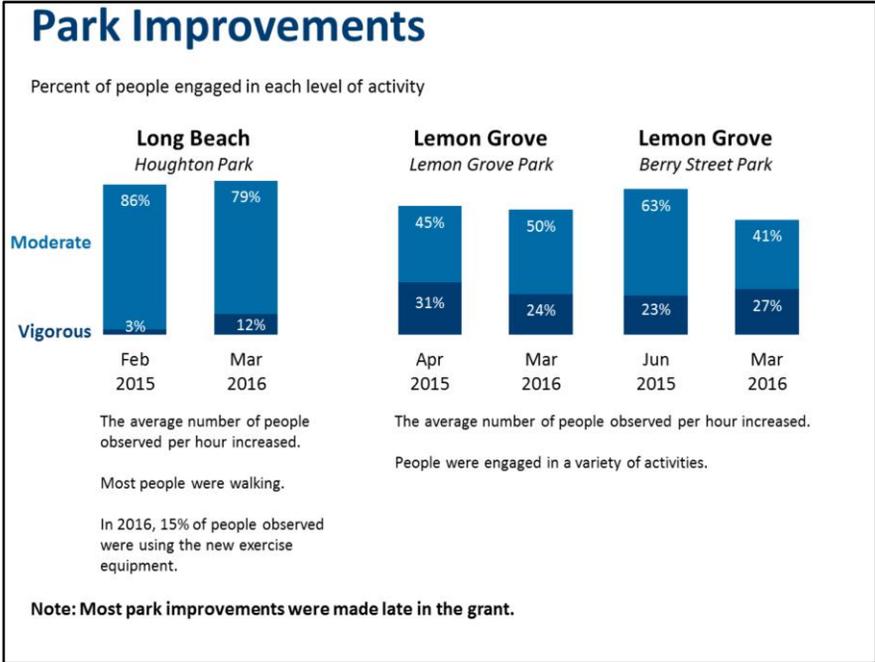
**Data Sources: Recess observations using the SOPLAY tool.**



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.

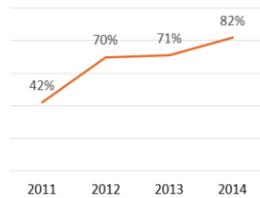
Data Sources: Observation of parks using the SOPARK tool.

# HEAL Prescription

## Long Beach

*The Children's Clinic*

Percent of patients screened (BMI)



2 hours of additional support resulted in increased knowledge, but no change in BMI.

6 hours of additional support resulted in some reductions in BMI.

## Riverside

*University Community Health Center*

HEAL prescription discussed during more than 70% of patient encounters (March 2016).

Clinic staff are starting to see reduced BMIs and improved lab tests for some patients, particularly those who also attend their nutrition classes.

524 fruit/veggie vouchers were redeemed at corners stores, mobile fresh, and riverside food co-op.

## Ventura

*Community Health Screenings*

HEAL prescription discussed during more than 90% of encounters with participants of health screenings (August 2014).

Of HEAL Rx for Health Cards given out, ~20% were redeemed for an incentive. (incentives included soccer balls, basketball and volleyballs)

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.

## Early Childhood Education

### Lemon Grove

24 providers

24 sites serving ~200 children graduated from YMCA CRS program. They had to:

- Complete pre/post NAP SACC
- Work with Health Educator
- Adopt a wellness policy

This included 13 family child care homes, 5 centers, 6 school district sites serving about 200 children.

21 providers built gardens.

NAP SACC showed small changes across sites:

- Average number of healthy food items served per day increased by 1
- Percent of sites providing more than 60 minutes of physical activity per day increased from 56% to 71%.
- The 2 sites that served flavored milk stopped doing so.

### Riverside

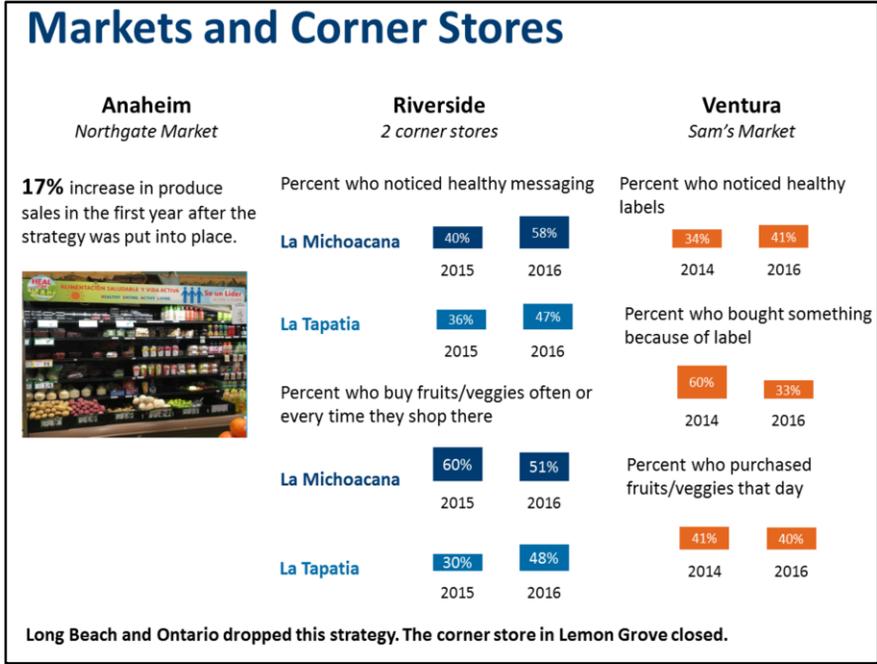
1 provider

One center serving 144 children received NAP SACC certification. To receive certification they:

- Served more fruit (increased to once a day)
- Served more *seasonal* fruits and vegetables
- Served more whole grains (increased to once a day)
- Served more lean meats/ beans (increased to once a day)
- Established wellness policies, including guidelines for fundraising and celebration
- Began providing more education and promotion of healthy foods and physical activity to children

Note: Vegetables and nonfat/1% milk were already served once a day.

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)

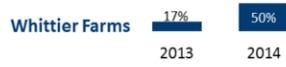
Data Sources: Surveys with consumers conducted in-person at each corner store.

## Markets and Corner Stores (cont.)

### Whittier

*2 corner stores*

Percent who noticed healthy labels



Percent who bought something because of label



See previous slide.

## Restaurants

### **Lemon Grove**

*10 restaurants*

Six months after launch of family/kid healthy menus, only 3 of the 10 restaurants continued to make the menu available to customers.

### **Ventura**

*3 restaurants*

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.

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)

# Supporting Structures



## Discussion

How well did  
the HEAL  
coalitions  
function?

# Coalition Structures

Coalitions

HEAL Zone	Organizing Agency
Anaheim	Anaheim Family YMCA
Lemon Grove	Community Health Improvement Partners
Long Beach	City of Long Beach
Ontario	City of Ontario
Riverside	Department of Public Health Nutrition Services and Health
Ventura	Ventura County

## Successful Coalitions Had...

Coalitions



Strong partners



Effective coordinating agency led by a strong coordinator



Engaged and empowered residents

## Challenges

Coalitions



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

Residents/Youth



### 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

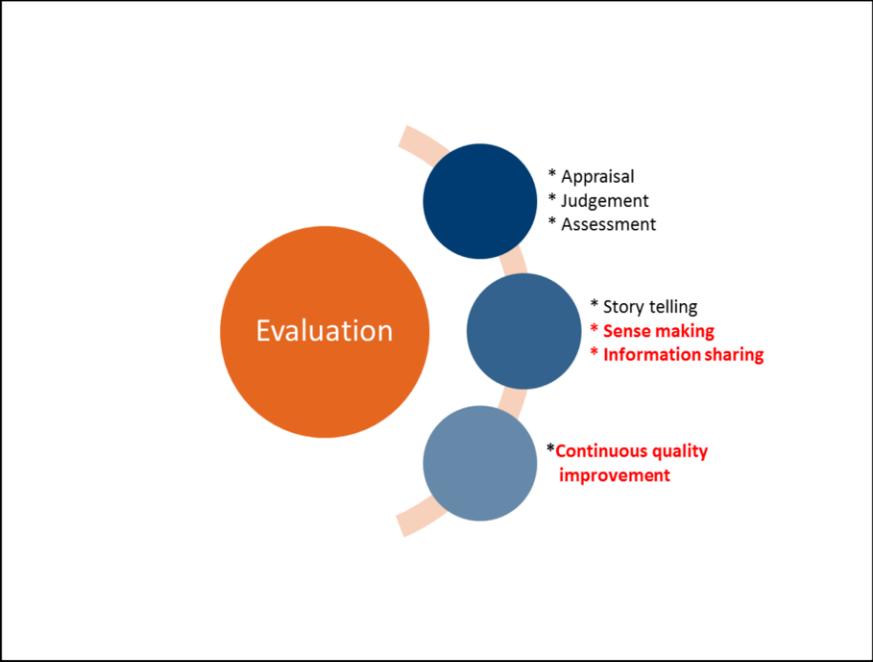
*It was great to see the residents were at the table, prepared to contribute, but it was also a short timeline so I feel like we could be more community friendly in the sense that we're giving enough time for residents to catch up and prepare.*

# Communicating Data

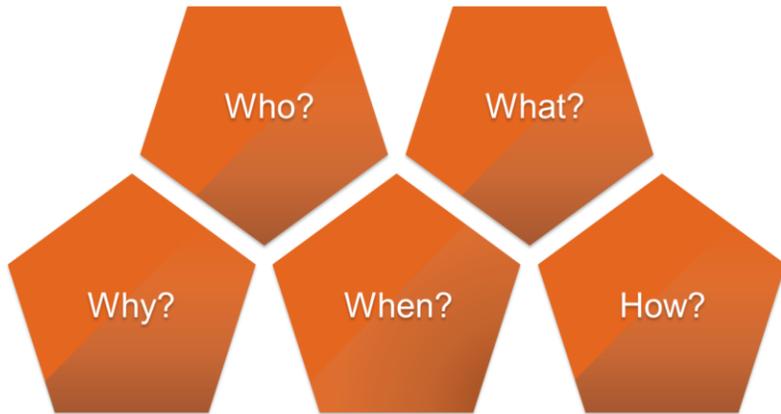
# Methods







## Data Communication Plan



Who?



Who? Think about who you want to share data with.

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

# What?



What?

Why?



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.

Who should receive information?	What information should they receive?	Why do you want to share this information?	When should they receive this information?	How do you plan to share this information?



## **Discussion**

**Tell us about  
your Data  
Communication  
Plan.**