

RESIDENT LEADERSHIP ACADEMY

PARTICIPANT WORKBOOK



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DATE: August 18, 2016
TO: Community Partner
SUBJECT: Welcome to the Resident Leadership Academy

The County of San Diego Health and Human Services Agency would like to welcome you to the Resident Leadership Academy (RLA) family! You are receiving this letter because you are becoming part of a growing number of community members across San Diego County who are actively improving the health and wellness of our neighborhoods.

The RLA is a curriculum-based, community health organizing project that empowers residents, including you, to make positive changes in their communities. You will attend a multi-session training program, led by a facilitator, and learn how your neighborhood impacts the development of chronic diseases. The training includes a combination of core health information, community health strategies that support individual health and lifestyle choices, and practical ways to improve community health. At the end of the sessions, you will assess your neighborhood, determine and prioritize needs, and implement a Community Improvement Project (CIP). RLA graduates are empowered to make healthy behavior changes, enhance their environments, and create vibrant neighborhoods through policy, systems, and environmental changes.

The RLA contributes to the *Live Well San Diego* vision by creating local leaders to support a healthy, safe, and thriving region. See the next page for more information about *Live Well San Diego*, and the history of the RLA.

The RLA training is available to any and all residents who are interested in learning how to work together to improve the health of their community. It is a true investment in our community's social capital, providing residents with the opportunity to build leadership capacity and create positive changes in their neighborhoods.

Live Well!

NICK MACCHIONE, FACHE, Agency Director
Health and Human Services Agency
County of San Diego





LIVE WELL SAN DIEGO AND THE HISTORY OF THE RESIDENT LEADERSHIP ACADEMY


The Resident Leadership Academy (RLA) curriculum supports *Live Well San Diego*, a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners, and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components. Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices. Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities. Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect, and enjoy the highest quality of life.

Live Well San Diego connects organizations of every kind—cities and governments, businesses, healthcare organizations, schools, and community and faith-based organizations—through a shared purpose. Community and faith-based organizations have the potential to reach out to individuals and families throughout San Diego County. Working together, partner organizations are sharing best practices and hosting programs that support healthy, safe, and thriving communities and congregations. Community and faith-based partners are supporting Safe Routes programs, neighborhood clean ups, and accident prevention at home for families. They are also using educational and promotional materials to encourage at-risk community members to eat more fruits and vegetables, incorporate physical activity into their daily routines, and work with vulnerable populations for disaster preparedness. Protecting residents from crime through neighborhood watch programs, promoting drug-free and gang-free communities, and making homes safe from unintentional injuries can improve quality of life. Collectively, we are supporting healthy, safe, and thriving individuals and families, businesses, and communities by creating environments that make safe physical activity and healthy eating not only the obvious choice, but the easy choice.

The RLA is a project of the County of San Diego and has been implemented through partnerships with the community. In 2010, the County of San Diego contracted with Community Health Improvement Partners (CHIP) to write, pilot, and implement the RLA curriculum under the Communities Putting Prevention to Work (CPPW) grant awarded by the Centers for Disease Control and Prevention (CDC).

In 2011, CHIP partnered with community-based organizations (CBOs) in Oceanside, Southeastern San Diego, National City, and Lemon Grove. CHIP trained CBO staff how to facilitate the curriculum and teach lessons to community residents. Between 2012 and 2015, interest in the RLA program spread throughout San Diego County. At the end of 2015, more than two dozen RLAs with 300+ San Diego County residents participated in RLAs.

In 2015, the County of San Diego received the *Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke* grant from the CDC, locally known as the *Prevention Initiative*. The County contracted with Arboreta Group, LLC, to update the curriculum based on feedback from experienced RLA graduates, facilitators, and professionals who have been leading the way to health in San Diego.



Resident Leadership Academy Participant Workbook

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SECTION ONE

OVERVIEW

- 1.1 Orientation
- 1.2 Social Determinants of Health
- 1.3 Community Improvement Project Overview

Learning Objectives:

1. Identify chronic health issues in our communities.
2. Introduce the social-ecological model and how to apply it to promote health.
3. Understand social determinants and their impact on health.

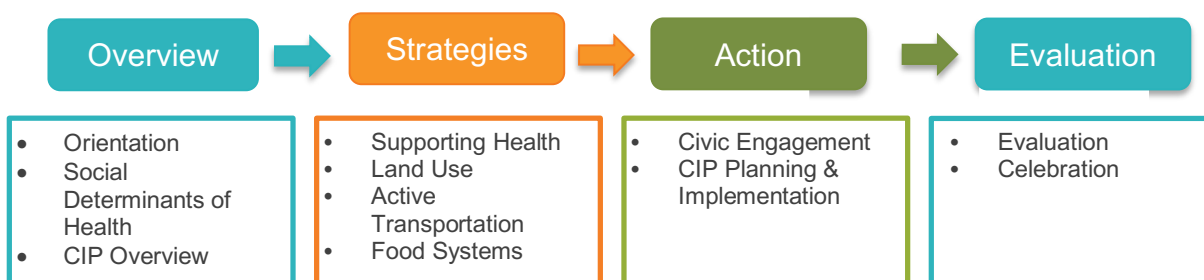
1.1 Orientation

Welcome to the Resident Leadership Academy!

You are joining a growing number of community members across San Diego County who are taking an active part in improving the health and wellness of their community. Several hundred youth and adults have participated in Resident Leadership Academies (RLAs) and completed Community Improvement Projects (CIPs) in their neighborhoods since 2012. By taking action, efforts of these RLA participants decrease chronic disease and increase the health of their neighborhoods. Their projects include creating community gardens; getting new crosswalks painted; making agreements with schools, so their kids can continue to use playgrounds after hours; and working with their city to keep elementary students safe by installing new sidewalks.

Throughout this training you will learn about the individual and environmental causes of some chronic diseases. You will learn specific strategies to prevent disease and use new knowledge and skills to implement a CIP that supports your health and the health of your family and community. This workbook is made up of four sections, which are outlined in Figure 1.1 below.

Figure 1.1 Overview of Workbook Sections



Each section includes an overview of related topics. If you are interested in a topic and want to get more information about it, there are optional resources for further study in the “Deep Dive” section at the back. Throughout this workbook you will find activities, areas for taking notes, and questions to help you connect to the things you have learned.

Live Well San Diego

As part of the *Live Well San Diego* regional vision, the County of San Diego is creating healthy, safe, and thriving communities. RLAs are one strategy to help improve health and to achieve this vision. *Live Well San Diego* began in 2010, as a health strategy of the County Health and Human Services Agency. It was then adopted by the Board of Supervisors as a countywide vision, and was expanded to become a broader and long-term effort to improve the health and well-being of all County residents. *Live Well San Diego*, as illustrated in the *Live Well Pyramid* in Figure 1.2 on page 3, now includes three components that are achieved through four strategic approaches.

Building Better Health calls for improving the health of all residents and supporting healthy choices.

Living Safely calls for ensuring residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies.

Thriving calls for cultivating opportunities for all people and communities to grow, connect, and enjoy the highest quality of life.

Strategy 1: *Building a Better Service Delivery System* involves improving the quality and efficiency of County government and its partners in the delivery of services to residents, contributing to better outcomes for clients and results for communities.

Strategy 2: *Supporting Positive Choices* involves providing information and resources to inspire county residents to take action and responsibility for their health, safety, and well-being.

Strategy 3: *Pursuing Policy and Environmental Changes* involves creating environments and adopting policies that make it easier for everyone to live well, and encouraging individuals to get involved in improving their communities.

Strategy 4: *Improving the Culture Within County Government* involves increasing understanding among County employees and providers about what it means to live well, and the role that all employees play in helping county residents live well.

Live Well San Diego is a model for bringing about changes and improvements throughout the county through collective action. Community and faith-based organizations have the potential to reach out to individuals and families throughout San Diego County. Working together, partner organizations are sharing best practices and hosting programs that support healthy, safe and thriving communities and congregations. Community and faith-based partners are supporting Safe Routes programs, neighborhood clean ups and accident prevention at home for families. They are also using educational and promotional materials to encourage at-risk community members to eat more fruits and vegetables, incorporate physical activity into their daily routines and work with vulnerable populations for disaster preparedness. Protecting residents from crime through neighborhood watch programs, promoting drug-free and gang-free communities, and making homes safe from unintentional injuries can improve quality of life.

One area that *Live Well San Diego* addresses through the RLAs and other projects is decreasing the incidence of chronic disease in San Diego County. Figure 1.3 on page 4 shows us that three behaviors lead to four chronic diseases that kill 50% of San Diegans. The RLAs work to change those three unhealthy behaviors into healthy ones: eating healthy food, exercising regularly, and not smoking. Improving communities to support these behaviors will reduce death from chronic disease in San Diego.

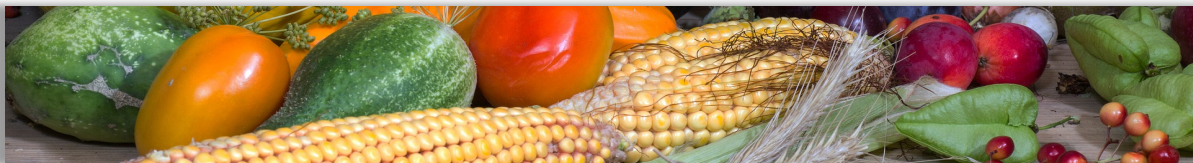
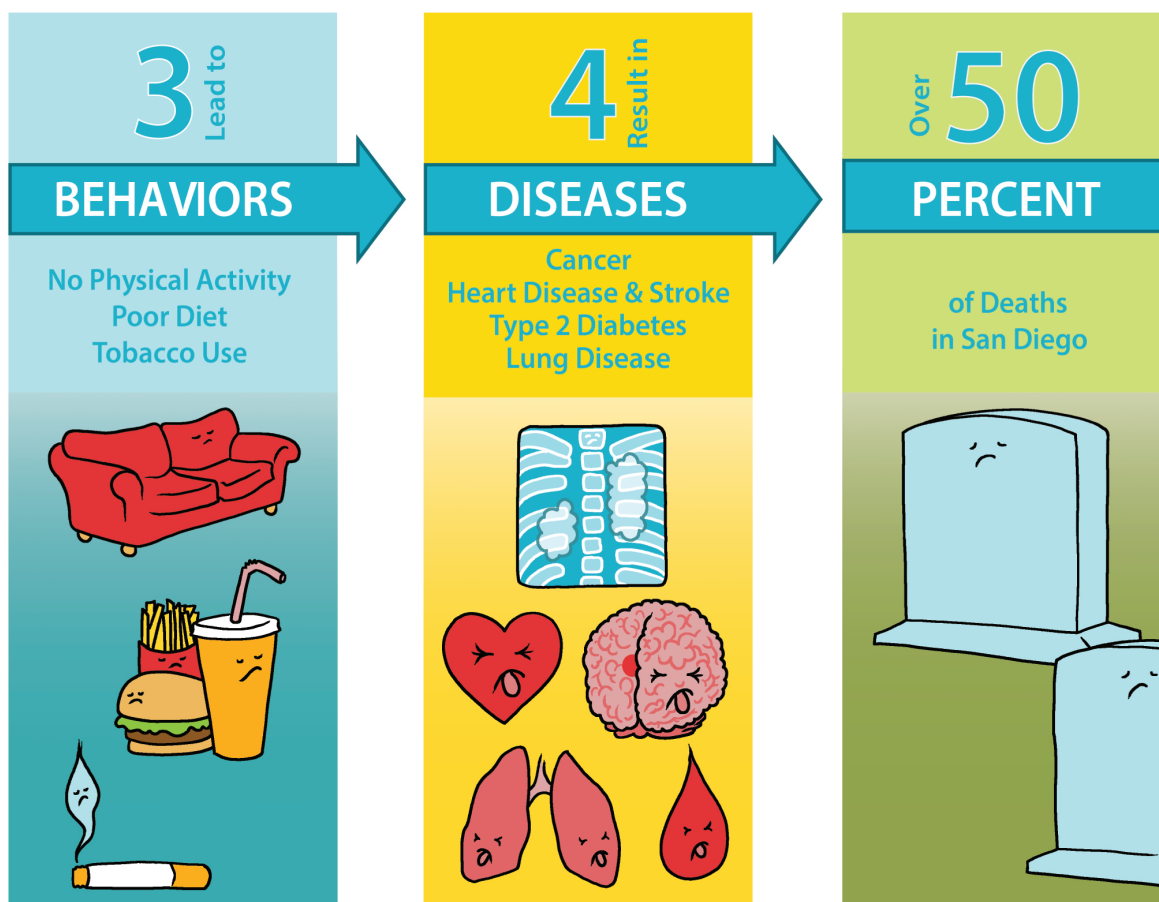


Photo credit: www.pixabay.com

Figure 1.2 Live Well San Diego Pyramid



Figure 1.3 The 3-4-50 of Live Well San Diego



6 out of 10 children engaged in fewer than 5 days of physical activity, lasting at least an hour, each week.

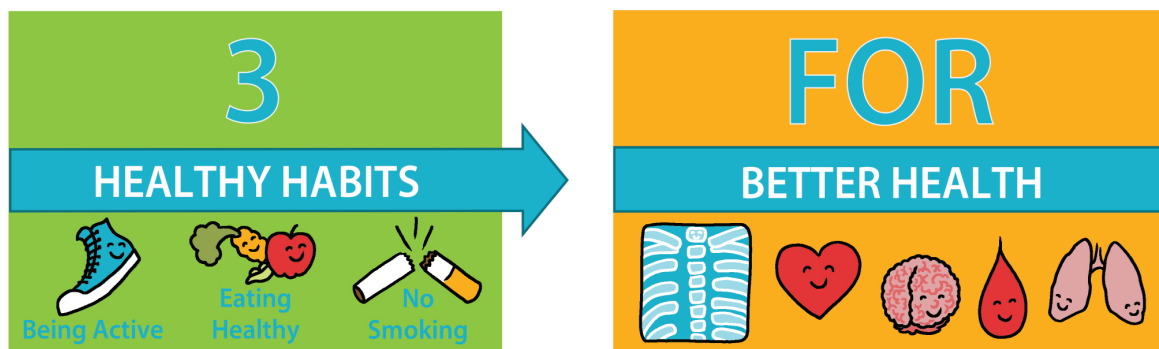
Nearly **1 out of 5** residents ate fast food 3 or more times a week.

1 out of 8 teens and adults smoked.

In 2011, **cancer** was the leading cause of death in San Diego County.

1 out of 18 adults had been diagnosed with heart disease.

7.8% of adults had been diagnosed with diabetes.



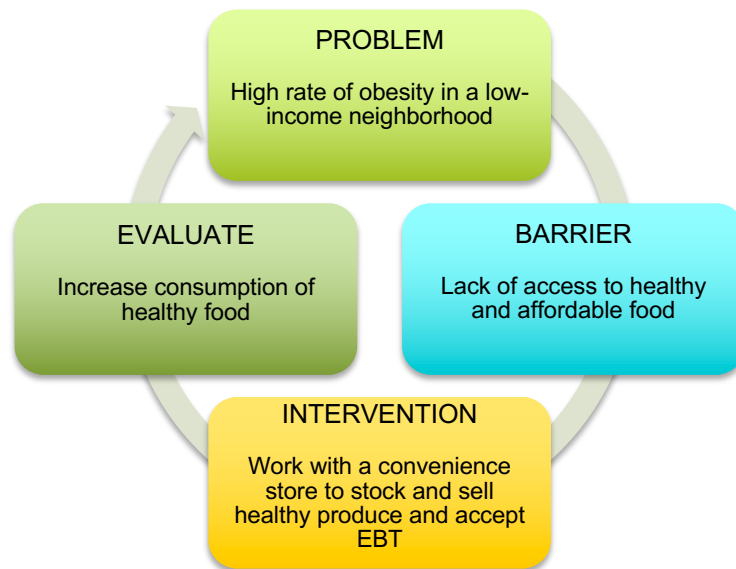
3-4-50 Chronic Disease Deaths in San Diego County One Page Briefs. Retrieved from http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/3-4-50.html.

Public Health Versus Healthcare

Public health works to prevent disease and injury while healthcare focuses on the treatment of disease and injury. By being a part of the RLA, you are advancing the goals of public health. The public health model of prevention involves: 1. Clearly defining the problem; 2. Identifying supporting factors or barriers to healthy living; 3. Doing activities that decrease barriers and increase health behaviors; and 4. Evaluating whether these activities worked.

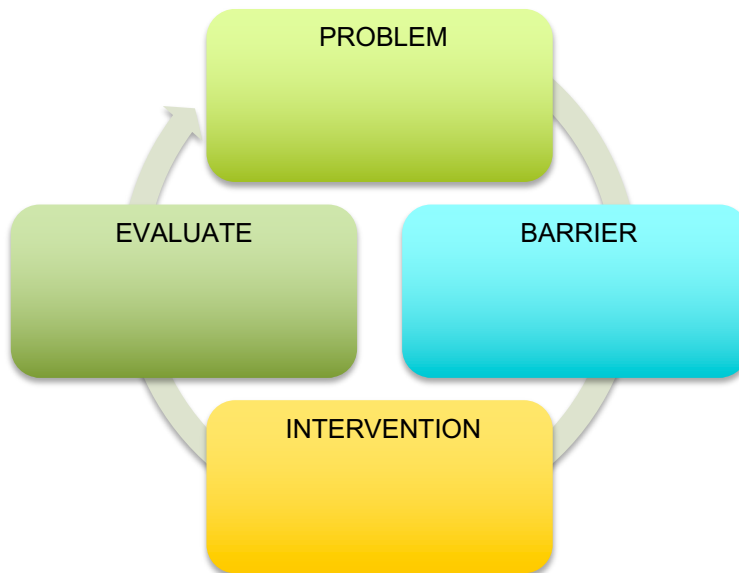
Figure 1.4 is an example of the public health model of prevention:

Figure 1.4 Public Health Model



Try a few examples of your own in small groups using Figure 1.5:

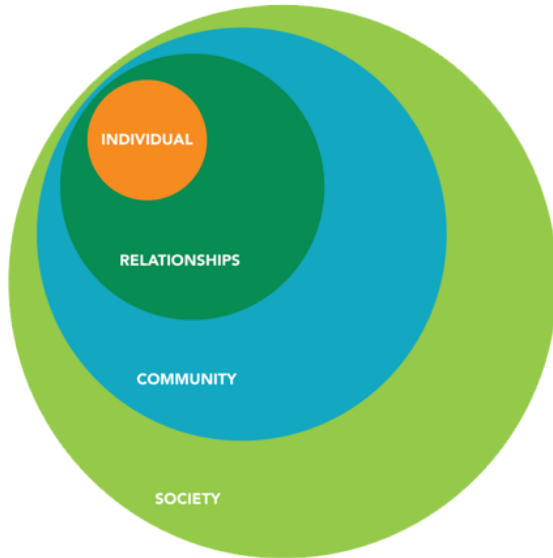
Figure 1.5 Public Health Model Exercise



The Social-Ecological Model: A Framework for Change

The **Social-Ecological Model** (SEM), as shown in Figure 1.6, was adapted as a framework for public health in the 1970's from Urie Bronfenbrenner's Ecological Systems Theory and is used in many fields related to public health as a framework for creating strategies that promote health. This model highlights the interaction between the individual and the environment in which s/he lives. Each individual functions within different levels of influence, including their interpersonal relationships, their community, and the society in which they live.

Figure 1.6 The Social-Ecological Model



Individual – Biological and personal history factors, personal beliefs, and behaviors that impact health.

Relationships – A person's closest relationships including partners, family members, and friends.

Community – Settings include schools, workplaces, and neighborhoods.

Society – Broad societal factors including social norms and the health, economic, education, and social policies.¹

The individual level is only one piece of the puzzle in impacting health and disease. Factors at all levels of the model are involved, which affects a person's decisions and actions. Each level contributes to a person's health status.

Notes

1.2 Social Determinants of Health

Social Determinants

Experts agree that social determinants define the health status of most people. The Centers for Disease Control and Prevention (CDC), the federal agency that is tasked to protect and promote the nation’s health, defines social determinants as complex and overlapping systems such as social and physical environment, income, access to health services, and other social factors that cause some people to be less healthy than others.² These are illustrated in Figure 1.7, the Health Determinants Model.

Figure 1.7 Health Determinants Model

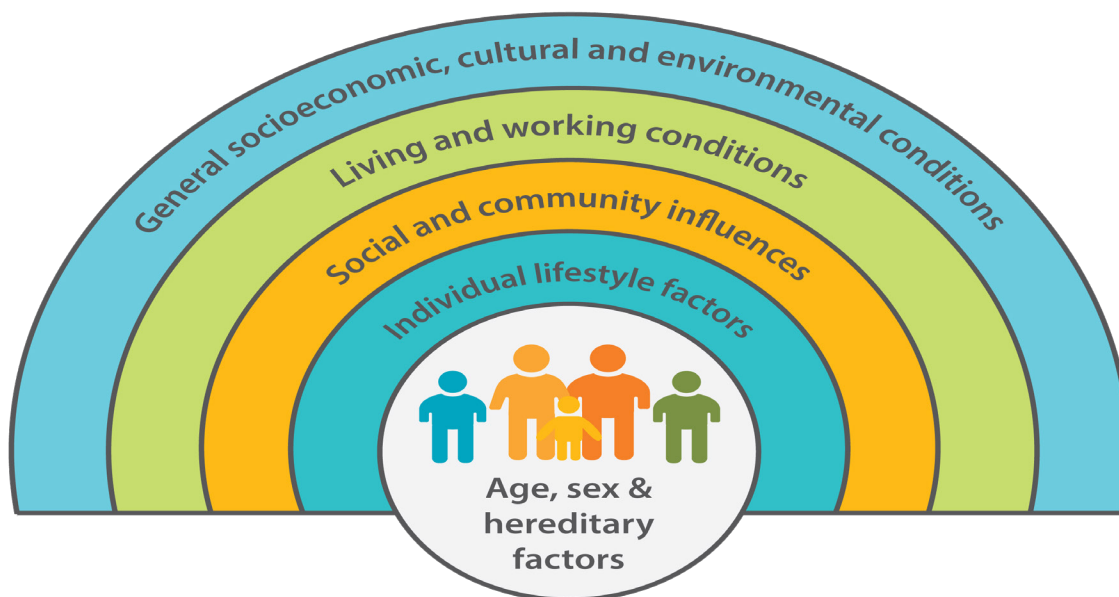


Figure 1.8 below provides examples of health determinants and some of the ways they affect health.

Figure 1.8 Social Determinants of Health

Social Determinant	Impact
Education	Increased access to early childhood education leads to higher high school graduation rates, better understanding of health issues and healthcare options, employment options, and more lifelong earning potential.
Employment	Stable employment leads to lower stress levels in meeting basic needs, better access to healthcare, and less engagement in risky behaviors. The type of work may increase risk of disease and/or injury.

Income	Stable income means being able to meet nutritional needs, live in a safe and clean neighborhood, have more stability, and have access to quality healthcare.
Healthcare	Having quality healthcare gives access to preventive care, immunizations, health screenings, and coverage for major illnesses and accidents, which protects income and assets.
Neighborhood and built environment	Healthy environments include access to walkable, bikeable, and transit-oriented communities, safe housing, and full service grocery stores. Healthy environments lead to more physical activity, increased consumption of healthy food, and lower body weight.
Oppression and discrimination	Oppression and discrimination create barriers to society’s resources and opportunities including those listed above. Certain groups experience bias in their everyday lives when accessing employment, healthcare, housing, or social services, for example.

Practice identifying social determinants:

- According to the United States Department of Agriculture (USDA), approximately 13.5 million Americans live in food deserts. Food deserts are low-income areas where people do not have a grocery store within a mile in cities, and within 10 miles in rural areas.³

What social determinants of health are at play?

Section 1: Overview

- Hispanics are more likely than any other racial or ethnic group to be employed in high-risk occupations where they are overexposed to occupational respiratory hazards that are associated with lung disease. Hispanics account for 28.2% of building cleaners, 59.3% of agricultural graders and sorters, 29.9% of brick and stonemasons, and 57.7% of cement workers.⁴

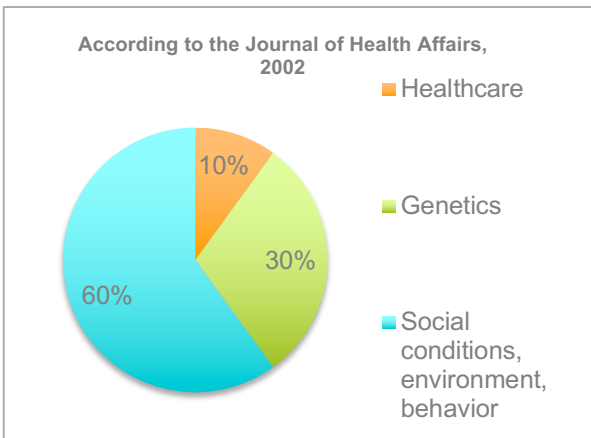
What social determinants of health are at play?

- Studies have linked greenhouse gases that cause air pollution to heart disease, cancer, asthma, other illnesses, and even death. Communities of color are more vulnerable, as both African Americans and Hispanics have been found to be more likely than Caucasians to live in areas that are disproportionately located near freeways and other areas with heavy traffic, which produce high levels of air toxins.⁵

What social determinants of health are at play?

Health disparities are the differences in the health status of different groups of people. Some groups of people have higher rates of disease than others. These groups may be based on race, ethnicity, gender, sexual orientation, geography, and/or income. For example, sickle cell anemia appears more in the African American population. Both genetics and personal choices play a role in good health. For example, the eyesight you inherited from your father, or your choice to smoke a few cigarettes a day can positively or negatively impact your health. As illustrated in Figure 1.9, illness caused by genetics is far less common than illnesses caused by other avoidable social conditions.

Figure 1.9 Determinants of Health Status



Health is more than not being sick. According to the World Health Organization, “**health** is a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.”⁶ True health goes beyond going to the doctor when you do not feel well. True health is connected to who we are, where we live, the conditions in our neighborhoods, and the laws and policies that govern our daily lives. Being healthy is a product of living in a society that shares resources fairly and gives all people equal access to services.

Groups experience different levels of health for a variety of reasons that are linked together. Some people are healthier than others, not because they have more motivation or make better decisions, but because their social conditions provide them with the support they need to maintain good health. The interwoven social conditions that lead to poor health are what public health experts call a “social mess.”⁷ Yet as individuals, communities, and as a nation, we can all do our part to undo the “mess” that we live in every day.

Health Equity Versus Health Disparity

When most Americans are healthy, everyone benefits.

- Families are stronger because they are not worried about the poor health of a loved one and the cost of their care.
- Neighborhoods are thriving because people watch out for each other.
- The economy is growing because people take fewer sick days and are more productive at work.
- People live longer because they have easy access to preventive services and early medical treatment.



Photo credit (clockwise from upper left): Downtown San Diego, SANDAG; fresh fruit and vegetables www.pixabay.com; HHS Central, children gardening at Anza Elementary School.

Section 1: Overview

Social conditions in which people are born, live, and work are the single most important determinants of one’s health status.⁸ **Health equity** is present in a society when every person has the opportunity to “attain his or her full potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstance.”⁹ In such a society where people live, what culture they are from, how much money they earn, how long they went to school, and so on would have no positive or negative difference to people’s health. Across all demographics, people would have similar levels of health because they would have the same social conditions that promote health. This is health equity.

Notes

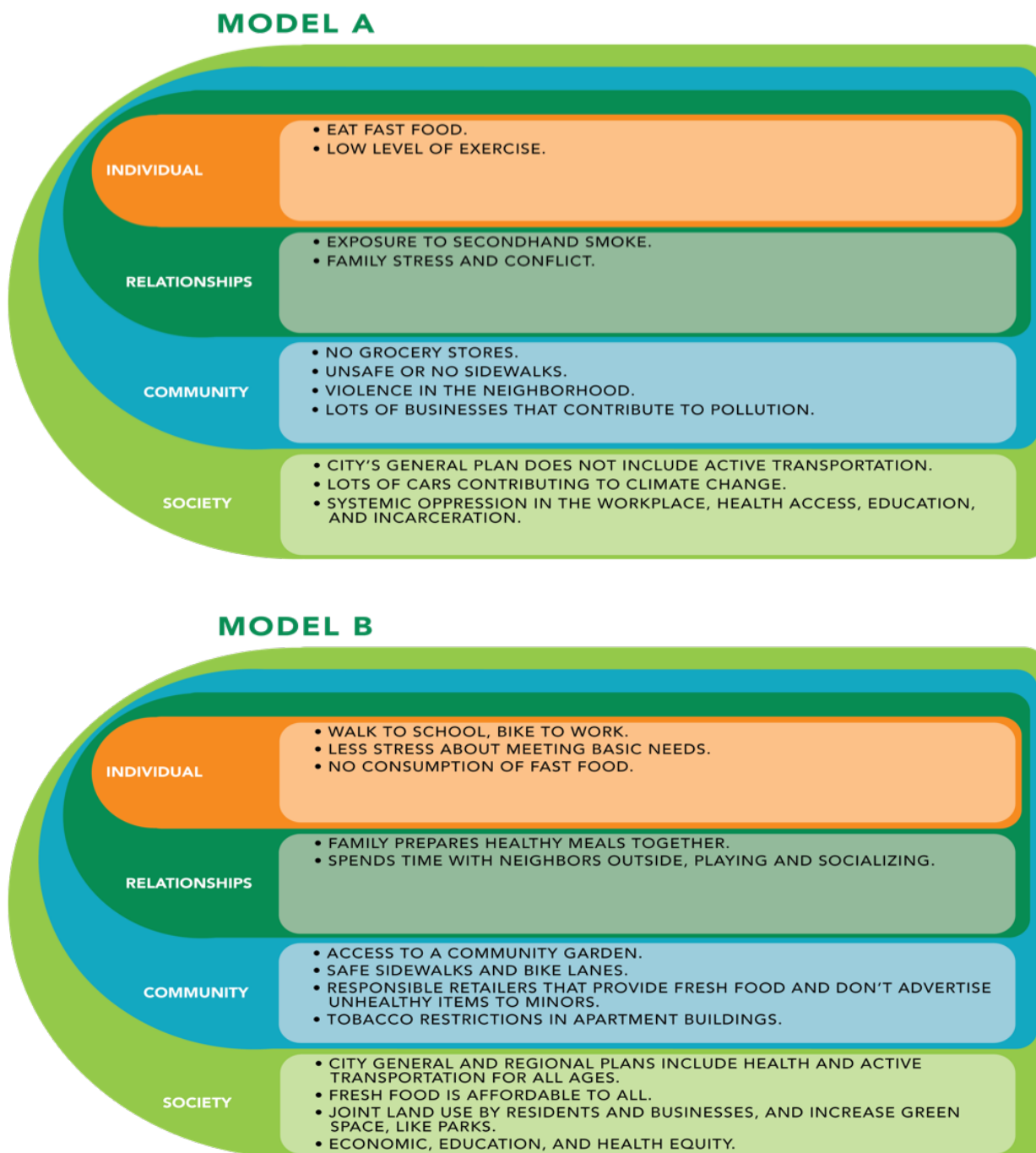
Lined area for notes, consisting of a vertical red line on the left and horizontal purple lines extending across the page.

1.3 Community Improvement Project Overview

Community Improvement Project (CIP)

The goal of your CIP is to change something about your neighborhood environment that improves health. Please compare the two models in Figure 1.10.

Figure 1.10 Using the Social-Ecological Model to Understand Health Outcomes

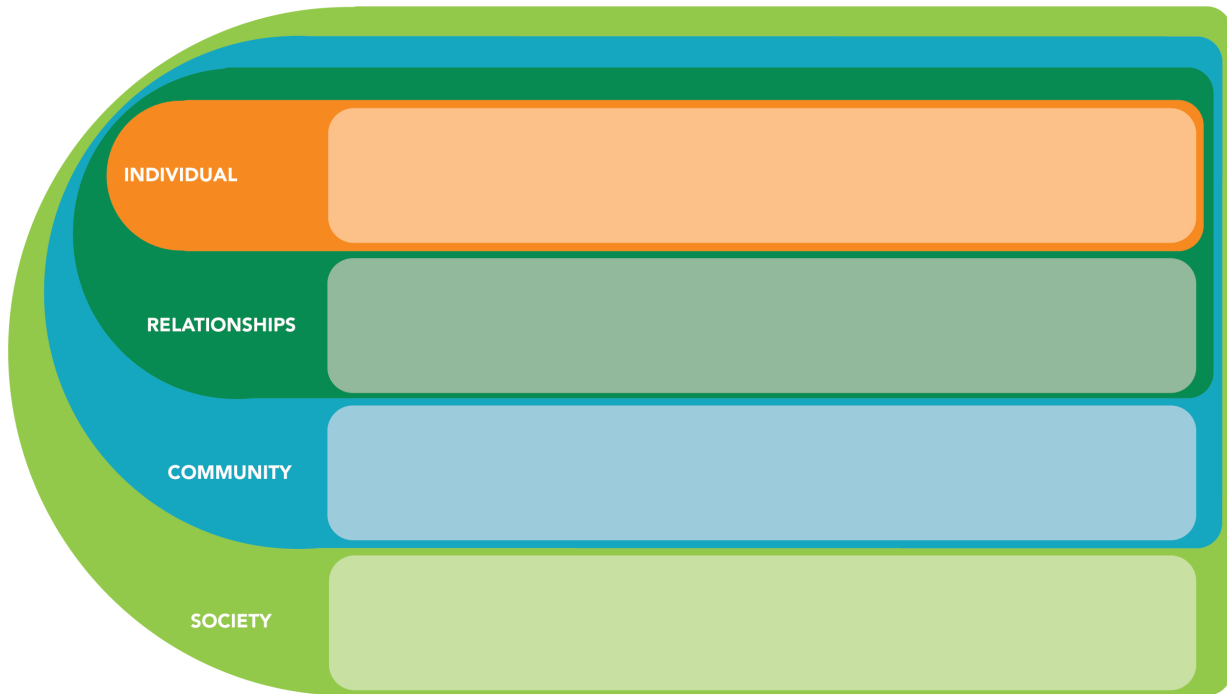


One of the major goals of the RLA is to improve our communities in ways that make it easier for people to participate in activities that support good health such as walking, biking, and eating healthy foods. The majority of people want to have better health and intend to take action to improve their health, but as we learned in the previous section on health determinants their neighborhood structure, schools, workplaces, and our society's laws and policies do not always support these behaviors.

Figure 1.11 Social-Ecological Model Exercise

APPLY WHAT YOU HAVE LEARNED TO YOUR WORLD

WHAT ACTIONS COULD IMPROVE HEALTH AT EACH LEVEL OF THE SOCIAL-ECOLOGICAL MODEL?



Notes

RLA Success!

Along the way you will learn about the work of many RLAs that have come before you. Here are highlights from three successful CIPs to help you begin to see what is possible in your neighborhood.

Youth Create Positive Change in Southeastern San Diego



Lincoln Park, 2015/Duration: 1 year

Youth leaders improved the walkability of their neighborhood by taking pictures of the barriers in their neighborhood that make it hard to access healthy food and physical activity. The youth shared the pictures of broken sidewalks and faded crosswalks and bike paths with community leaders and decision makers, including a community representative from the City of San Diego Mayor's office. The city has since made multiple improvements in Lincoln Park to make it a safer, more resilient neighborhood, including increased opportunities for walking and biking to school.

Photo credit: Central CX³ PhotoVoice project.

Please answer the following questions about this CIP.

What social determinants were addressed? What healthy behaviors does it support in the community?

Linda Placita



Linda Vista, 2014/Duration: 1 year

“Linda Placita” means “beautiful little plaza” in Spanish and honors the Linda Vista community. RLA graduates worked with the City of San Diego and community partners to convert eight parking spaces in the Linda Vista Library’s parking lot into a public place, renamed Linda Placita, where community members gather. The plaza increases access to safe physical environments for residents to be physically active. It is also adjacent to the farmers market so residents can enjoy the space after they purchase their healthy food.

Photo credit: HHS North Central Region.

Please answer the following questions about this CIP.

What social determinants were addressed? What healthy behaviors does it support in the community?

Safe Routes to Healthy Places



National City, 2014/Duration: 3 years

In 2011, RLA graduates identified the built environment around Kimball Elementary School in National City as not safe. After presenting to city council, the city agreed they wanted to make the neighborhood more walkable and bikeable, but it took a couple years before the city could identify enough money to make the improvements. In December 2013, the city began construction to improve access to healthy places by building wider sidewalks, adding bulb-outs to calm traffic, and ramps that meet ADA (American Disabilities Act) standards to shorten pedestrian crossing distances. The changes represent how the community came together for collective impact and improved safe routes to healthy places in an underserved area of the city.

Photo credit: HHSA South Region.

Please answer the following questions about this CIP.

What social determinants were addressed? What healthy behaviors does it support in the community?

Notes

¹ Dahlberg, Linda L., & Etienne G. Krug. (2002). World Report on Violence and Health, *Violence a Global Public Health Problem* (pp1-56). Geneva, Switzerland: World Health Organization.

² Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (2014). *Social Determinants*. Retrieved from: <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>.

³ News Desk. (2011). *USDA Intros Online Tool for Locating Food Deserts*. Retrieved from: <http://foodsafetynews.com/2011/05/usda-intros-online-tool-for-locating-food-deserts/#.VcIM4cZ7f8E>.

⁴ UCLA Center for Health Policy Research. *AskCHIS Neighborhood Edition*. The California Health Interview Survey. Retrieved from: <http://healthpolicy.ucla.edu/SitePages/RegWithProfile.aspx>.

⁵ Dunham-Jones, Ellen. (2011). *Retrofitting Suburbia, Urban Design Solutions for Redesigning Suburbs*.

⁶ World Health Organization. (1998).

⁷ Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in All Policies: A Guide for State and Local Governments*.

⁸ World Health Organization. (2008).

⁹ Center for Disease Control and Prevention. (2015). *Health Equity*. Retrieved from: <http://www.cdc.gov/chronicdisease/healthequity/>.

SECTION TWO

STRATEGIES

- 2.1 Supporting Health: Every Day In Every Way
- 2.2 Land Use
- 2.3 Active Transportation
- 2.4 Food Systems

Learning Objectives:

1. Identify health determinants and how they affect health.
2. Identify changes that can be made in communities to improve health.

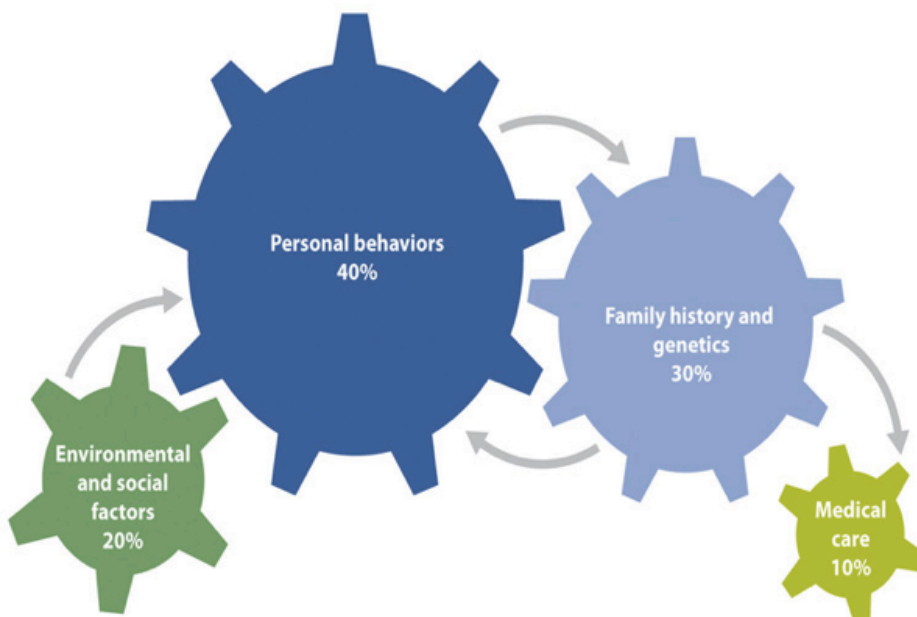
2.1 Supporting Health: Every Day in Every Way

Factors That Contribute to Your Health

Everything contributes to one's health. Though many people think medical care is the most important aspect, the reality is that medical care makes up only 10% of someone's health status. As illustrated in Figure 2.1, other aspects that contribute to how healthy a person is are environmental and social factors, personal behaviors, and family history and genetics.

We all need help getting and staying healthy using a variety of resources and support systems. When we think of health, we often think of going to the doctor or the hospital when we are sick, but there are other things that influence our health. Where we live and work plays a role. Factors such as how we get to and from places and where we shop affect our health. These are all health determinants.

Figure 2.1 Contributors to Health



Source: McGinnis J.M., Williams-Russo, P., Knickman, J.R. (2002). *Health Affairs*, 21(2), 83.

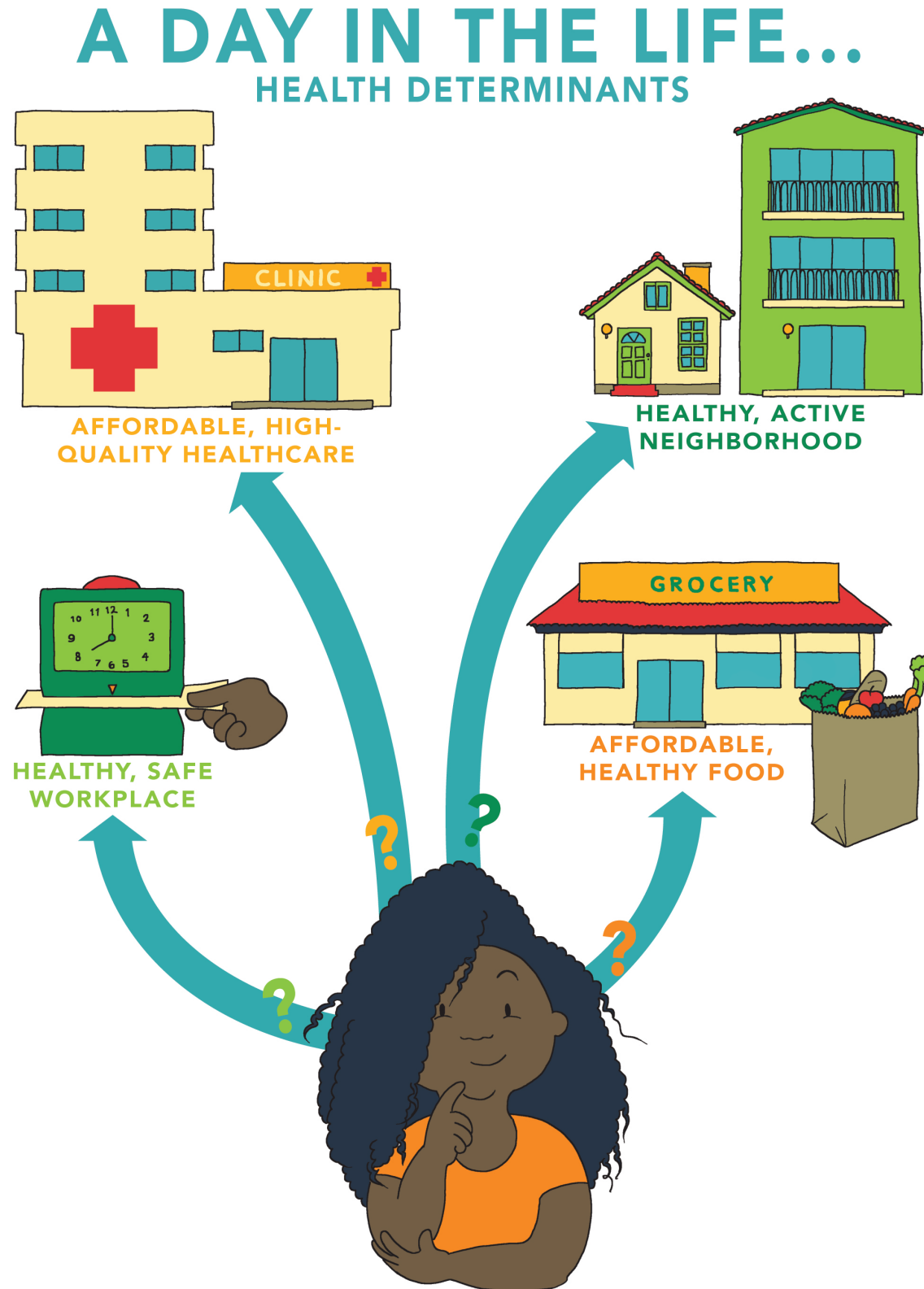
Where and how you receive healthcare through the health system is a factor in how healthy you are. Having affordable health insurance gives you access to preventive care, health screenings (which can lead to early intervention and treatment for disease), and urgent care when you have a serious injury or illness.

Where you live is also a factor in your health. Just plugging a zip code into a database of statistics can tell health professionals about the health risks and status in a particular neighborhood.¹ The resources in your community (shown in Figure 2.2 on page 20), including safe places to walk, parks to visit, stores to shop for healthy food, and medical providers, are some factors that may influence health status. Even your home can support your health by being safe, having clean water and basic utilities, and being free of secondhand smoke and mold.

Where you work and the type of work you do can help or hurt your health. For example, some people work in dangerous jobs that may expose them to toxic chemicals and heavy machinery. Additionally, a person may have a job that requires them to sit all day in front of a computer, which may make it harder to get the daily activity a person needs to be healthy.

Where you shop also affects your health. Areas free from crime, where the stores are clean, sell fresh produce and whole foods at an affordable price, and are located within walking distance are all aspects that support good health.

Figure 2.2 Health Determinants



Access to Healthcare

Access to healthcare includes the ability, right, and permission to use a set of services. In this case, to receive quality medical care from a variety of resources. Clinics, doctor's offices, and hospitals are the most common places where people can access healthcare. Access to the above is affected by the cost, healthcare coverage/medical insurance, how easy or difficult it is to see a doctor, language, and other factors. The Affordable Care Act (ACA) is a federal law created to expand access to affordable, quality health care and preventive care coverage to all Americans.

Whether it is easy or difficult to see a doctor or other healthcare professional affects your health. If it takes several hours to travel to the doctor's office and then there is a long wait time before seeing the doctor, people without transportation or that are not able to take a day off of work may postpone preventive care or medical treatment. Or maybe you sense that your doctor has a bias; they may be prejudiced toward, or disrespectful of your race, gender, or cultural background making you uncomfortable, or unable to ask questions about your symptoms, or to be honest in answering questions about your health. Healthcare providers may not speak your language, or you may have a co-pay that you cannot afford. These are all reasons that people may delay healthcare, missing out on preventative care, including health screenings that provide the opportunity for early intervention in disease, or putting off getting treatment for illness.

Regular visits to healthcare professionals, especially preventive visits when you are not sick, are one of the best ways of to stay healthy. The goal of the ACA is to make access to all types of healthcare more accessible and affordable. There are several healthcare systems from which you can receive care. Healthcare systems are simply groups of doctors' offices, clinics, and/or hospitals that work together to provide services.

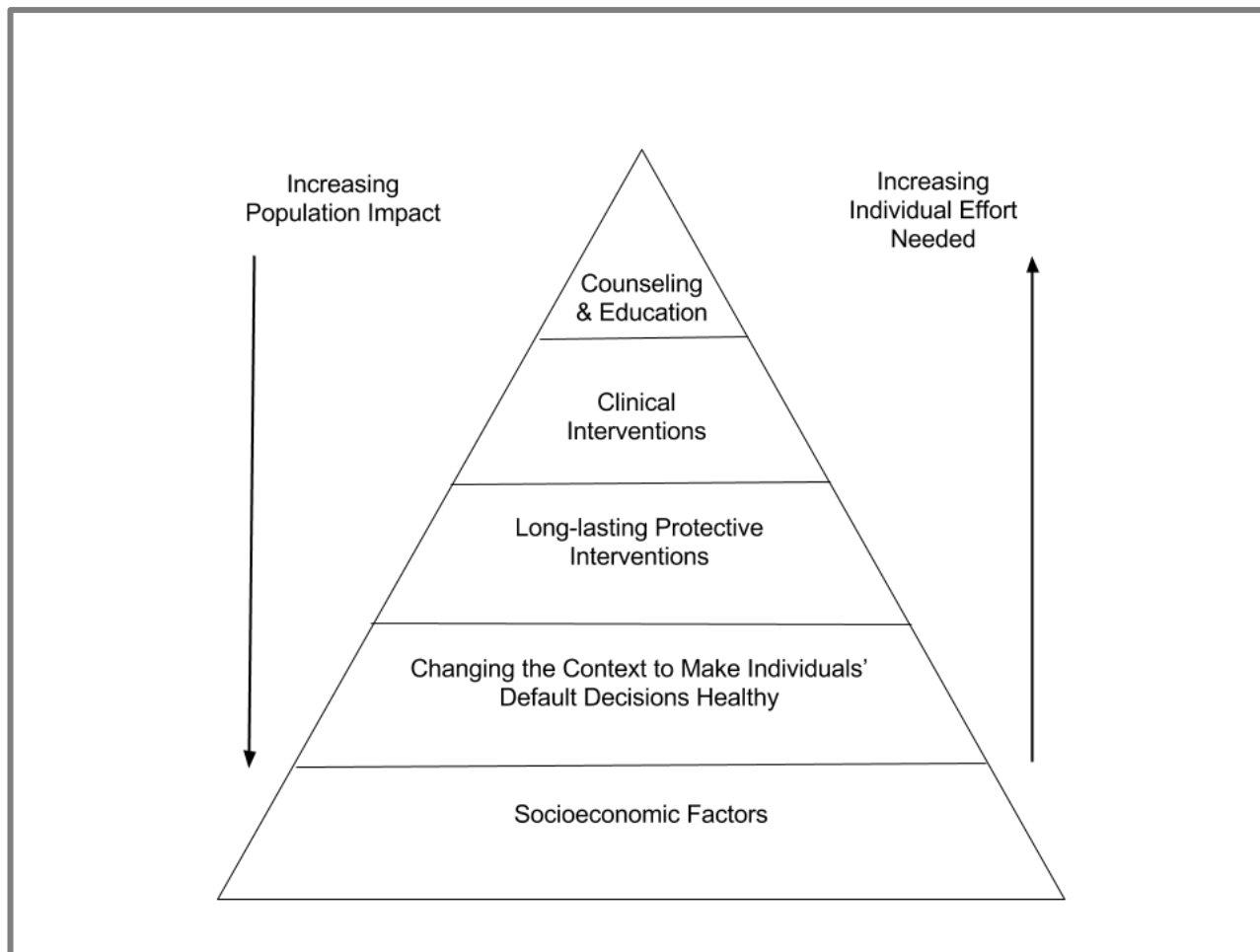
Covered California is the program that people living in the state of California can access to learn about and purchase health insurance. Depending on your income, there may be government subsidies or government contributions that help to make your health insurance fit within your budget. Covered California uses many different groups of doctors' offices, clinics, and hospitals so that you can make a choice that is convenient for you. For more information, visit www.coveredca.com or call 1-800-300-1506. The Veteran's Health Administration (VA) serves all United States active military and veterans. According to the Veterans Health Administration, the VA is America's largest integrated health care system with over 1,700 sites of care, serving 8.76 million Veterans each year and some family members.

	Notes

Healthcare System

The healthcare system is large and made up of lots of different parts and people. There are many doors into the healthcare system: emergency rooms, urgent care centers, clinics, doctor's offices, and wellness classes. There are also several approaches to providing healthcare services. Historically, healthcare focused on treating sickness. Today, healthcare incorporates disease prevention to be a more complete health system as shown in the Health Impact Pyramid in Figure 2.3.

Figure 2.3 The Health Impact Pyramid



Source: Frieden, T.R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*, 100(4). 590-595. <http://doi.org/10.2105/AJPH.2009.185652>.

Health Impact Pyramid

The Health Impact Pyramid shows a more holistic way to improve health. It addresses health equity by focusing on public health interventions and identifying social determinants that lead to poor health. Medical treatment is needed less because the environment keeps people healthy by supporting healthy and active lifestyle choices.

The main services within the health system are:

1. Preventive healthcare, also called primary healthcare, which focuses on keeping a person healthy by encouraging them to visit their healthcare provider regularly, especially when they are **not** sick. The purpose of these visits is to support healthy behaviors like eating right, not smoking, exercising, receiving immunizations to provide long-term protection from diseases, and screening for diseases such as heart disease or diabetes in order to provide early treatment.
2. Healthcare, which focuses on treating illness, disease, and injury.
3. Public health, which focuses on preventing illness, disease, and injury at a population level and protecting the public from public health threats. According to the World Health Organization, public health refers to all organized ways (whether public or private) to prevent disease (e.g., through vaccinations), promote health (e.g., through home visitation or health education programs), and prolong life (e.g., through promoting healthy behaviors).

Ciara's Story

Ciara is running late for work. Once she reaches her bus stop, she realizes that she is hungry but did not bring a snack or pack a lunch. Ciara knows enough about herself to know that if she does not eat something she is going to get cranky and that will not be a good way to start her day with her co-workers. Ciara is popular at work and when she is in a bad mood everyone worries. Plus, she has a long bus ride ahead of her, which adds to her daily stress level.

Ciara has a couple of choices. She could go to the liquor store right across the street from the bus stop and pick up a quick snack. She sees a large sign in the window advertising a big bag of chips for \$1.75. It is a brand and a flavor she likes. Ciara's second option is to go about a block away to her neighborhood mini-market and get some lower calorie and more nutritious fruit. She knows the market is a healthier choice. At her last check-up Ciara's nurse practitioner told her that her family's history of diabetes (Ciara's grandmother has it) and her weight were putting her at risk for type 2 diabetes. But, sometimes the fruit at the mini-market is overpriced and a bit old. Plus, if she goes to the mini-market she could miss her bus because sometimes it arrives early.

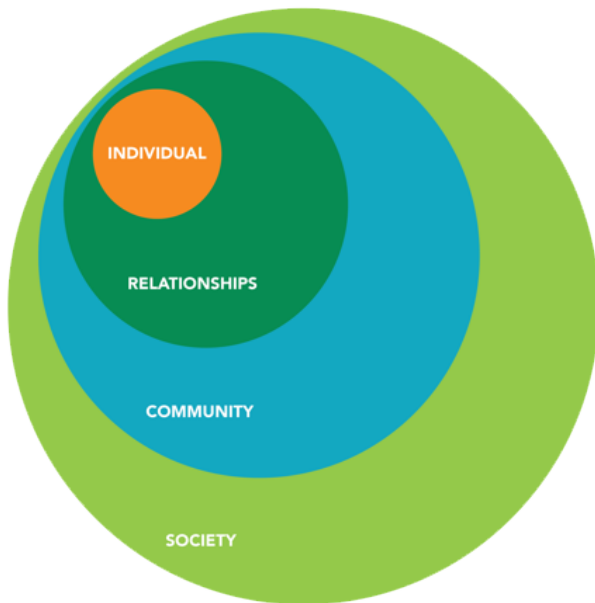
After checking the time again, Ciara realizes she will miss her bus if she goes to the market. She crosses the street to pick up a quick snack at the liquor store. She stares at the chips for a moment, but then decides on a couple of bags of peanuts instead. It is the best they have to offer, and she remembers that she has a bottle of water in her purse. Ciara makes her bus, gets to work on time, and makes a promise with herself to keep healthy snacks with her at all times.

Let us think about Ciara's story using the Social-Ecological Model (SEM) from Section 1 illustrated in Figure 2.4 on page 24.

The choices Ciara made are only one piece of the puzzle in preventing disease (type 2 diabetes in her case) and promoting health. Factors at different levels of the SEM affected

her choices, making her unable to make fully independent decisions about her health. Let us look at how health determinants affect Ciara’s health equity.

Figure 2.4 The Social-Ecological Model



What choices did Ciara make and how did the different levels of the SEM influence them?

Individual – Ciara forgot to bring food.

Relationships – She was concerned about her co-workers and wanted to follow the advice of her nurse practitioner.

Community – She had a liquor store and mini-mart in her neighborhood.

Society – Her job was located outside of her neighborhood and her city public transit system was inefficient and unreliable.

Now think about Ciara’s story and the social determinants of health from Section 1.2:

Experts agree that social determinants define the health status of most people. What social determinants do you see in Ciara’s story and how do they increase her risk of type 2 diabetes? Use Figure 2.5 to fill in the boxes below with your answers.

Figure 2.5 Social Determinants Exercise

Access to Healthcare	Access to Healthy Food	Access to Economic Opportunities

Ciara's Health Determinants

Now let us go into more detail on Ciara's neighborhood and environment to identify how the social determinants of health, described in Section 1, affect her healthy behaviors.

Home and Neighborhood

Ciara lives in a two-bedroom apartment with her husband and three children. She lives in a large complex with 50 units that are built along a major freeway. She can see the cars pass from her bedroom window. During the summer months she makes a decision daily whether to keep the window open for the breeze or close it because of the car fumes.

Ciara quit smoking recently when her apartment complex went smoke free. A neighbor who lives on the ground floor has a toddler with asthma and started a petition to the landlord asking him to adopt a tobacco-free policy for the complex. Ciara wanted to quit, and having to walk down the street to smoke helped her resist the temptation to smoke.

Ciara lives about a half mile from her bus stop in central San Diego, and the hour long route takes her to her job across the city to La Jolla, from there she has about a quarter mile walk to her office building. Ciara walks about a mile and a half a day five days a week.

- ✓ The smoke-free policy at Ciara's apartment complex supported her in quitting smoking and protects her and other residents from secondhand smoke.
- ✓ The smoking cessation program was offered at the clinic in her neighborhood.
- ✓ Ciara's bus stop is a walkable distance and it provides her with daily exercise.

Workplace

Ciara is a lab specimen technician at a bio-tech firm in La Jolla. The two years she spent getting her Associate's degree from City College was worth it. She receives employer-sponsored health insurance and she makes just enough money to help support her family and pay for a few extras, like an occasional trip to the zoo. She loves her job, but not the long commute it takes to get there.

Her employer has a smoke-free workplace policy, but there are several designated smoking areas outside of the building. She is thinking about asking her boss to remove the smoking areas surrounding the building and to change the items provided in the vending machines to healthy snacks like instant oatmeal, fresh fruit, and water. She is also wondering if her office would support walking meetings or a walking club to encourage employees to walk together during their meetings, breaks, and/or lunches.

- ✓ Ciara's employer provides her with health insurance.
- ✓ The smoke-free workplace policy at work supports her in not smoking, but a better policy to protect her and her co-workers from secondhand smoke is to have completely smoke-free grounds.
- ✓ Ciara's employer may be open to policies and strategies that support employee health, which will increase productivity and decrease sick time.
- ✓ Ciara's education and employment status improves health equity.

Figure 2.6 How Communities Can Create Smoke-Free Environments

WHAT YOU CAN DO

Everyone has a role to play in making smoke-free policies and environments a reality in their community. Below are some short-, mid- and long-term strategies for key stakeholder groups to bring about change.

FOR LOCAL GOVERNMENTS & PLANNING AGENCIES

SHORT-TERM
Update existing tobacco policies to include electronic smoking devices, and implement a 100% smoke-free facilities policy.
Establish a moratorium on tobacco/hookah establishments.

MID-TERM
Strengthen tobacco control policies by updating product definitions with electronic smoking devices and reducing access to products through tobacco retailer licensing.

LONG-TERM
Enhance smoke-free policies to reduce the number of tobacco retailers, and prohibit sales near schools and other sensitive population sites.
Include tobacco restricting policies in General Plans, zoning codes, and conditional use permits.

FOR RESIDENTS

SHORT-TERM
If you smoke, call the California Smokers' Helpline for help to quit.
When looking for a new apartment, ask whether the complex is smoke-free, or ask for a smoke-free unit.

MID-TERM
Contact your building management to express interest in smoke-free housing.

LONG-TERM
Request that a) "No Smoking" signs are posted on the grounds, including shared indoor/outdoor common areas, and b) any designated smoking area be located away from units.

FOR APARTMENT COMPLEX OWNERS

SHORT-TERM
Implement a no smoking policy in lease agreements. Under California law, this is allowable.

MID-TERM
Put "No Smoking" signs on the front door, hallways, common areas and outdoor areas.

LONG-TERM
Monitor the long-term benefits of smoke-free apartment policy actions, such as savings on maintenance and insurance costs, and tenant retention.

FOR BUSINESSES/WORKSITES

SHORT-TERM
Update company policies to include electronic smoking devices in all tobacco-free policies.
Make company grounds such as entryways and parking lots smoke-free.

MID-TERM
Incorporate smoking cessation information and literature into company communications.

LONG-TERM
Develop and implement a cost-benefits analysis to assess company savings in healthcare, and employee absenteeism from tobacco cessation.
Develop and sustain an employee incentive program for smoking cessation.

Made possible by funding from the Centers for Disease Control and Prevention, through the County of San Diego Health and Human Services Agency.

2.2 Land Use

Land Use and Community Planning

Land use and community planning is a critical component to creating active, healthy communities. The physical environment around us plays a strong role in determining access to healthy foods, physical activity opportunities, transportation options, and other factors that affect public health such as personal safety and social connectedness.

Community planning is the process cities and counties use to plan and bring groups of people with different interests and goals together to decide how to use the land we all share. Community planning for land use is complicated. Yet, at its core, it is about how people live, work, and play together in the same place.

Each level of government, including city, county, state, and federal, controls different aspects of land use, and each has a different decision making process. But what they have in common is that all levels of government create land use plans that community members can read, and they all hold public meetings or public comment periods that community members can attend to share their opinions about the plans. Community members may look over these plans and attend the meetings to learn what is happening in their community. They can give decision makers and city staff feedback on what they, as residents, want for their community, and how the plan affects them as members of the community.

Common Terms in Land Use and Community Planning

There are four main terms in community planning and land use that will give you a good start in understanding these processes:

General Plan – The general plan is a written policy document or “blueprint” for future development and locations of housing, schools, parks and open spaces, retailers, freeways, airports, and everything else that makes up our **built environment**. General plan policies guide actions that will accomplish the goals and vision of the plan. By law, each city and county in California must have a plan that includes required elements such as land use, housing, conservation, noise, and safety. Some general plans have added additional elements related to community health. For example, walkability and access to healthy food. In addition to general plans, communities may have community-level plans or specific plans.

Specific Plans – Specific plans are a useful tool for creating active, livable communities. These plans generally focus on making neighborhood-level changes that support the citywide general plan. The specific plan involves a more detail-oriented planning and public input process. For example, a city may develop a specific plan for just the downtown area or for a bayfront area.

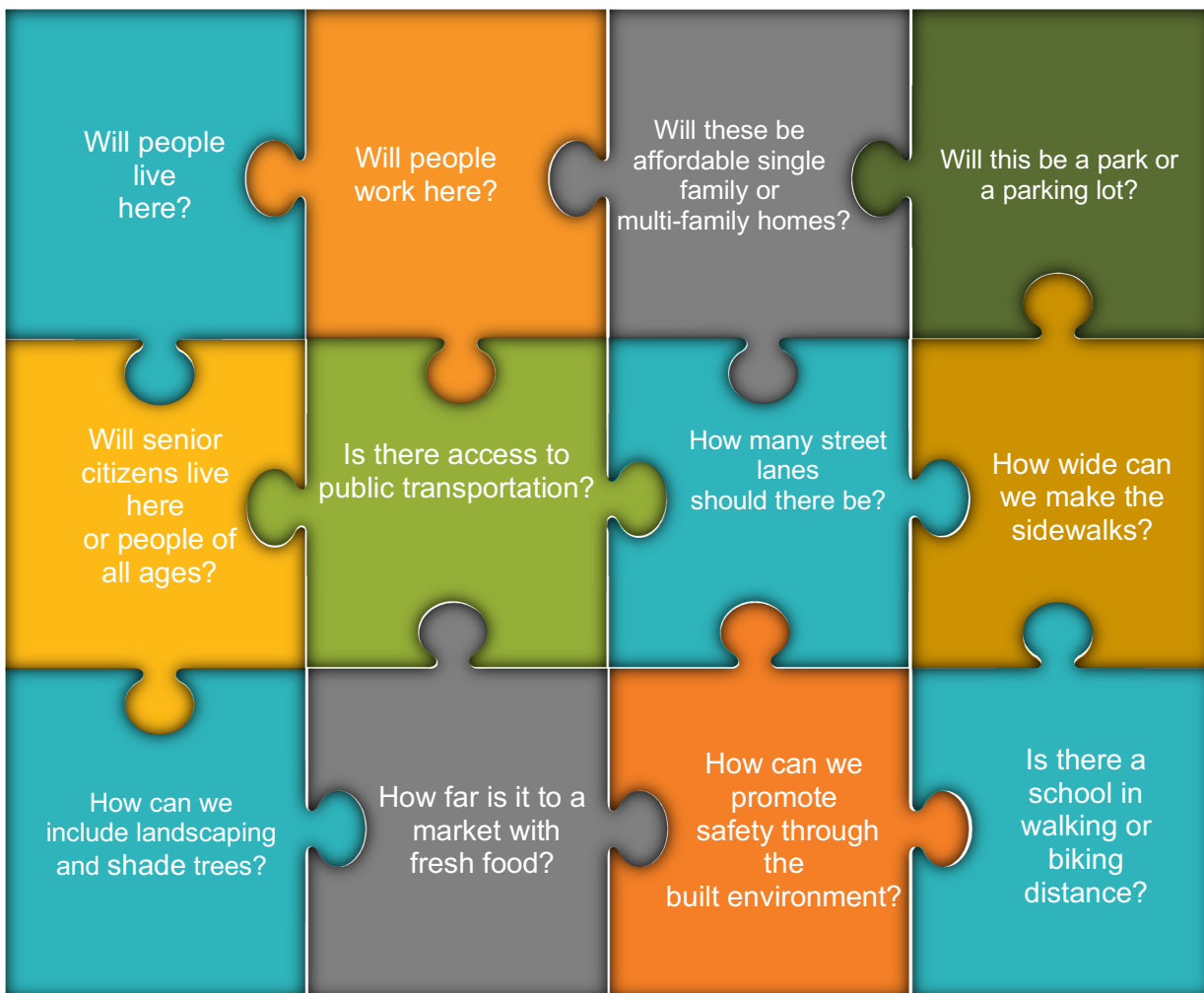
Development/Redevelopment – Development is the original building or other component of the built environment. Redevelopment is when something is changed from its original form or use. For example, an old strip mall with a large parking lot may be redeveloped into a mixed-use development that includes senior housing, shops and retail, and a small

charter school with a playground. Or an empty lot that has a lot of garbage and crime may be taken back by the community and redeveloped into a community garden with a paved walking path around it. Redevelopment is often referred to as “infill” development.

Zoning Ordinances – Zoning ordinances are the rules and laws that say how the land can be used – such as for housing, commercial/business, agricultural, recreational, or a mix – and what activities are allowed once the land is developed/redeveloped. For example, ordinances may affect where tobacco retailers can operate or if a factory can make solar panels, or whether you can grow a garden and have chickens in your yard.

Community planning is a framework that attempts to answer a lot of questions about how land should be used. It is like a complicated puzzle. Figure 2.8 below illustrates the different components of how land use and community planning impact where we live, work, and play.

Figure 2.8 Considerations in Community Planning



This puzzle is complex, each piece is important on its own and also adds to the whole. The questions are as diverse as the people and businesses that share the community. But who cares? We all do for different reasons.

Figure 2.9 Concerns of Land Use Stakeholders



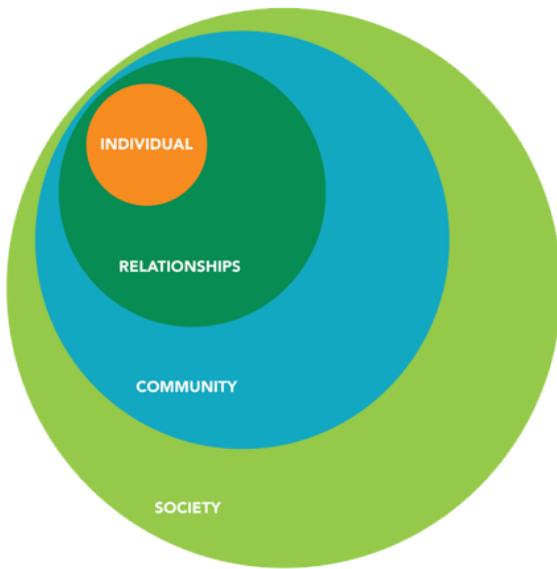
As shown in Figure 2.9 above, the concerns of the community members can get complicated quickly and many of these affect our health and quality of life. As discussed in Section 1, this complexity is what some have called a “social mess”² because it involves multiple levels of society, including government, business, communities, and cultures, converging with goals that may overlap or conflict with each other. The complexity has developed over time due to such things as different values, histories of oppression, capitalism, an ever-increasing population, and the joining of many different cultures.

Urban Sprawl and Public Health

Huge numbers of commuters drive to work alone in their cars every day. Our reliance on cars gives rise to urban sprawl, which places us in neighborhoods that require driving to school, work, marketplaces, and nearly anyplace we need to go.³ When suburban housing and cars became more affordable, urban dwellers purchased them. Many people moved out of the city and expanded the suburbs because having a car enabled them to live farther away from work. Living in the suburbs was affordable and the “American dream” ideals grew in popularity as more people purchased houses with yards.

As more people moved out of the city to live and drove into the city to work, there became a need for more streets and parking spaces, which eventually grew into having more lanes and parking structures. Figure 2.10 on the next page gives some examples of how the changing environment continues to affect different levels of the SEM.

Figure 2.10 Social-Ecological Model



Individual – Time spent commuting in the car to work or school means less time for walking, bicycling, and physical activity, which increases rates of obesity and chronic disease.

Relationships – Lack of connection to the community increases isolation and decreases quality of life.

Community – Dangerous walking conditions in congested traffic areas, distance to grocery stores requires driving, and fewer financial investments in low-income, urban neighborhoods promotes blight.

Society – Lack of prioritizing public transportation means more cars contributing to greenhouse gas emissions and air pollution.

So how do we create synergy at all levels of the SEM to improve health? Together, one step at a time! Your Community Improvement Plan (CIP) is an important step toward change in your community. Within the community planning and land use processes, there are many opportunities for residents to give their input to help shape their community’s general and/or regional plans. Government plays a large role in facilitating and managing this process, including your elected officials. You can start by calling your city councilmember and/or county supervisor’s office and asking to talk to the staff members that handle land use issues. Let them know you want to work collaboratively to improve land use issues in your community! Using the steps in Figure 2.11 is a good way to start.

Figure 2.11 Steps to Understanding and Influencing Land Use

The steps below will help you to understand and influence land use in your community.	
1. Do the research	<ul style="list-style-type: none"> • Look at your city’s general plan and walk around your neighborhood to see how where you live is affected by the plan. • Go to your city’s website or call the planning department to find out what community planning initiatives are underway and what active, healthy community design issues are involved (e.g., an update of the General Plan, developing a downtown Specific Plan, or planning a major “infill” project). • Identify key decision makers, committees, and planning boards that drive land use decisions.
2. Connect with other interested residents	<ul style="list-style-type: none"> • Attend or host community meetings to discuss issues in the community and agree on solutions.

<p>3. Create an action plan</p>	<ul style="list-style-type: none"> • Explore strategies that worked in other similar communities. • Make SMART goals: specific, measurable, achievable, realistic, and time-bound. • Make and follow an implementation plan and give a copy to everyone.
<p>4. Develop your messages</p>	<ul style="list-style-type: none"> • Define the problem and the solution in a way that is short and easy to understand. • Use friends, neighborhoods, social media, and traditional media to spread your message.
<p>5. Build support with traditional and non-traditional partners</p>	<ul style="list-style-type: none"> • Include city and county planners, leaders, decision makers, community groups, residents of all ages, and public health officials. • Other partners can include grassroots organizing groups, businesses, advocacy organizations, and nonprofit organizations (e.g., Environmental Health Coalition, Circulate San Diego, San Diego County Bicycle Coalition).
<p>6. Meet with planners, elected officials, and their staff members</p>	<ul style="list-style-type: none"> • Every elected official has staff members that focus on different issues in the community. They listen to the opinions of residents and provide expertise to the elected official. • Do not underestimate the value of building relationships with the planners and staff members. • Always invite elected officials to community events. Not only does it make them more aware of your issue but having them in attendance may also bring news coverage.
<p>7. Be persistent and patient</p>	<ul style="list-style-type: none"> • Changes in land use and the built environment can take years. • Starting with a small project and showing success can help you convince people to make sustainable change on a larger scale.

Healthy Communities Foster Social Connectedness

Communities can be built in a way that supports and encourages healthy personal connections, where neighbors are able to get to know each other and help each other out when needed. This is called **social connectedness** and it is an important part of being healthy. We know that our relationships with close friends and family are important. Our relationships with our neighbors, co-workers, local shopkeepers, and our participation in volunteer activities and community events help keep us healthy too. Social connectedness builds **social capital**, which is the value of your relationships through social networks. Our

relationships, both close and distant, are valuable because through them we receive important things like trust, information, resources, and protection. Examples of the benefits of social capital include:

- People on the block watching out for one another and their property.
- Your neighbor who watches your children so that you can run errands.
- The cashier who knows the best pediatrician in the neighborhood.
- The mom you always talk to at the park who shares positive parenting strategies.

Higher levels of social connectedness are linked to lower blood pressure rates, better immune responses, and lower levels of stress hormones, all of which contribute to the prevention of chronic disease. Higher levels of trust between neighbors are also connected to lower mortality rates.⁴

Aging in Place

The concept of “aging in place” is one example of how health systems, environment, and social connectedness interact with one other. According to American Association of Retired Persons (AARP), aging in place is simply a matter of preserving people’s ability to stay in their home or neighborhood as long as possible. This is important because keeping connections to family, friends, and neighbors minimizes isolation and depression. Healthy aging is supported by public health policies and preventive programs such as sending public health nurses on in-home visits to screen for hypertension; having medical technicians from ambulances provide follow up visits to seniors who have recently visited the emergency room between emergency call-outs; and promoting walkability and public transit opportunities to access shopping, services, and leisure activities.

Crime Prevention Through Environmental Design

Criminals base their decision on whether to commit crimes on the likelihood of getting caught more than the reward of their crime. When a community makes it more likely for an offender to get caught through the built environment or social connectedness or by having “more eyes on the street,” there is less crime. People can help make their neighborhoods safer by participating in the planning process and asking planners to include strategies that focus on crime prevention through environmental design (CPTED).

Crime prevention is important to your health for many reasons, including the following:

- Living in high crime neighborhoods increases stress, which is connected to poor physical and mental health.
- Residents living in high crime neighborhoods get less exercise because they do not feel safe walking outside or going to parks.
- Violence and trauma lead to poor physical and mental health, injury, and homicide.

Just as we can prevent chronic diseases and support good health through changing our communities, we can also prevent violence. CPTED is a strategy to prevent violence before

it happens by relying more on the built environment and creating a sense of community than on police enforcement.

There are two generations of CPTED: the first examines the built environment, and the second builds relationships between community members and a sense of “ownership” of the neighborhood. Below are examples of the first and second generations of CPTED.

1st Generation CPTED

Natural Surveillance – Create opportunities for people to watch an area by removing barriers to the line of vision like fences, sheds, bushes, and shadows.

Territorial Reinforcement – Show ownership of the property through signs, landscaping, low fences, or other methods.

Access Control – Establish entrances and exits and use gates, fences, and locks.

Maintenance – Show the value of a place by keeping it clean and attractive, which will make neighbors want to protect it.



Utility Box in El Cajon, CA, Photo credit: HHSA East Region.

2nd Generation CPTED

Capacity – Sense of community through shared values and a balance of resources.

Social Cohesion – Positive relationships between neighbors by sharing open areas and parks and organized events like block parties and community BBQs.

Connectivity – Communication and joint problem solving between residents and government programs, organizations, and businesses that serve the community.

Community Culture – Establishment of a dynamic community culture through local art, cultural events, and celebrations.



Ballet Folklorico dance rehearsal. Photo credit: HHSA North Central Region.

There are simple things that can be done to make your neighborhood feel safer. For example, a small group of residents could organize a neighborhood block party which provides an opportunity for neighbors to meet each other and build social connectedness.

Or tenants can ask their landlord to install motion sensitive lights in the dark corners of their housing complexes or trim the trees that are blocking views to the common areas.

El Cajon Utility Box Art Project

UArt is one of the El Cajon RLA projects. It is a community driven effort to beautify downtown El Cajon and celebrate the city's culture by transforming common utility boxes into distinctive works of art. RLA graduates secured sponsors from private donors and local businesses, and worked with the city to get the art approved. This project celebrates local artwork and encourages regional artists to share their creativity with everyone in downtown El Cajon.



Photo credit: HHS East Region.

Notes

A series of horizontal lines for taking notes, starting below the 'Notes' header.

Putting It All Together

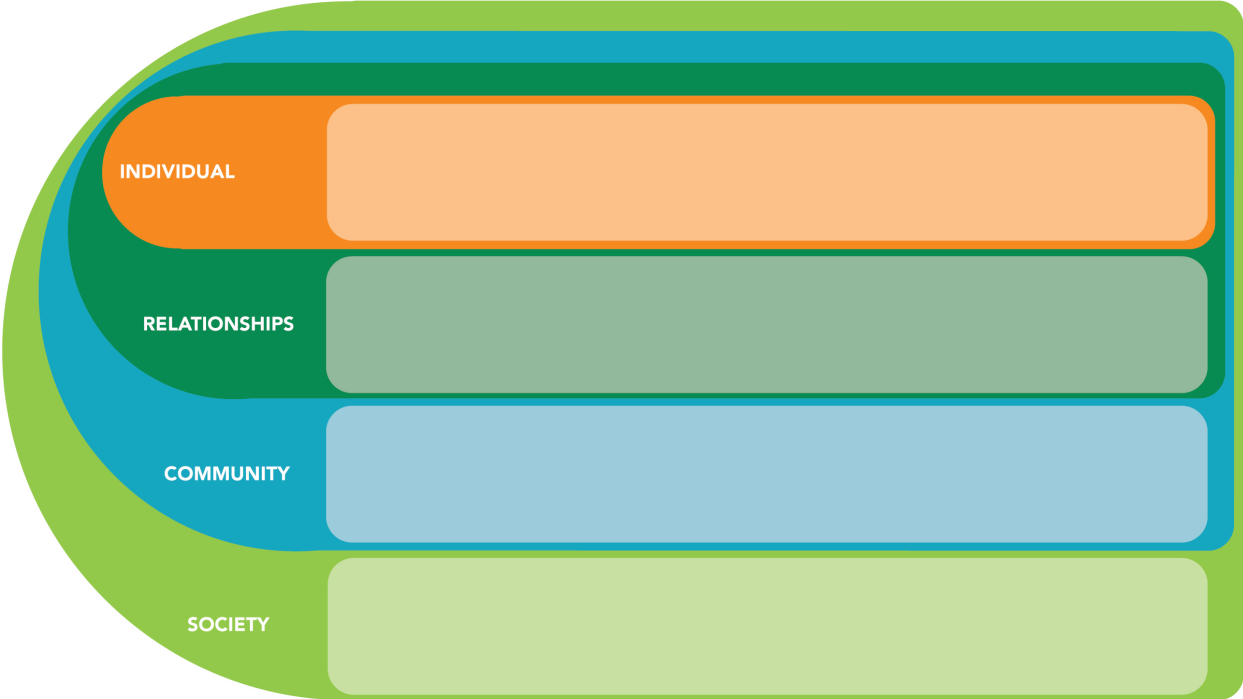
Please answer the following reflection questions:

What are the strengths and challenges in your community related to this topic?

How does this topic relate to or connect with the other topics you've learned about so far?

Figure 2.12 Social-Ecological Model Exercise

APPLY WHAT YOU HAVE LEARNED TO YOUR WORLD
WHAT ACTIONS COULD IMPROVE HEALTH AT EACH LEVEL OF THE SOCIAL-ECOLOGICAL MODEL?



Notes

2.3 Active Transportation

The Built Environment and Active Transportation

Active transportation refers to any form of human-powered transportation – walking, cycling, using a wheelchair, in-line skating, or skateboarding. Sometimes referred to as “non-motorized” transportation, there are many ways to engage in active transportation, whether it is walking to a public transit stop or cycling to school/work. Active transportation makes you healthier, it is inexpensive, and it is good for the environment because there are fewer cars on the road creating pollution.

Our built environment has a major influence on the decisions that people make about active transportation and consequently their health. For example, community design and infrastructure that favors cars over pedestrians creates a barrier to wellness by discouraging active transportation. On the other hand, people who live in neighborhoods where it is safe and easy to walk or bike to do their daily errands, or to walk to school or work, tend to get more physical activity, are less likely to be overweight, and are healthier overall.

Getting just 30 minutes of exercise a day increases your health and decreases your risk of chronic disease. Think about all the ways active transportation can add up to 30 minutes a day! Here are some things you can do:

- ✓ Walking or biking to and from school or work.
- ✓ Walking or biking to the park for social gatherings.
- ✓ Walking or biking to run errands like going to the grocery store or library.
- ✓ Walking or biking to and from the bus stop.

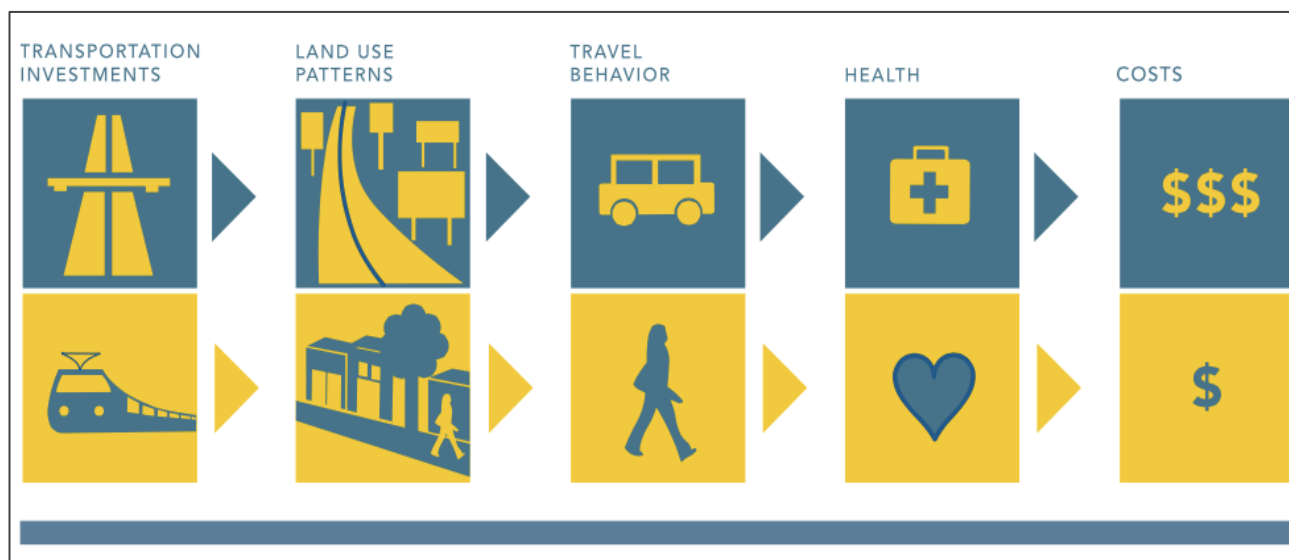
How Active Transportation is Related to Climate Change

Public transportation, also called mass transit, reduces the amount of cars, thus reducing pollution and greenhouse gas (GHG) emissions. GHGs are gases that trap heat in the atmosphere and are major contributors to climate change. Climate change threatens to impact human health in many ways, including increased respiratory and cardiovascular disease; injuries and premature deaths related to extreme weather events; changes in the prevalence and geographical distribution of food- and water-borne illnesses and other infectious diseases; and threats to mental health. Direct exposure to pollution also increases one’s risk of developing allergies, asthma, and cardio and respiratory illnesses. Planning for efficient mass transit is important to giving people the ability to travel outside of their neighborhood without owning a car, in addition to protecting the environment from air pollution and climate change impacts.

Source: National Climate Assessment Human Health Section, 2014.

Notes	

Figure 2.13 How Transportation Investments Impact Your Health



Source: American Public Health Association, Hidden Health Costs of Transportation, 2010.

Experts note that neighborhoods that have parks, grocery stores, schools, workplaces, and mass transit centers within walking distance from their homes are healthier than other areas. Walking distance is considered to be a quarter of a mile to one full mile from your home. Also, health equity is improved when residents have access to the services they need within their communities. It not only promotes good health, it also requires less use of cars and decreases greenhouse gasses as shown in Figure 2.13.

Who Is in Charge of Our Roads and Sidewalks?

Each local jurisdiction (city or county) is in charge of designing and building their roads and sidewalks. These local jurisdictions establish the rules and guidelines for how their streets and sidewalks will be designed, for example, whether the roads are narrow to discourage speeding by drivers, whether there are sidewalks, and whether there are clearly marked and safe crossings for pedestrians.

Bike lanes and other facilities to help bicyclists are also generally designed and built by each local jurisdiction. However, in San Diego, the San Diego Association of Governments (SANDAG) also builds bike pathways in many of our communities. All of the pedestrian and bicycle planning activities of local cities and the county are open for residents to provide input and make sure they meet the needs of residents.

SANDAG is an organization that is governed by the 18 cities in San Diego County, the County government, and a few other key public agencies. Through SANDAG, all the cities, the County, and these other agencies, come together to do regional transportation planning that determines how federal transportation funding will be distributed between public transit, highways, and bicycle and pedestrian projects. These are one of the major sources of funding that our local cities rely on to fund active transportation projects in local communities. Just like meetings about land use, SANDAG's meetings are open to the public.

Walkability

What is Walkability?

Walkability is a measure of how friendly an area is to walking. Factors that influence walkability include footpaths, sidewalks or other pedestrian rights-of-way, traffic and road conditions, land use patterns, building accessibility, and safety.

The Five Components of Walkable Communities

1. **Sidewalks** – Sidewalks are pedestrian zones. Ideal sidewalks are level, unbroken, and at least eight feet wide. They also may have a buffer zone that includes landscaping, seating, lighting, and ramps at street crossings to be compliant with the Americans with Disabilities Act (ADA).
2. **Crosswalks** – There should be crosswalks about every 250 – 400 feet depending on the street. Crosswalks may be painted, raised, decorated, and/or textured to make crossing the street safe and easy.
3. **Traffic calming** – The use of roadway designs that reduces the speed of vehicles. Examples include adding medians, curb extensions, flashing beacons, roundabouts, and back-out parking.
4. **Safety, comfort, and beauty** – Walkable communities have trees for shade and places to sit and relax. They should be clean, safe, have access to water and restrooms, and showcase local art and culture.
5. **Great places to walk** – People have places to walk to that are interesting and fun and they can meet with neighbors and friends.



Photo credit: Community Health Improvement Partners (CHIP), Resident Leadership Academy Participant Manual (2013).

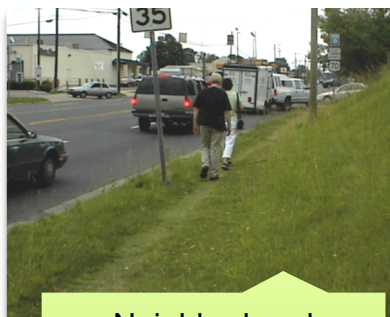


Photo credit: Community Health Improvement Partners (CHIP), Resident Leadership Academy Participant Manual (2013).

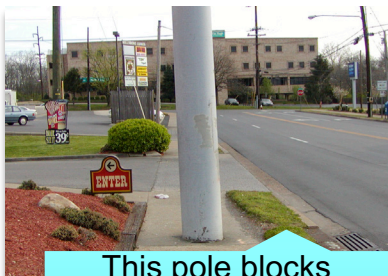
Notes

There are many barriers to walkability; Figure 2.14 identifies some common problems.

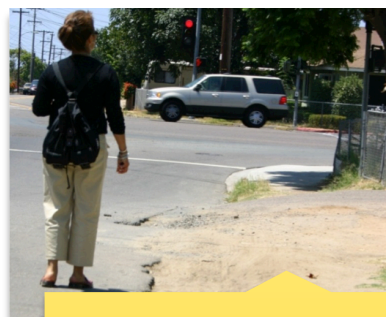
Figure 2.14 Walkability Challenges



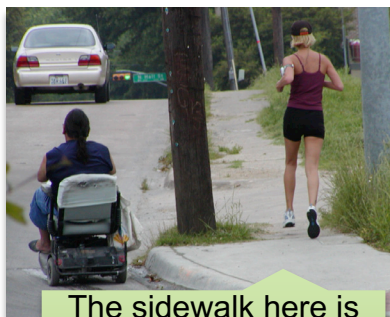
Nearhood residents are forced to make their own walking path here due to lack of sidewalks.



This pole blocks pedestrian pathway, showing poor design and lack of consideration for pedestrians.



Here, the lack of a proper sidewalk forces this pedestrian to walk in the street.



The sidewalk here is too narrow and does not allow both the jogger and the person in the wheelchair access.



Massive street crossings present major challenges to older and disabled members of the community.



Some areas of town are too intimidating for pedestrians to give walking a try.

Source: Community Health Improvement Partners (CHIP), Resident Leadership Academy Participant Manual (2013).

Notes

Identify which features in each of the photos in Figure 2.15 below make these neighborhoods more walkable and write your answer in the box provided:

Figure 2.15 Walkability Exercise



Photo credit: www.pedbikeimages.org / Dan Burden.



Photo credit: Community Health Improvement Partners (CHIP), Resident Leadership Academy Participant Manual (2013).



Photo credit: Community Health Improvement Partners (CHIP), Resident Leadership Academy Participant Manual (2013).

Bikeability

Bicycling adds another important piece to active transportation. Walking and biking, along with affordable and efficient mass transit (e.g., buses, trolleys, coasters, trains), can give you door-to-door mobility. Biking gets you to places that may be a little too far to walk, or you might just prefer biking to walking. In order for bicyclists to be safe on the road with cars and buses, they should have proper bike lanes. Some cities have built barriers between bike paths and traffic, or built bike and walking paths that connect neighborhoods and city centers that are separate from roadways.

Walkable Communities Have Healthier Residents

A 2010 study from Circulate San Diego compared the physical activities and health status of residents in the Normal Heights and Clairemont neighborhoods of San Diego. Before they began the study, they did a walkability audit of the neighborhood that looked at the quality of the sidewalks, length of the blocks, availability of mass transit and shopping centers, and the availability of parks.

The audit showed that Normal Heights was more supportive of active transportation. Not surprisingly, the study also found that the participants from Normal Heights engaged in more physical activity, especially active transportation to run errands. The health impact of a more walkable neighborhood is a contributing factor to a healthier community, as stated in the study, "... 60% of Clairemont participants were overweight compared with only 35% of the Normal Heights population."

Source: National Climate Assessment Human Health Section, 2014.

Walkability Activity

Please do at least one of the activities below in your neighborhood on your own, with other members of your RLA, or with your family and friends.

1. Complete the BestWALK walk audit (i.e., a mobile app developed by Circulate San Diego) as an intergenerational team and/or with people with physical and sensory disabilities, with your smartphone. If you do not have a phone, your RLA facilitator can give you a paper Walkability Scorecard.
2. Complete a bikeability audit.
3. Complete a photo journal of active transportation barriers by taking pictures around your neighborhood and putting them together with an explanation of why the place in each photo creates a barrier to active transportation. For example, no sidewalk ramps for people using wheelchairs or broken sidewalks.

2.4 Food Systems

Food Systems

“Tell me what you eat, and I will tell you what you are.” Jean Anthelme Brillat-Savarin, 1826.

This is the first version of the quote “you are what you eat.” What we eat and how much we eat affects our health. It is also a reflection of our culture, the neighborhoods we live in, the policies of our government, the society we share, and our values and beliefs.

The term food system includes all of the steps, time, and resources needed to feed individuals and groups of people (e.g., families, towns, cities). The way food is grown, harvested, regulated, processed, packaged, marketed, transported to your table, and disposed of are all part of the food system. Our food choices affect us as individuals, communities, and the environment we share. But you are not the only one making choices that impact the food you eat. The food system is also highly affected by government policies and business practices. Together, these policies, practices, and choices significantly influence the food available in the marketplace and, ultimately, our health, our environment, and the economy.

Components of a Healthy Food System

Producing

How food is grown and livestock is raised including choices about what animals are fed and the type of chemicals used on our fruits and vegetables can affect the environment and farm workers’ health. Sometimes the chemicals used can be unhealthy for farm workers.⁵ Often large agricultural corporations make these choices based upon the profitability.⁶



Photo credit: www.kpbs.org / Karmadude.

Harvesting

Chemicals, safety practices, and the type of energy used to gather the product affects the environment and farm workers. Food has to be harvested quickly or it will go bad and will not make it to market. In order to make this process quick, farmers may use chemicals and/or unsafe work practices, including long workdays and/or dangerous equipment, in order to get the food to the market quickly.⁷

Processing

Many whole foods like eggs, fruits, and vegetables have a shelf life. Shelf life is how long food can stay on the grocery store or restaurant shelf before it goes bad. To make this time longer, some foods are processed. Chemicals and other ingredients are added to the food to make the shelf life longer. Safety practices, types of energy used, methods, and the addition of trans fat, sugar, and preservatives are all part of the processing. Some of these

ingredients are unhealthy or may take nutrients out of a food that is healthy in its original form.⁸

Packaging

Creating attractive, eye-catching packaging costs money. The colored papers, plastic wrappings, and cardboard materials are also added to the cost of the food⁹ and contribute to waste in landfills. Buying “in bulk” from your local market, if you can, may be cheaper and can help the environment by producing less trash.¹⁰

Marketing

Big Industries have more marketing dollars than local farmers and producers, often leading to processed, less healthy foods being advertised more. Cheap, unhealthy foods are marketed more to children and low-income communities.¹¹

Transporting

The type of transportation and how far a product is shipped to distributors, restaurants, grocery stores, and farmers markets can affect the environment, cost, quality, and nutrition of the food. Shopping locally and participating in community gardens when you can, adds to the health of your neighborhood.¹²

Purchasing

Where you buy food products affects how much you pay for items and who receives what percentage of the money you pay. The distance you need to travel affects your time and ability to obtain healthy food, and if driving is necessary it can increase greenhouse gases in the environment.¹³ A quick walk to your neighborhood grocery store or farmers market for fruits and vegetables supports your health and the environment.

Eating

Your portion sizes and how you prepare food affects you and your family's health. Focusing on whole foods and making time to cook healthy family meals will improve your health and the health of your family. More and more communities are discovering their local farmers markets and are starting community gardens to increase access to, and intake of, healthy foods.¹⁴



Photo credit: www.pixabay.com.

Disposing

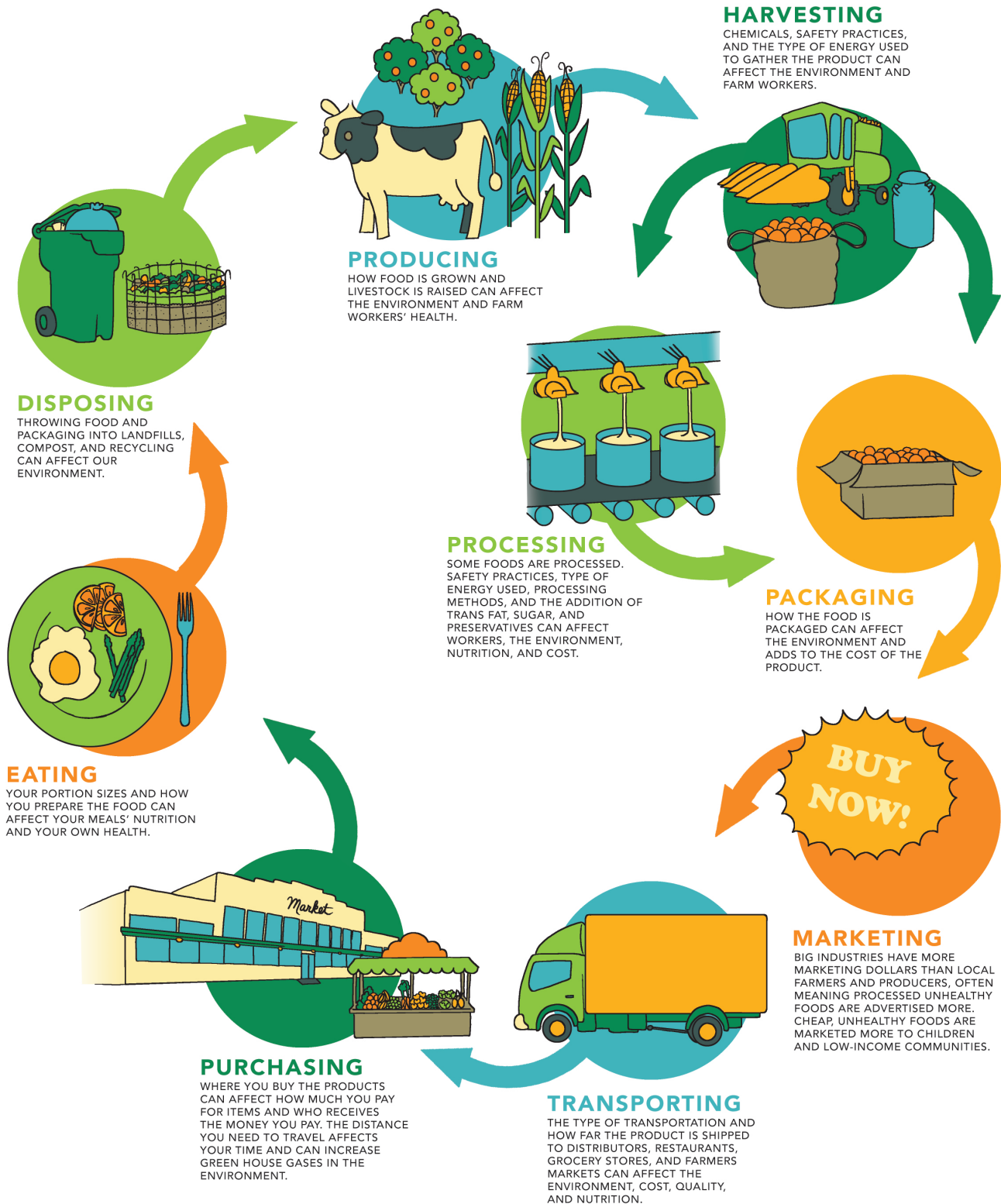
Throwing food and packaging into landfills increases waste and contributes to greenhouse gasses. Composting food and recycling containers can support the health of our environment.¹⁵

The components of the food system listed above and in the previous page are illustrated in Figure 2.17 on the following page.

Figure 2.17 Food Systems

FOOD SYSTEMS

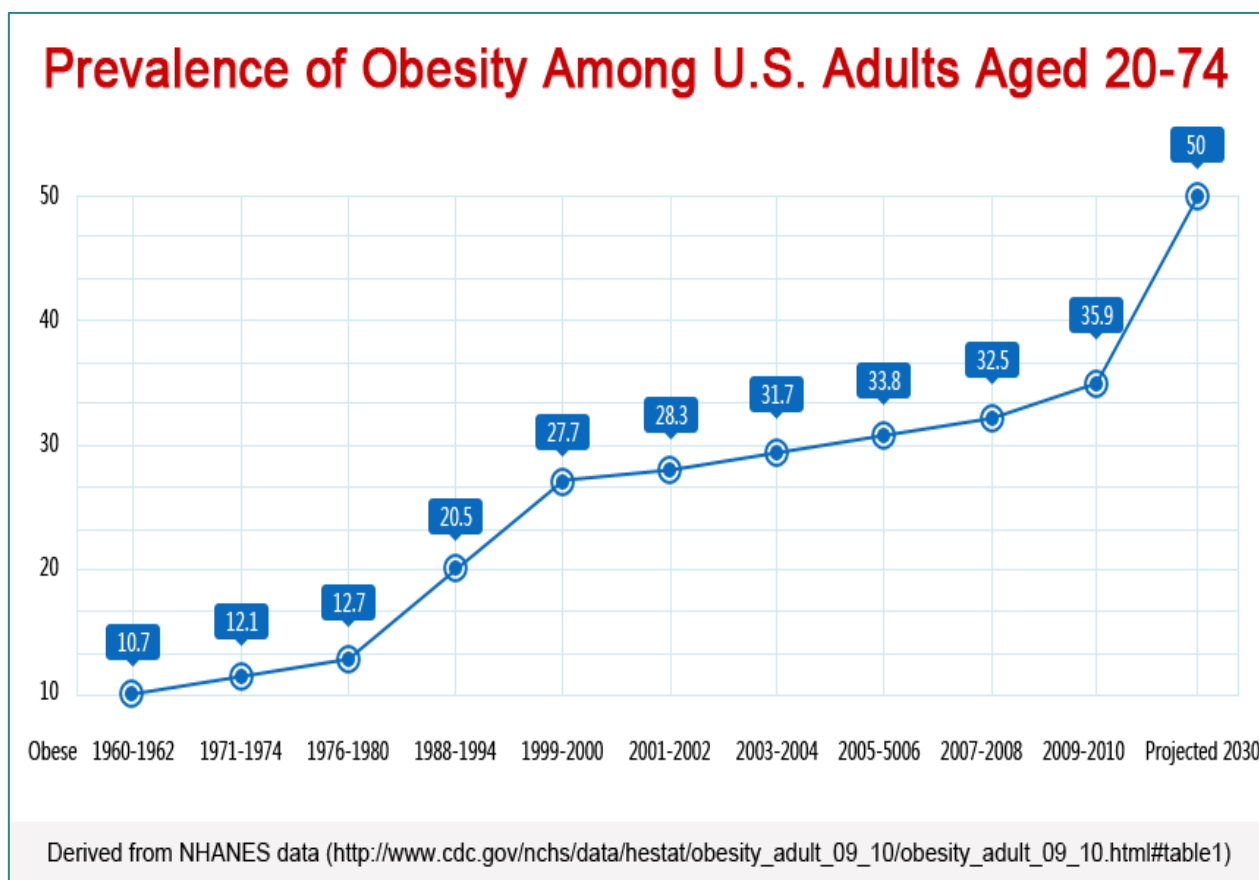
WHERE YOUR FOOD HAS BEEN BEFORE REACHING YOUR PLATE AND HOW THAT AFFECTS THE HEALTH OF PEOPLE, THE ECONOMY, AND THE ENVIRONMENT.



Our Current Food System

In the past 50 years, the policies and practices that govern our food system have shifted dramatically.¹⁶ In addition, we have seen rising rates of obesity as shown in Figure 2.18.

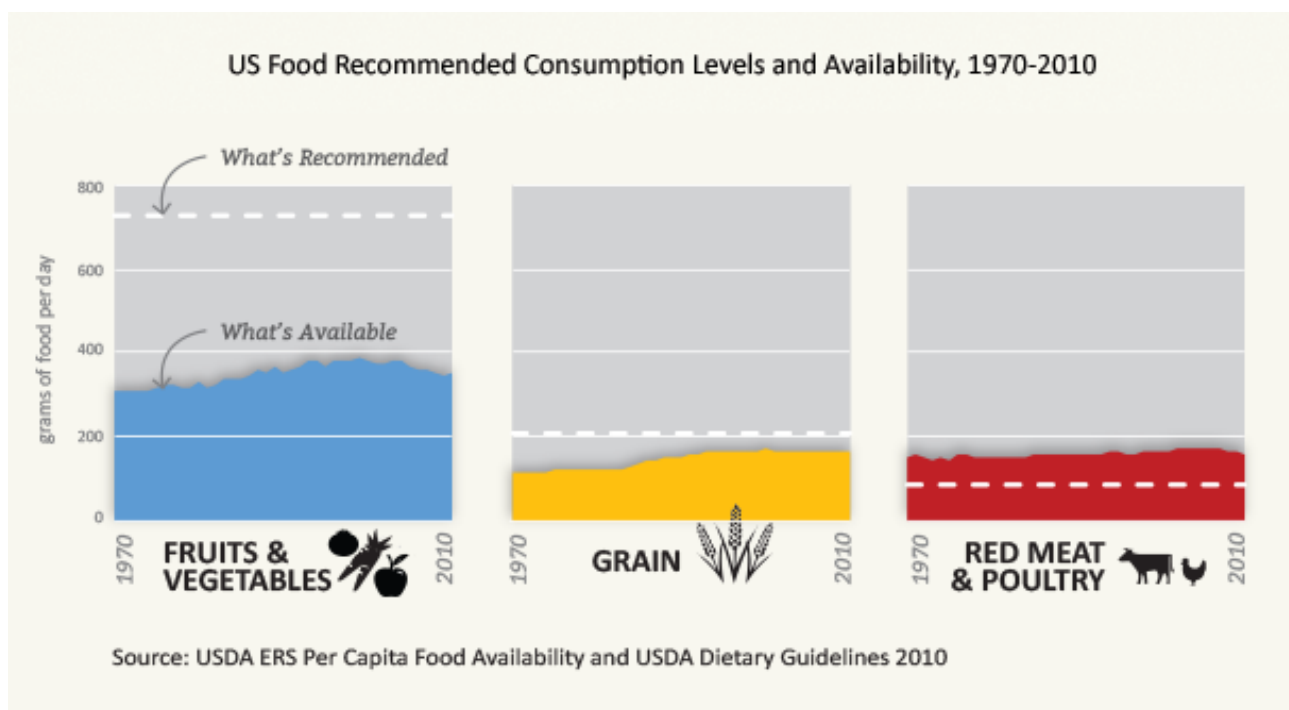
Figure 2.18 Prevalence of Obesity



There are clear connections between what we produce and what we eat. Calorie consumption in the United States of America (U.S.) has risen approximately 300 calories per day over the past 30 years.¹⁷ According to a 2013 report, only 13.1% of American adults meet the federal fruit and vegetable recommendations.¹⁸ Only about 2% of all U.S. cropland is dedicated to fruit and vegetable production.¹⁹ If we tried to feed the entire U.S. population without importing food, we would not meet the 2010 Dietary Guidelines for fruits and vegetables. But we produce in excess of 50% more poultry and red meat than needed to meet recommendations for protein (poultry and red meat) for every man, woman and child in the country as illustrated in Figure 2.19 on the following page. Increases in local fruit and vegetable production could result in significant job and economic development.²⁰

So what are we growing? A significant portion of U.S. crop acreage is dedicated to the production of cereal grains, oil seeds, and wheat. Of those 300 extra calories consumed by Americans, about 24% are from added fats, 23% from added sugars, and 46% from refined grains.²¹ The eating habits of Americans seem to align with US farm production.

Figure 2.19 Food Production Versus Recommended Daily Intake



Major Influences on the Food System

Government Policies

Policies influence all aspects of the food system. The federal government has had policies in place for over 100 years that encourage farmers to plant and harvest certain crops like corn, wheat, rice, and soybeans. These crops can be grown on a large scale, are easy to store, and are suitable for long-distance shipping. In 1974, the federal government added a “cheap food” policy that encouraged farmers to produce large amounts of commodity crops (e.g., corn, wheat, soybeans, rice, milk).²²

Figure 2.20 Foods Made with Processed Corn and Sugars



Photo credit: Food, Inc., 2008.

The overproduction of these crops contributed to the production of foods high in fat, sugar, and calories, such as cooking oils, snacks, and fast food (see Figure 2.20 for examples). The government's goal to feed a lot of people created a problem: cheap processed food. Government data shows that from 1985 to 2000, the price of soda went down nearly 24%, while the prices of fresh fruit and vegetables rose 39%.²³ Sweets and fats inundated the market and often cost less than many healthier foods.

Policies also impact local food production. City and county policies influence where someone can grow food, water usage, composting practices, and many other agricultural

practices. Local city and county ordinances may allow for community gardens, farm stands, farmers markets, edible landscaping (e.g., planting fruits and vegetables), animal husbandry (i.e., raising chickens, goats, bees), or other urban agricultural activities in a town or city. For example, a city may allow farmers to sell fruits and vegetables at the local farmers market, but they might not allow home-based gardeners to sell what they grow at the same market. As a result, home-based gardeners lose opportunities to make extra money and the community might not have as many options for buying healthy locally grown food.

What do we mean by “local”?

Institutional food service professionals in San Diego County commonly use a three-tiered definition of local:

- San Diego County (San Diego Grown 365): grown, raised, or landed within San Diego County
- Regional: grown, raised, or landed within 250 miles of the San Diego County border within the State of California
- California: grown, raised, or landed within the State of California

Business Practices

Another influence on the food system is advertising. Large businesses often have major budgets to promote their products. A portion of this advertising is used to market to children.²⁴ The Prevention Institute reports that children see close to 4,000 food-related ads each year, an average of over ten per day. Of these, 98% are for products that are high in fat, sugar, or salt. Companies use marketing strategies that appeal to children using:

- bright colored packaging,
- familiar characters from children’s shows and movies,
- placement of product at children’s eye level in stores, and
- inclusion of toys.

The United States Department of Agriculture (USDA) measures how much money Americans spend on food using the Food Dollar. The Food Dollar, illustrated in Figure 2.21, shows how a typical dollar is split among the different parts of the food system. The farm share is the 17.4 cents that is spent on growing and harvesting and the remaining 82.6 cents are spent on marketing activities.

Figure 2.21 Where Your Food Dollar Goes



Source: United States Department of Agriculture: Economic Research Service.

Impacts of the Food System

Health

The food that is marketed to us – and especially to our children – is easily available and affordable, but generally unhealthy. Kids who eat processed food and few “raw ingredients” are more likely to develop type 2 diabetes and heart disease in their lifetime. In fact, the current generation is expected to have a shorter life expectancy than their parents. The impacts of our food system on health might be most clearly seen among recent immigrants. Many arrive in the U.S. healthy with vast agriculture knowledge, yet one generation later their families face the same health conditions as individuals who have lived in the States for multiple generations.²⁵

A diet with excessive refined grains, fat, and sugars such as high-fructose corn syrup contributes to obesity and a number of other diet-related illnesses. In fact, poor diet is one of three behaviors that lead to the four major diseases that kill over 50% of San Diegans: cancer, type 2 diabetes, heart disease and stroke, and lung disease.²⁶ In 2009, more than 50% of all adults and nearly 33% of children were overweight or obese in San Diego County.²⁷

Our current food system contributes to other negative health effects from the use of antibiotics in livestock. Approximately 80% of all antibiotics in the U.S. are used in industrial animal agriculture.²⁸ The antibiotic use in animal agriculture is an increasingly important issue as antibiotic resistance contributes to more than 2 million U.S. illnesses and 23,000 deaths each year.²⁹

Environment

Food waste has a negative impact on the environment. Forty percent of all food produced in the U.S. is wasted. Lessening food waste can help reduce food expenditures, feed the hungry, provide nutrients back into soil on farms, and reduce greenhouse gas emissions. Food packaging also impacts the environment. Six of the top ten contributors to marine debris are single-use plastics; a reduction in disposable service ware (cups, plates, and cutlery) in food services can significantly reduce waste.³⁰

Economy

San Diego County has the largest number of small and organic farms of any county in the nation. In 2013, San Diego County growers sold more than \$560 million in fruits and vegetables. In 2015, the Tuna Harbor Dockside Market opened as a salute to San Diego’s past as a home to a major fishing industry. Purchasing locally produced items, including fish and seafood, produce, and other food can return twice as many dollars to the local economy as conventional purchasing practices.

Other effects of our food system are illustrated on the following page in Figure 2.22.

Figure 2.22 More Facts about the Food System



ANIMALS: Industrial animal agriculture or industrial livestock production is the modern form of intensive farming that refers to the industrialized production of livestock, including cattle, poultry (in “battery farms”) and fish. Most of the meat, dairy and eggs available in supermarkets are produced by industrialized agriculture. Confined Animal Feeding Operations (CAFOs) and battery farms are commonly referred to as factory farming and are criticized by opponents for the low level of animal welfare standards and associated pollution and health.



ENVIRONMENT: The industrial food system is harming the planet. Vast tracks of rainforest - the lungs of our planet - have been cleared for raising beef. Harmful chemicals (pesticides and fertilizers) pollute water. The growing techniques of Industrial farms often gravitate toward "monocultures," meaning only one crop is grown in an area. Monocultures reduce valuable biodiversity and can make land and ecosystems more vulnerable to disease. Food from large-scale farms are also shipped all over the world, requiring large quantities of fossil fuel. In fact, scientists say that our food system has more impact on global warming than the automobile.



WORKERS: The system of monoculture is also bad for farm workers. Not only do they work with toxic chemicals that damage their health, the average worker is paid 20% less today than they were in 1985. Due to low pay, their children often join the workforce at an early age, which can have a very negative impact on their health. Approximately 400,000 children under 14 work in the agriculture sector in the U.S. and children account for about 20% of all farm fatalities.



ECONOMY: Not only are workers struggling but small farmers are as well. This is because a vast majority of the money we spend on food goes into marketing, transportation and packaging rather than the farmer who produced it.

Source: Community Health Improvement Partners (CHIP), Resident Leadership Academy Participant Manual (2013).

Food Environments

Have you ever noticed how many fast food places there are and wondered why the prices are so low? Fast food is often made of highly processed food. This means most items:

- Contain inexpensive subsidized corn and/or soybeans as the main ingredient.
- Contain preservatives and artificial flavors, and have added salt, sugar, and fat.
- Are easy and cheap to transport and do not expire quickly.

On top of this, fast food – and processed snacks like fries and macaroni and cheese – are advertised as fun to eat (think kid’s meals), a great value (think dollar menus), and convenient for busy parents who are working and taking care of families (think drive thrus).

In some communities, there are few to no grocery stores, but there are fast food restaurants and/or liquor stores on every corner. These communities, which are often in low-income areas, give people few options for healthy food. These areas are called “food deserts” or “food swamps.” The USDA defines a food desert as a low-income neighborhood where the people who live there have to travel more than one mile in urban areas or more than ten miles in rural areas to get to a store with fresh food. In California, over one million residents must drive more than 20 minutes to access fresh produce.³¹ Food swamps are areas where there are many more stores selling snack and convenience foods, or fast food, compared to healthier items.³² Can you think of any neighborhoods near you that are food swamps?

Food Waste

We cannot talk about food without mentioning food waste. Figures 2.23 below and 2.24 on the following page illustrate the impacts of food waste in America. Locally, *“450,000 tons of food scraps are going to landfills in San Diego each year... and it takes less than 10% of the current food waste in San Diego to eliminate hunger.”*³³

Figure 2.23 Food Waste in America

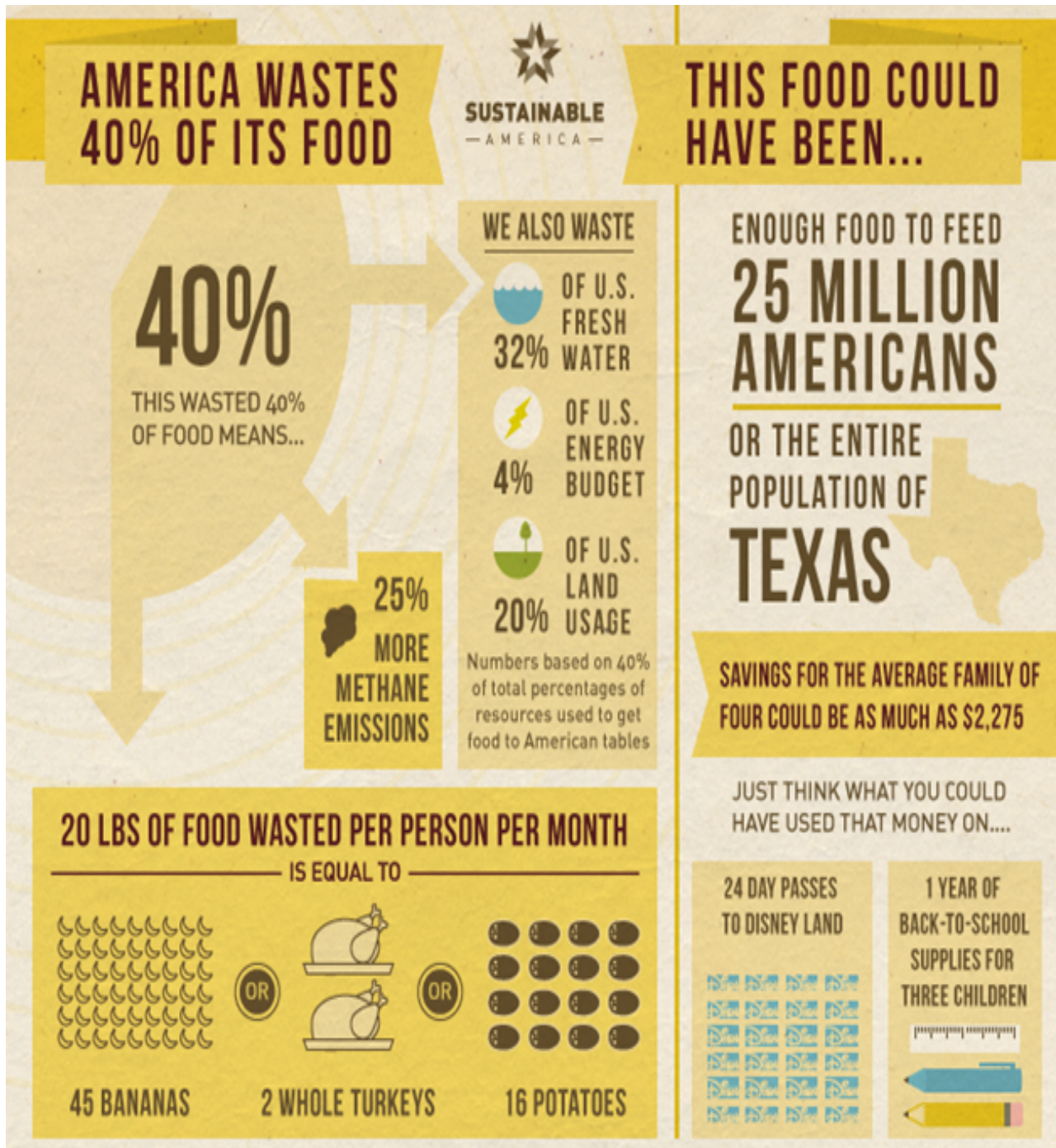
**AMERICANS THROW AWAY
AN ESTIMATED 25% OF THE
FOOD THEY BRING HOME**
that is more than
20 LBS
of food per person
EVERY MONTH
**ENOUGH TO FILL THE ROSE BOWL
A 90,000 SEAT STADIUM
EVERY DAY**



Source: County of San Diego, Department of Public Works presentation to the Food Services Advisory Committee, 2015.

Food waste contributes to climate change and damages the environment. The National Resources Defense Council says, "Food waste is among the biggest contributors to landfills in the U.S. and this creates another problem. When food rots, it emits methane, which is a very potent greenhouse gas." Food waste is responsible for a significant portion of methane emissions that contribute to climate change.³⁴

Figure 2.24 Waste in America

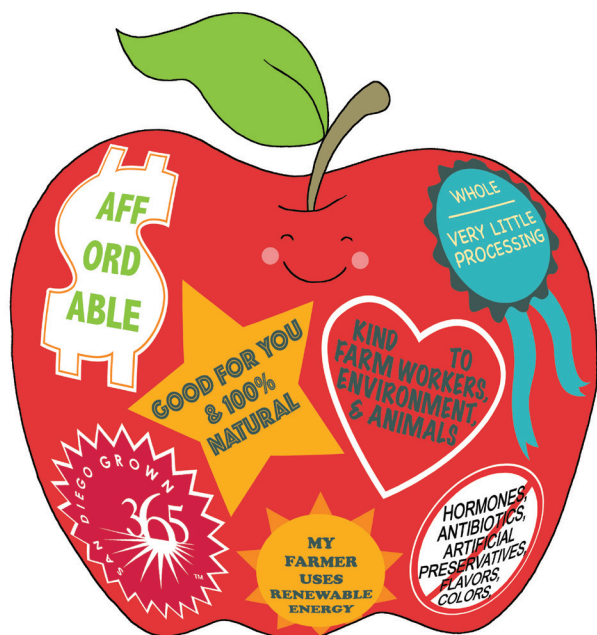


Source: National Retail Federation study: Back-to-School Spending Grows as Parents Restock, Replenish Children's Needs (http://www.nrf.com/modules.php?name=News&op=viewslive&sp_id=1405). NRDC Issue Paper: "Wasted: How America is Losing Up to 40 Percent of its Food from Farm to Fork to Landfill."

Creating a Healthy Food System

A healthy food system includes food justice at every step. Food justice means that everyone, no matter his or her position in society, has access to affordable and healthy food. Figure 2.25 illustrates the characteristics of a healthy food system including:

Figure 2.25 Healthy Food System



Setting the Record Straight: Nutrition and Health Professionals Define Healthful Food
by Strategic Alliance | Prevention Institute
<http://preventioninstitute.org/component/jlibrary/article/id-58/127.html>

- A healthy food system treats animals humanely, allows the soil to replenish itself naturally without chemicals, treats workers fairly, keeps most of the profit local, and does not hurt the environment.
- A healthy food system grows food close to where it will be eaten. The food does not need to be harvested early before it has reached peak nutrition levels, or sprayed with chemicals to be put on planes and trucks to travel a long way to the supermarket.
- In a healthy food system, it is just as easy (or easier) to find healthy foods in your neighborhood – such as fruits and vegetables – as it is to find chips and candy.

Policy, Systems, and Environmental Change

There is broad interest and movement among communities nationwide to create policy, systems, and environmental changes that support a healthy food system. With a nation deeply engaged in making change, we are starting to see positive changes.

According to the Centers for Disease Control and Prevention (CDC), in 2014, there was a 43% drop in early childhood obesity over the past decade³⁵. Experts do not all agree on why this drop happened, but it is likely linked to:

- Parents giving children less sugary drinks like soda and artificially flavored juices.
- More mothers are breastfeeding. Breast milk is the perfect “first food” which cuts childhood obesity and increases the immune system.
- Changes to the government funded Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), including less funding for fruit juices, eggs, and cheese, and more funding for whole fruits and vegetables.
- Participation of over 10,000 daycares in the *Let's Move!* childcare program, which promotes increasing exercise, reducing screen time, and offering healthy snacks and meals.

Working together to bring healthy options to communities, working with government officials to change policies that support healthier neighborhoods, and working with employers to establish incentives that encourage healthier behaviors are making our communities healthier.

Culture & Cooking

Getting back to the roots of our food system by eating whole food and a plant-based diet is an important step in building better health. But just as there is no one thing that causes a person to be overweight or obese, there is no single way to prevent it.³⁶ The cure does not lie with a single person; the whole community must work toward a solution. Changes at each level of the SEM must occur to support people in having healthy lifestyles.

African-American Culture

In his documentary film, *Soul Food Junkie*, filmmaker Byron Hurt explores African-American culture's past and present relationship with soul food. Soul food includes dishes like fried chicken, mac and cheese, collard greens, and sweet potato pie. Soul food is deeply rooted in family memories and cultural traditions as comfort food that helps people to ease the stress of daily life, but its current form increases the risk of obesity and chronic diseases. Today, African Americans are reconnecting with the roots of soul food in ways that support their health.

In African-American culture, having a plant-based diet was born out of necessity. Growing vegetables in your backyard and canning during the summer meant that you had food in the winter. In the past, African Americans had to feed both slave-owners and themselves. From this harsh beginning grew the basis for all southern cooking, a highly celebrated style of cooking.

Latino Culture

In *Coming Home to Salsa: Latino Roots in American Foods*, researcher Jeffrey M. Pilcher notes that the first Latino cookbook was written by Encarnacion Pinedo and was published in the *El Cocinero Español* (The Spanish Cook), in 1898. The native people of the Americas domesticated three very productive and healthy staples including corn, potatoes, and yucca; all are eaten widely around the world today. Latino foods reflect the vast social diversity caused by Latin America's history of migration and colonization. African slaves, Asian indentured servants, and Middle Eastern arrivals also brought new flavors and cooking methods. The regional foods of Latin America show the genius of everyday cooks in using often-limited ingredients to make tasty and healthy meals.

Food Histories Activity

As individuals, families, and communities, we share food histories and common connections to what we eat. The food we eat today is not the food we ate even a generation ago. To gain insight into your own food history:

- Talk to your parents and grandparents. Ask them what they ate when they were children, how they prepared their food, what they fed their own children, and why.
- Talk to elders and other long-term residents in your community. Ask them how the community was different, where they got their food, and how that has changed over the decades.

We can choose to reconnect to our history and our food in healthy ways. Refer to Figure 2.26 for some examples.

City Heights Garden Visited by First Lady Michelle Obama



April 15, 2010

Michelle Obama visited the New Roots Community Garden in City Heights as part of her nationwide campaign, *Let's Move!*, to end childhood obesity. The urban farm is maintained by a diverse group of people within the community and offers neighbors fruits and vegetables to incorporate in family meals. Having a place where the community has access to fresh produce helps make neighborhoods healthier.

Photo credit: www.sandiego.gov.

Notes

Figure 2.26 What You Can do to Promote Healthy Food Systems

WHAT YOU CAN DO

Everyone has a role to play in making healthy food systems a reality in their community. Below are some short-, mid- and long-term strategies for key stakeholder groups to bring about change.

FOR SCHOOLS

SHORT-TERM
Pay attention to the types of food served at your schools, and ask where the food originates.

Ask about food service procedures at school, and encourage your school to connect with local farmers.

MID-TERM
Implement a Harvest of the Month program in the cafeteria and incorporate into classroom learning.

LONG-TERM
Adopt model food service procurement language that enables the district to buy the healthiest, locally grown food.

Organize training opportunities for food services staff to improve skills and knowledge in food preparation.

FOR BUSINESSES

SHORT-TERM
Survey other businesses about their interest in sourcing local produce, and any associated cost concerns.

MID-TERM
Create more space in store for fresh fruits and vegetables through corner store conversion and local market projects.

LONG-TERM
Adopt and implement a food systems policy to facilitate selection of healthy food and beverage options and sustainable environmental practices.

Adopt and implement policies and procedures that ensure lactation supportive environments.

FOR COMMUNITY MEMBERS

<p>SHORT-TERM Know who grows your food, and support your San Diego farmers.</p> <p>Eat seasonally.</p> <p>Buy from local growers.</p>	<p>MID-TERM Grow your own food. Start small with your own home garden and watch it grow.</p> <p>Connect with a local organization that provides community garden or farming space.</p>	<p>LONG-TERM Communicate with and support local businesses and your local government's actions to improve the local food system.</p>
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FOR LOCAL GOVERNMENTS AND PLANNING AGENCIES

SHORT-TERM
Lease unused land to community groups that have expressed interest in building an urban farm or community garden.

MID-TERM
Communicate any available funding that may support business infrastructure improvements so businesses may carry fresh, local food.

LONG-TERM
Establish a group of stakeholders from public health, regional land use, planning and food production to collaborate on the development or revision of policies to support healthy food systems.

Made possible by funding from the Centers for Disease Control and Prevention, through the County of San Diego Health and Human Services Agency.

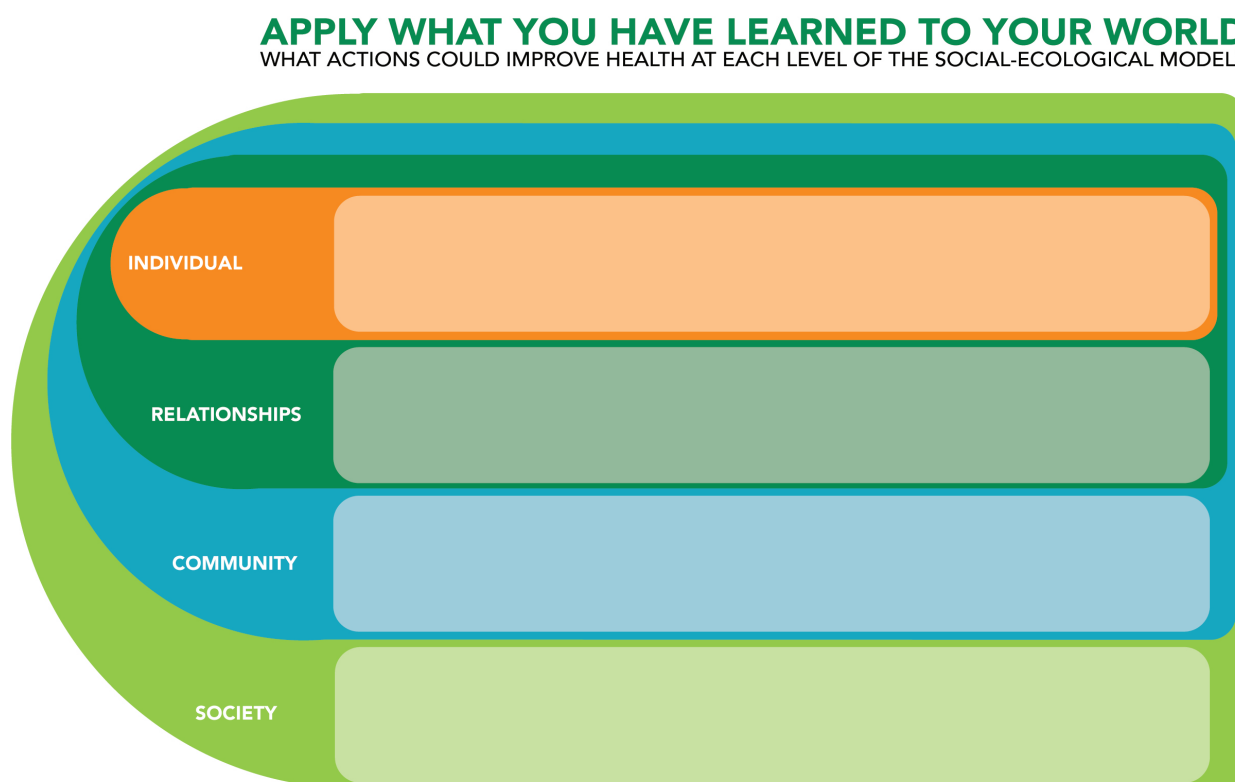
Putting It All Together

Please answer the following reflection questions:

What are the strengths and challenges in your community related to this topic?

How does this topic relate to or connect with the other topics you have learned about so far?

Figure 2.27 Social-Ecological Model Exercise



¹ UCLA Center for Health Policy Research. *AskCHIS Neighborhood Edition*. The California Health Interview Survey. Retrieved from: <http://healthpolicy.ucla.edu/SitePages/RegWithProfile.aspx>.

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³ Dunham-Jones, E. (2011). *Retrofitting Suburbia, Urban Design Solutions for Redesigning Suburbs*.

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⁵ Boggess, B., & Bogue, H. (2014). *A Profile of Migrant Health: An Analysis of the Uniform Data System*. National Center for Farmworker Health.

⁶ Kenner, R. (2009) *Food, Inc.*

⁷ Ibid.

⁸ Ibid.

⁹ United States Department of Agriculture. (2011). *Food Dollar Series*.

¹⁰ United States Environmental Protection Agency. (2015). *Reducing Wasted Food At Home*. Author. Retrieved from: <http://www2.epa.gov/recycle/reducing-wasted-food-home>.

¹¹ Kenner, R. (2009). *Food, Inc.*

¹² United States Environmental Protection Agency. (2015). *Thirsty for Health: Tap Water and Healthcare*. Public Health Law Center. Retrieved from: <http://www3.epa.gov/climatechange/climate-change-waste/>.

¹³ Ibid.

¹⁴ National Gardening Association. (2014). *Garden to Table: A 5-Year Look at Food Gardening in America*.

¹⁵ United States Environmental Protection Agency. (2015). *Reducing Wasted Food At Home*. Retrieved from: <http://www2.epa.gov/recycle/reducing-wasted-food-home>.

¹⁶ Klein, K., Thottathil, S., & Clinton, S. (2014). *Environmental Nutrition: Redefining Healthy Food in the Health Care Sector*. Health Care Without Harm. Retrieved from: http://noharm-uscanada.org/sites/default/files/documents-files/2819/Environmental_Nutrition_HCWH_September_2014.pdf.

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- ²⁰ Union of Concerned Scientists. (2013). *Less Corn, More Fruits and Vegetables Would Benefit U.S. Farmers, Consumers and Rural Communities*. Retrieve from: http://www.ucsusa.org/news/press_release/less-corn-more-fruits-and-vegetables-0378.html#.VfEEKRFviko.
- ²¹ Sturm, R., Powell, L., Chiqui, J., & Chaloupka, F. (2010). Soda Taxes, Soft Drink Consumption, And Children’s Body Mass Index. *Health Affairs*. 29(5) 1052-1058. Retrieved from: <http://content.healthaffairs.org/content/29/5/1052.full>.
- ²² Wallinga, D. (2010) Agricultural Policy And Childhood Obesity: A Food Systems And Public Health Commentary. *Health Affairs*. 29(3) 405-410. Retrieved from: <http://content.healthaffairs.org/content/29/3/405.full>.
- ²³ Sturm, R., Powell, L., Chiqui, J., & Chaloupka, F. (2010). Soda Taxes, Soft Drink Consumption, And Children’s Body Mass Index. *Health Affairs*. 29(5) 1052-1058. Retrieved from: <http://content.healthaffairs.org/content/29/5/1052.full>.
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SECTION THREE

TAKING ACTION

3.1 Civic Engagement

3.2 Community Improvement Project
Planning and Implementation

Learning Objectives:

1. Understand what civic engagement is and how to influence the decision-making process.
2. Create an implementation plan for a Community Improvement Project.

3.1 Civic Engagement

Getting Involved

America is a nation of about 320 million people and about 3.2 million of them live right here in San Diego County. It takes a big engine to govern that many people. Organizing the details of having an effective food system, appropriate plans for land use, and access to opportunities to be healthy are just a few of the responsibilities of the government.

The inner workings of government include three different levels of government: federal, state, and local. The working parts include a wide and often confusing number of decision makers, including commission members, state legislators, heads of public agencies, senators, and even the president. On top of that is a complicated legislative process that includes policies, laws, and ordinances. You could spend months learning about the different legislative processes and players, but you do not have to know each step of the process before you can make change in your community.



County of San Diego Administrative Building.
Photo credit: www.sddt.com.

America's most important decision makers are the people who are engaged with their government and active in their neighborhoods. This is called **civic engagement**. These are people who vote, attend and comment at community meetings, build relationships with elected representatives and their staff, and most importantly, work with their neighbors toward common goals.

In this section we are going to learn to improve the areas of our neighborhoods that do not support health by starting at the local level. Local government includes municipal (that is the city) and county governments. The decision makers to know are:

- ✓ County Board of Supervisors
- ✓ The Mayor
- ✓ County Staff
- ✓ Commission Members
- ✓ City Council Members
- ✓ City Staff
- ✓ City Planners



RLA member speaking to El Cajon City Council. Photo credit: HHSA East Region.

Voters elect some decision makers, like the city council members and mayor. Elected officials hire staff members to help them identify opportunities to improve their districts and work with community members to implement positive changes. Some decision makers are chosen or appointed by elected leaders. An example of this is a city commissioner. Other decision makers include government workers like city planners that are hired to do their jobs. City Council and County Board of Supervisor meetings are

open to the public so you can attend, and there is time set aside for public comments.

Our neighborhoods are governed by local policies and ordinances. A policy is a written document of agreement to guide our actions. Policies can be a law or a formal agreement and they include the terms, conditions, and consequences of these agreements. For example, an ordinance can state if smoking is allowed on restaurant patios or bars and whether or not the ban includes electronic smoking devices. Changes or improvements you may want in your neighborhood will involve you being familiar with your local policies or ordinances. A great way to learn about these is by building relationships with the staff members of your elected representatives through phone calls, emails, and in-person meetings.

Leadership and Consensus Organizing

Consensus organizing is a leadership method that is considered a “**best practice**.” Best practices are methods that have been successful in lots of communities over time. The heart of consensus organizing work is the ability to build relationships with and between groups of people. Figure 3.1 provides clear and doable steps for consensus organizing including building relationships, doing community analysis, looking for win/win projects, sharing information, and creating an implementation plan that builds community leadership and momentum.

A **leader** is a person that directs and guides a group. Leaders come in all shapes, sizes, genders, ages, races, income levels, and ethnicities. Some have titles and some do not. Some lead with a lot of structure and others are relaxed. But all leaders share one thing in common: they are trusted and they are willing to step forward with a plan and find a way (with the support of their team) to get it done. This requires that the leader wears many hats, including peacemaker, broker, and bridge builder.

Figure 3.1 Steps to Consensus Organizing

Step 1: Establish your Group of Community Leaders

Come together with a group of community members who are interested in improving their community. This group is the foundation for community change and should cut across existing lines of neighborhood interests, leaders, and organizations. Building group cohesion through group learning and group decision-making helps to bring them together as a team to use their individual strengths and skills to help the group achieve their goals.

Key Tasks and Intended Outcomes

Establish a regular meeting time, group expectations, and active roles for each group member according to their strengths and interests. Individual roles or contributions to project implementation may include facilitator, research and data collection, note taking, developing written materials, public speaking, documentarian, and community relations.

Step 2: Build Relationships

The success of the group's organizing effort will depend on building relationships with and between people. Start with earlier contacts and invite the people who were interested in improving the community. It is also good to have people with different skills, backgrounds, and ages. Then, think of whom else you need to meet. Begin building relationships during the community analysis and continue throughout the project.

Key Tasks and Intended Outcomes

Review the list of people and organizations you have met through the analysis process and what you learned about them. Nurture the relationships that are most promising by finding common ground. Begin to identify a group of potential leaders and partners both in the neighborhood and from outside the neighborhood.

Step 3: Conduct a Community Analysis

Group members should reach out to the community to identify the interests of the residents (internal) and the people who live outside of the neighborhood (external) who can be helpful. These people are called key stakeholders. Get a basic understanding of the community's history and culture, who lives there, and what resources there are. Find out what they care about and what they can contribute. Focus on the strengths.

Key Tasks and Intended Outcomes

Write down what you have learned. List what you think are the strengths and weaknesses of the community and the opportunities and threats that will help or challenge your plan. This is called a SWOT analysis. Your report should describe an initial action plan based on your observations and meetings. As the team works together to create this plan, include everyone's voices. Most important, identify the relationships you have built and areas in which people agree. Identify tangible roles for residents in your action plan.

Step 4: Design and Implement Win–Win Projects

Groups improve their ability to work as a team and build trust through working side by side on the issues they care about. Are there any issues that can be more easily solved, such as cleaning up a vacant lot or park? You can inspire hope and build a sense of community by connecting people who care about the same things.

Key Tasks and Intended Outcomes

The group can start out on one of the smaller projects identified during the community analysis to get people working together. These projects solve problems and help create momentum for larger projects that require more time and patience. These projects are called "win–win" because they are small, finished quickly, the group works as a team to get it done, and they will most likely be successful. Try to complete at least one of these projects within the next three months.

Step 5: Share Information

Develop a system for sharing information about the project and the issues people care about. Find out how people get information about what is happening inside and outside the neighborhood. Information is power. Find out who has it and how you can share it.

Key Tasks and Intended Outcomes

This step should result in communication strategies such as resident-designed and resident-delivered flyers and newsletters, community meetings, telephone trees, and block-level discussions and meetings. If technology is not an issue, a Facebook page or email list could work. The best methods involve some level of personal contact. This step increases the flow of information so people can become engaged in decision-making.

Step 6: Develop Strategies and Implement an Action Plan

After gathering and analyzing the community analysis residents will be able to look at their issues from different viewpoints. They should think about all the possible solutions, which solutions people are most likely to support, and whether the solution is achievable given time and hard work. After deciding on a goal and strategy the group can develop and implement an action plan based on the strategies chosen by the group. The action plan should include internal and external stakeholders, available resources, and specific goals for improving the neighborhood.

Key Tasks and Intended Outcomes

In this stage of the process residents develop written action plans that provide detail including strategies, timelines, and tasks. This gives a map to follow to carry out the project, and it also gives the group time to practice important skills, such as problem solving, conflict resolution, and negotiation, all of which will be important to the long-term viability of the neighborhood. Action plans are developed and implemented when they have the criteria below.

1. Have the support and buy-in from the community.
2. Provide residents with tasks and roles.
3. Develop a mechanism for reporting on progress and celebrating success.
4. Produce noticeable results in the community, including new leaders and relationships.



Photo credit: HHS Community Workshop.

Step 7: Build Leadership Within the Group

Consensus organizers often serve as mentors and role models to other community members. Each group member has their own style of leadership and a set of other skills and strengths that should be fully utilized and celebrated. The advantage of having a team is having diverse strengths and talents and using those strategically to reach your goal. Leadership does not look the same for everyone and it is not developed overnight. The seeds must be sown throughout the process.

Key Tasks and Intended Outcomes

Sustainable neighborhoods develop when residents are in control of their destiny. This group has come together with a common goal to improve their community so they are the best ones to be leading the efforts. More and more people become involved as they see real change happening. External players become more involved when they see the effectiveness of the community leaders at work.

Source: Adapted from Consensus Organizing: A Community Development Workbook, 2009.

Paulo's Story: A Win-Win

Paulo runs a small business from his home called Paulo's Landscaping and Tree Maintenance. In between jobs, his bright blue truck parks in the driveway of his family's duplex in a diverse part of the city. Although busy, Paulo likes the freedom that his business gives him. Through smart scheduling and having a small dependable group of employees, Paulo is able to spend time with his family.

When he picks up his daughter Julia from school, members of her 8th grade class wave to him. He enjoys the short drive home as she tells him about her day at school. Julia has a lot to tell, she is the eighth grade class president and active in her school's journalism club.

One day as Paulo turns the corner into his neighborhood, he sees a sign on the corner lot. It is a big "For Sale" sign that has a notice that says "commercial property," with a "sold" sign hammered on top of it. Paulo is annoyed at the thought of another warehouse or auto body shop coming into his neighborhood.



Coronado Bridge from Barrio Logan
Photo credit: www.voiceofsandiego.org.

His neighborhood is already crowded. It is a mix of duplexes, large apartment buildings, shops, some single-family homes sprinkled in, and a good amount of commercial businesses that range from auto body shops to warehouses. Big trucks are always going in and out making noise and polluting the air. Parking is hard to find for his friends and family who want to visit him because the employees from the businesses take up all the spaces.

Section 3: Taking Action

Paulo knows that people need jobs and the services of those businesses, but why are they in his neighborhood? While working, Paulo drives his landscaping truck throughout many neighborhoods in San Diego that have less businesses and traffic, and more parks for their children. Paulo decides to find out why those neighborhoods are different from his neighborhood.

Paulo thinks this might be something Julia and her journalism club members could find out about. He likes the idea of a win-win project; a good school project for his daughter and some useful information for him. Julia is an honor student and takes her assignments and projects very seriously. When he asks Julia if this would be a project she and her classmates would be interested in, she says yes and texts her friends.

How has Paulo taken action?

- ✓ Noticed an issue in his neighborhood that has an impact.
- ✓ Cared about that issue and wanted to learn more about it.
- ✓ Identified the talent that could help.
- ✓ Asked for help and has started to build his team.

Julia's Story: The Joy of Asking Questions

Julia's family says that the first words out of her mouth were not Mama or Dada, but "Why?" Julia loves to ask questions because she wants to understand how things work. She loves talking to people and learning new things. She listens carefully to her father's concerns about the new business in her neighborhood and thinks it would be interesting to find out the journalism basics: who, what, where, when, and why. Mrs. Nguyen, the 8th grade teacher that sponsors her journalism club, could help her out if she has questions.

While Julia and Paulo take an afternoon stroll to the corner lot, Julia writes down all of the information she can from the sign, then she and her Dad discuss their ideas about what would make their neighborhood a better place. After talking about a lot of different ideas they decide that a park would be the best addition to the neighborhood because there are lots of kids and families in the neighborhood but nowhere for them to play. The big empty lot next to the building that was just sold on the corner would be a good place for a neighborhood park. They decide what their next steps will be on the way home. After alerting her classmates on social media, the work begins.

What action steps has Julia taken?

- ✓ Agreed to a project that suits her skills, talents, and interests.
- ✓ Gathered some basic information.
- ✓ Used the community analysis to identify a goal.
- ✓ Built her team and gave them an assignment.
- ✓ Got support from her teacher.

Section 3: Taking Action

Some of Julia's friends have computers at home. Some go to their local library or use smart phones to do research. Julia watches a series of videos on YouTube that explain zoning issues for kids and sends them to her fellow journalism club members to watch.¹ More importantly, her classmates begin talking to their social circles (e.g., family, friends, and teachers) about the project and they start coming up with some ideas about where to begin!

Paulo knew:

- ✓ Who to contact with questions – government offices, community-based organizations and social networks (acquaintances, family, friends and friends of friends).
- ✓ Who made these decisions for his neighborhood – elected officials, commissions, and boards.
- ✓ Which policies, laws, ordinances, and/or mandates were involved?
- ✓ How the decisions were made and how they can be changed – community plans, public hearings, and neighborhood organizing.

Paulo and Julia do some basic investigation. Julia asks her mother to call the real estate agent listed on the sign and ask him the name of the business that bought the lot. When Julia gets stuck her teacher points her to city hall, where she meets with land use staff and the traffic commission. Her classmates also meet with other key stakeholders like the Boys & Girls Club. Weekly, they meet with Paulo to report and compare notes. As they reach out to others, they find out that others are concerned about the new business also. Their team begins to grow. Soon Paulo has enough information to decide what steps he should take next.

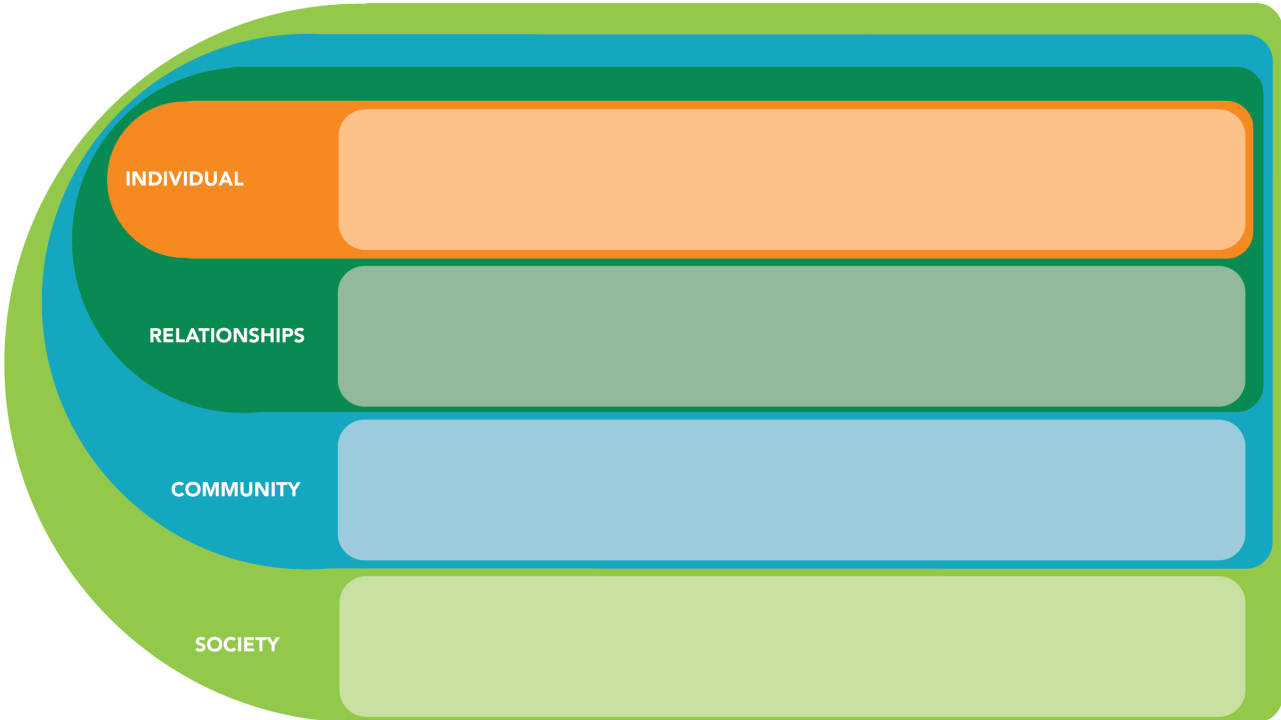
This is the beginning of a Community Improvement Project (CIP), led by Paulo and his team of concerned neighbors. Eventually they meet with city planners, attend a city council meeting, and meet with the owner of the new business, which turns out to be a paper company. Paulo and his neighbors are able to get the owner to create a small park next to his building with lots of trees that the neighborhood and employees can use. After it is completed they have a community picnic in the new park to commemorate the opening.



Playground at PJAM. Photo credit: HHSA Public Health Services.

Figure 3.2 Social-Ecological Model Exercise

APPLY WHAT YOU HAVE LEARNED TO YOUR WORLD
 WHAT ACTIONS COULD IMPROVE HEALTH AT EACH LEVEL OF THE SOCIAL-ECOLOGICAL MODEL?



Notes

Lined writing area for notes, consisting of 18 horizontal lines on a white background, starting from a vertical red line.

3.2 Community Improvement Project Planning and Implementation

Ready to Make Your Community Healthier?

It is time to start planning your Resident Leadership Academy's (RLA) Community Improvement Project (CIP). Before you begin, go back and review all of the answers to your reflection questions and all of the strategies from your SEM activities. You have already thought of a lot of great ideas for your CIP! Within your RLA you will use your leadership and consensus organizing skills to decide on the best CIP for your neighborhood. If your project idea does not get picked this time, do not worry. You will learn the process of how to plan and implement a CIP that you can use again later on other projects. You can keep following the process over and over to benefit your neighborhood in lots of different ways.

Work with your group to identify a goal that will improve health in your community. The goal should focus on the community and/or society levels of the SEM in order to increase health equity. Then, celebrate because it probably took some time, discussion, and positive communication skills to agree on that goal! Next, develop S.M.A.R.T. objectives. These are specific steps to reaching your goal. Your objective(s) should be:

- **Specific**
- **Measurable**
- **Attainable**
- **Realistic**
- **Time-bound**

Goal: Bring more fresh produce into our neighborhood.

Objectives:

1. By June, 2017, RLA members will partner with Healthy Foods Nonprofit and Neighborhood Elementary School to redevelop the empty field on the east side of campus into a community garden.
2. By August, 2017, RLA members and Healthy Foods Nonprofit staff will sell produce from the garden at the farmers market.

Community Analysis

After your group has identified your goals and objectives, you can begin shaping your implementation plan by doing a SWOT analysis. SWOT stands for strengths, weaknesses, opportunities, and threats. Figure 3.3 on the next page lists the definitions of the SWOT components. Putting careful thought into each of these will help you form your implementation plan by knowing the internal and external people, organizations, and resources that will help you succeed or will challenge your project.

Use your community's strengths and RLA members' individual skills and resources to strengthen your CIP. For example:

- A good writer in the RLA can help develop a fact sheet to tell people about your community's concern and how you want to fix it.
- A landscaper can lead volunteers in a project planting low maintenance trees in the park.
- A neighbor can use her social capital to recruit neighbors to attend a meeting.

Figure 3.3 Definitions of SWOT Components

Helpful	Harmful	
<p style="text-align: center;"><u>Strengths</u></p> <ul style="list-style-type: none"> • Things that are special about your community or neighbors • Successful community changes in the past • Connection to decision makers skills and strengths of the RLA 	<p style="text-align: center;"><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Lack of resources – places, people, money, etc. • Not enough information to plan or implement • Missing strengths or skills among the RLA members 	Internal
<p style="text-align: center;"><u>Opportunities</u></p> <ul style="list-style-type: none"> • Resources in the community – places, people, money, etc. • Stakeholders – people who want to get involved • Access to decision makers • Funding is available • Knowledge in the community about the issue 	<p style="text-align: center;"><u>Threats</u></p> <ul style="list-style-type: none"> • People do not know about and/or understand the issue • Residents do not agree the issue is a problem or with the strategy • A group tried it before and it was not successful • Powerful opposition 	External

Opportunities give you an easy place to start because a resource or helpful person is already available to strengthen the success of a project.

For example:

- An empty lot is located in a central place in the neighborhood.
- A nonprofit organization has a community meeting space that is free to use for neighborhood functions.
- A local organization is working to improve access to healthy food and they want to be a partner.
- A local politician is concerned about your issue or neighborhood and wants to find solutions.

Weaknesses are areas in your group that can be strengthened or new resources and/or people brought in to complement the strengths of the team.

For example:

- Your group wants to fix a sidewalk and get crosswalks near the elementary school, but is not sure which city or county department to go to for help.
 - Solution: One of your members is currently on summer break and has extra time to go to city hall and make some phone calls to find out.
- Your group wants to plant a community garden, but does not know very much about gardening.
 - Solution: A member has a retired neighbor who knows everything about gardening and offers to come to teach a series of classes about home gardening.
- The stores in your area are advertising tobacco and have lots of different flavored tobacco and vaping supplies, but the group is not sure where to start on making change.
 - Solution: A group member calls the County and a tobacco prevention expert comes to talk to them on all of the different policy and environmental changes that have been successful in other communities.

Paying attention to threats helps you to anticipate obstacles and understand the opposition to your CIP implementation. You can reach out to people who are not in agreement with the CIP and listen to their opinion. You may be able to change how you talk about the issue, what people think about the issue, or even come up with a strategy that works for everyone.

For example:

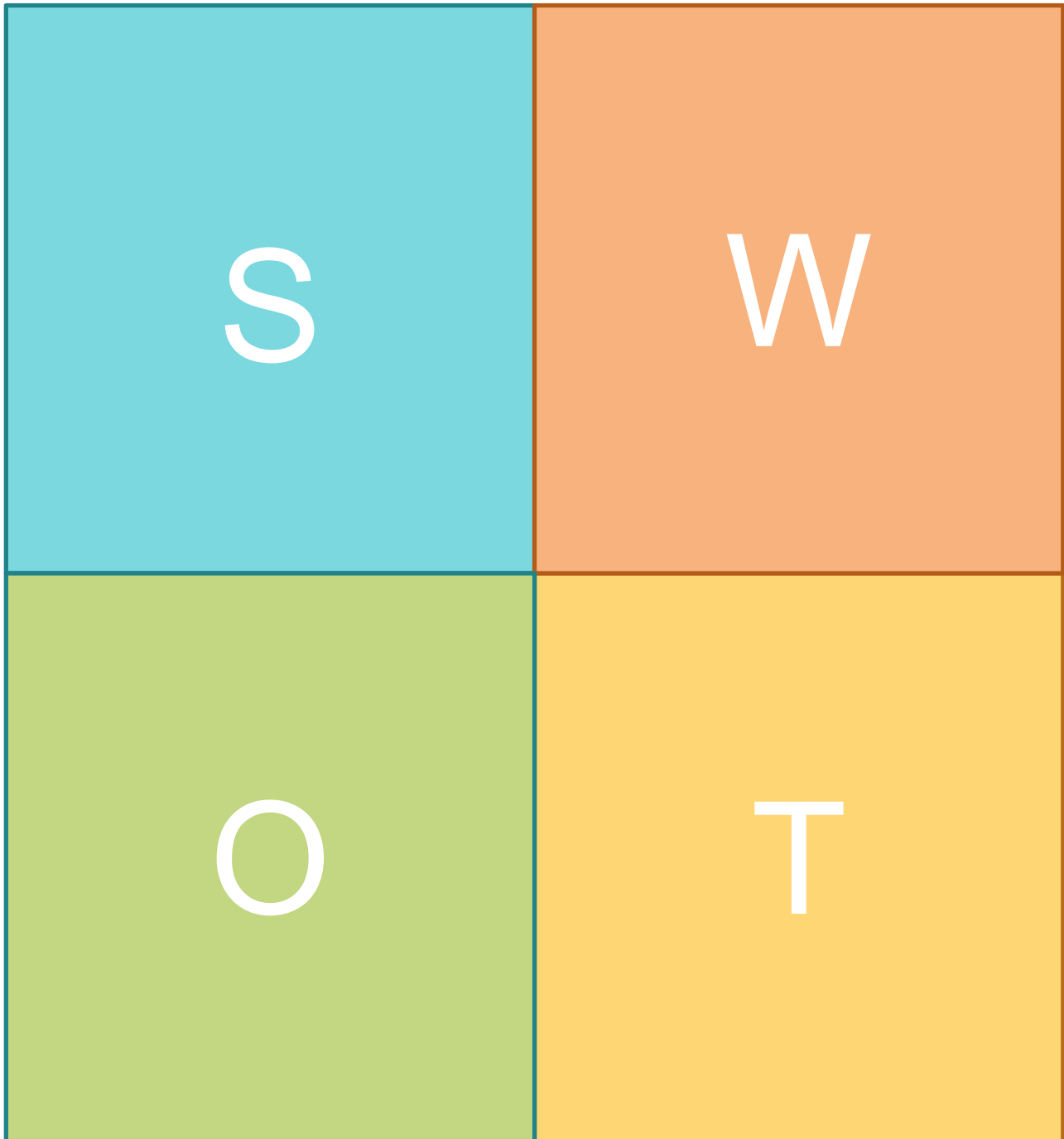
- The liquor stores do not like the news they have heard that residents sent minors into their stores to try to buy cigarettes and get them in trouble.
 - In response, your RLA members publicly congratulate all of the stores who did not sell cigarettes to minors. Because of this, they were seen as community-minded businesses and they got more business from neighbors so they became community partners.
- A group of co-workers are frustrated that there was no place to go outside during rest and meal breaks because the property did not have any shade or places to sit.

Section 3: Taking Action

- The group uses their personal connections to get shade cloths to hang and a landscaper donates some trees that will grow to provide shade and plants to make the area more attractive. When they go back to the owner she is impressed at their tenacity and uses some funds to buy some benches, a table, and chairs for people to sit and have lunch.

When your RLA has chosen the strategy for change in the community, start your community analysis by filling out the SWOT diagram in Figure 3.4 for your project.

Figure 3.4 SWOT Exercise



Community Improvement Project (CIP) Action Plan

Priority Area:

Goal:

Objective:

Activities	Potential Partners	Responsibility /Timeline	Comments /Status	Outcome

Community Improvement Project (CIP) Action Plan

Priority Area:

Goal:

Objective:

Activities	Potential Partners	Responsibility /Timeline	Comments /Status	Outcome

RLA: _____

SECTION FOUR

EVALUATION AND CELEBRATIONS

4.1 Evaluation

4.2 Celebrations

Learning Objectives:

1. Identify the types of evaluation and the key concepts of each.
2. Apply the five steps of the evaluation process to your Community Improvement Project.
3. Create a strategy to share the results of your Community Improvement Project.

4.1 Evaluation

Evaluating Community Improvement Projects (CIPs)

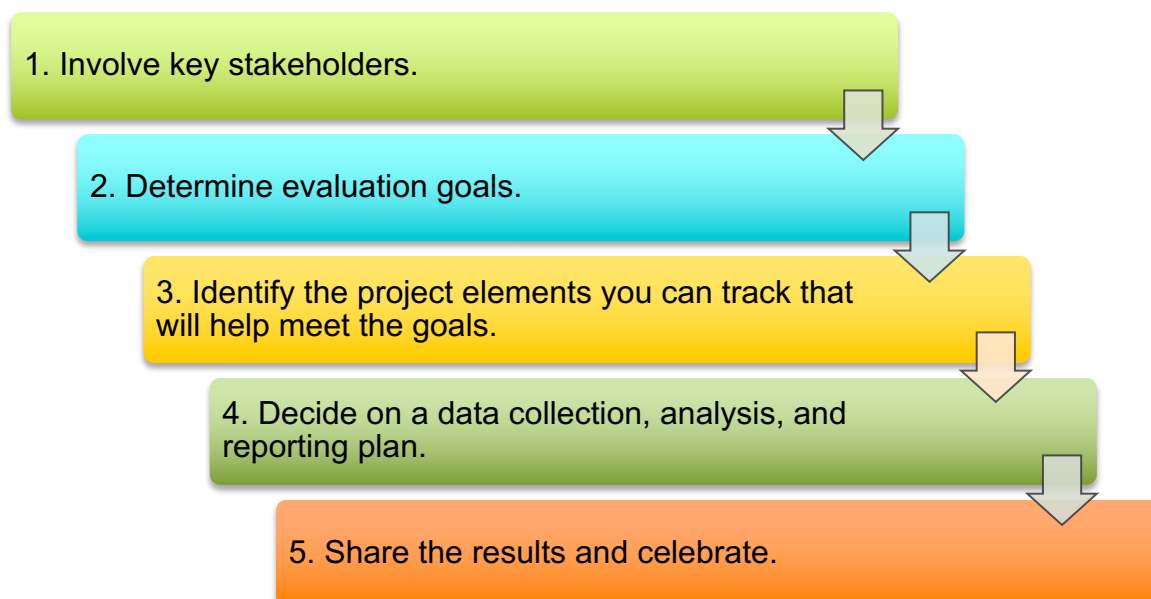
Throughout the Resident Leadership Academy (RLA) you have learned information, skills, and strategies to prepare you to be a community leader and to begin your Community Improvement Project (CIP). But how will we know if our CIP was successful? There is a way to answer this question, and the process of finding the answers is called evaluation! Evaluation is a technical skill, but it can be simple. In this section, we will cover the basic steps of evaluation, how it is done, and key elements to consider. Then, you will apply what you learn to your CIP by planning how to evaluate it. The last step of the evaluation process is to plan a SMART celebration that gives you recognition for a job well done and builds partners, raises awareness, and showcases your CIP.

Learning about evaluation can be as complex or as simple as you want it to be. If this topic sparks your interest, look at the Deep Dive section for further study. Evaluation can take many forms, but at the core it is simply the process of understanding what a program or activity does and how well it does it. Evaluation is important to all of us because knowing whether something was a success or a failure (or somewhere in between) helps you decide if the resources used (time, effort, money) were well spent or if the project needs to be changed to be more useful. If a dryer at your local laundromat were not drying clothes, you would not keep dumping quarters into it, right? The same is true of projects and programs. If a project is not working or is not working as well as it should, you should make adjustments or overhaul the whole thing.

The Evaluation Process

Now that you know the basic concept of evaluation, we can look at how to make an evaluation plan for your CIP using the five steps listed in Figure 4.1.

Figure 4.1 The Evaluation Process



Step 1: Key Stakeholders

As a member of the RLA and community, your voice is vital to this project. Think about other people and/or groups that might also care about this project and its impact on the community as discussed in the steps to consensus building. Even people who are not supportive of your project at first can be helpful. Listening to their concerns and ideas will help address the concerns of people who are opposed to your project, which will help you make adjustments to build consensus. Finally, include stakeholders of all ages, abilities, and roles when deciding whom to include in your CIP planning. This ensures that you have taken different perspectives into account, which will improve the impact of your project.

Step 1: Key Stakeholders Activity

Consider your CIP when answering the questions in figure 4.2 below.

Figure 4.2 Stakeholder Activity

Who are potential stakeholders?	How can we get them involved?
---------------------------------	-------------------------------

Step 2: Evaluation Goal(s)

Understanding your goal(s) clearly is the key to effective evaluation. Identify your goal(s) by answering the questions in Figure 4.3.

Figure 4.3 Evaluation Goals Activity

What do I want to learn about my project? What would others want to know about my project?
When is this information needed? Before, during, and/or after it is completed?
Why is this information important? What will others or I do with what is learned?

Step 2: Evaluation Activity: Defining Your CIP Goals

Answer the questions in Figure 4.4 to help define your CIP goals.

Figure 4.4 Defining Goals Activity

<i>Goal: What do you want to know about your project?</i>	<i>Is this a short-term or long-term goal?</i>	<i>Which levels of the SEM are involved (individual, relationships, community, society)?</i>	<i>Will the information help you to “form” or “sum up” the project?</i>
1.			
2.			
3.			

Step 3: Collecting Information

Now that you have your evaluation goals, you will need to find what information will help you meet those goals. For example, if your goal is to find out which intersection in your neighborhood needs a crosswalk, then some possible information to collect includes:

- The opinions of community members of different ages, genders, ethnicities, and abilities.
- The number of accidents involving pedestrians at local intersections.
- A visual assessment (pictures or in person) of the streets with the most dangerous crossings.

Some of this information is already available to you through sources such as police reports or needs assessments done by government programs or nonprofit organizations. You will have to gather information in order to measure ultimate success, but tools like surveys or activities that gather success stories are likely available.

Step 3: Collecting Information Activity: Designing Your Evaluation Plan

Use the example in Figure 4.6, on the following page, to design your evaluation plan. First, plug your goals from Figure 4.4 on the previous page, into the boxes. It is ok if you just have one! Second, list the pieces of information you need to meet your goal(s) all around the box and connect them to the box with arrows. Third, circle the pieces of information you think will be most helpful. Follow the example in Figure 4.5 below.

Figure 4.5 Evaluation Plan Example

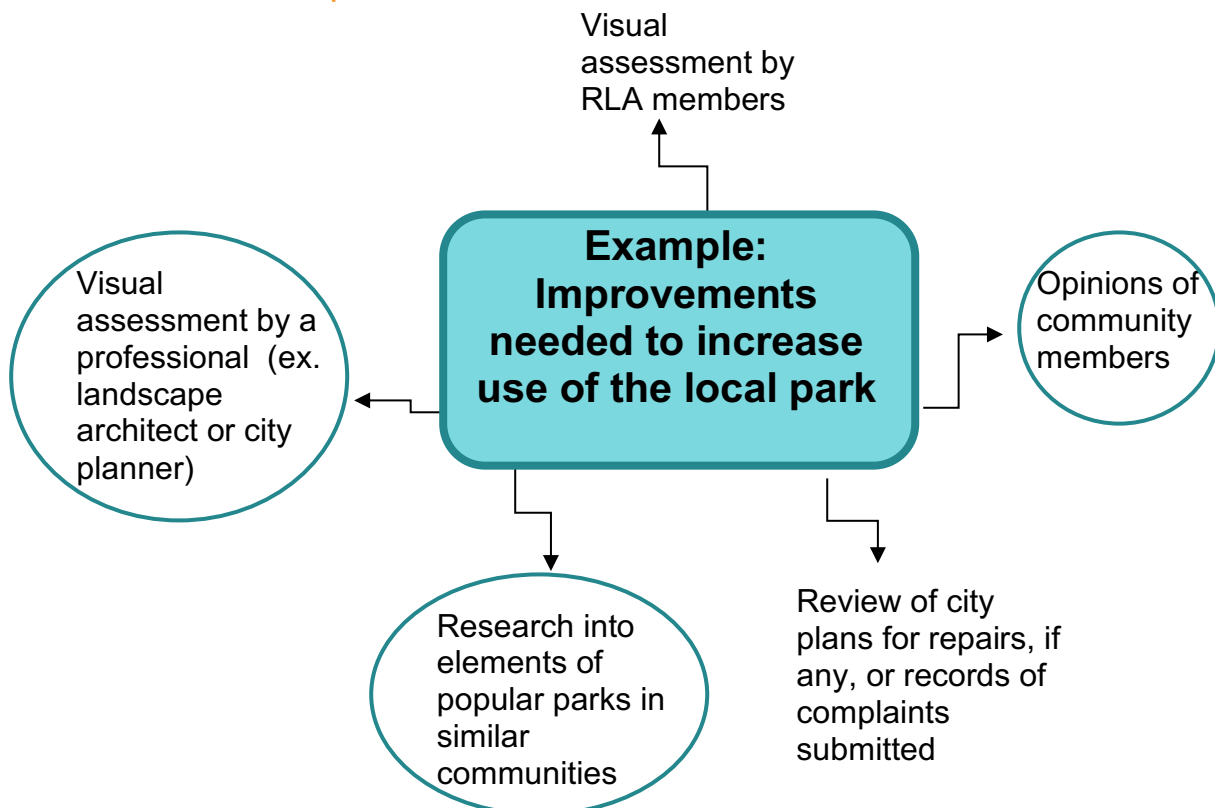


Figure 4.6 Evaluation Plan Activity

The image shows two identical, empty, light blue rounded rectangular boxes with dark blue borders. The first box on the left is labeled 'Goal 1:' in bold black text at the top left. The second box on the right is labeled 'Goal 2:' in bold black text at the top left. The rest of each box is blank, intended for the user to write their goals.

The pieces of information you circled are your indicators.

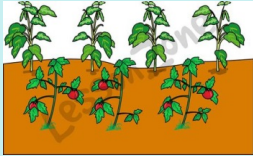




Step 4: Data Collection

Data is the technical term for the individual pieces of information you collect during your evaluation. This could be anything from a person’s age to the average number of traffic accidents that occur at an intersection to success stories gathered from the community.

Step 4: Data Collection Activity #1

Figure 4.7 is a quick exercise to get you going. First plug in your indicators from Figure 4.6, on the previous page, then think of some data pieces that use numbers and/or stories related to each one.

Figure 4.7 Collecting Data Activity

Program/ Activity	Numerical Data	Personal Stories and Picture Data
<p><i>Ex. Increased access to fresh food with a community garden</i></p> 	<ul style="list-style-type: none"> • <i>Number of people visiting the garden.</i>   <ul style="list-style-type: none"> • <i>Amount of food produced by the garden (in pounds)</i> 	<ul style="list-style-type: none"> • <i>Stories from community members about the garden.</i>   <ul style="list-style-type: none"> • <i>Pictures and videos of people accessing the garden.</i>

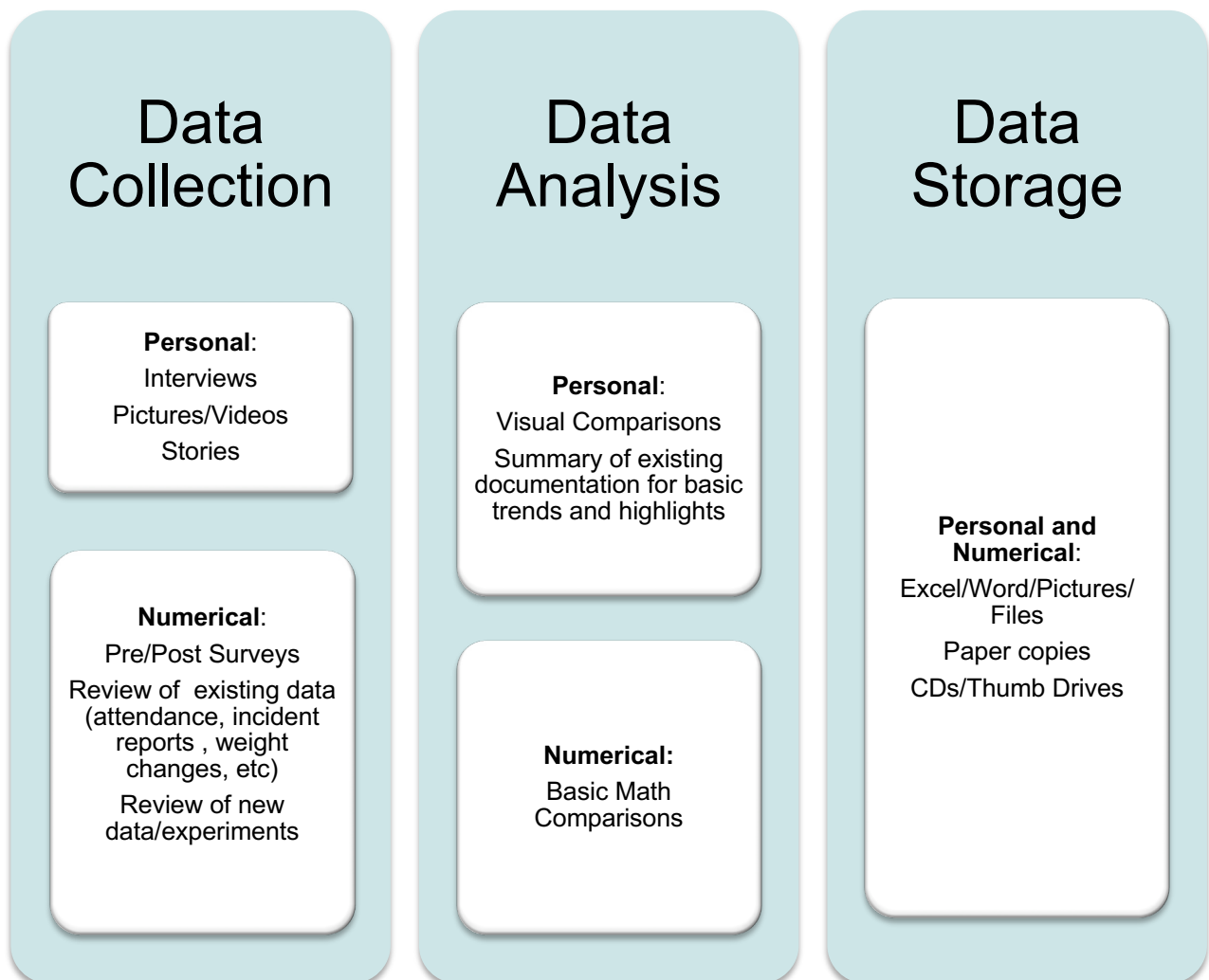
The Components of Connecting Data and Creating a Story

In addition to understanding what data will fit well with your evaluation, you will want to decide what type of tools you will use to track your data. Consider other issues in selecting a tool, such as:

- Does the data I need already exist or do I have to collect it?
- Does a data collection tool already exist or do we have to create one?
- How many data points, such as the number of community surveys, will I need to collect to make my results meaningful?
- How easy is it to use the tool and how likely is it I will get the number of data points I need?

Once you choose your tools, decide how and where you will keep the information secure, and how you will analyze it to see the impact of your project. Your data collection system does not have to be complicated (see examples in Figure 4.8 below) but it does need to be thought out and written down so that everyone can follow the same process.

Figure 4.8 Data Collection System



Step 4: Data Collection Activity #2: Brainstorm Your Data Collection System

Use Figure 4.9 below to explore your ideas about your data collection system:

Figure 4.9 Data Collection Activity

Which data collection tools above do you like?

Where will your data be kept?

How will your data be analyzed?

Who should collect, store, and analyze your data?

Step 5: Sharing and Celebrating

The effort you put into steps 1-4 of your evaluation plan will not pay off unless you share, use, and celebrate your results. Sharing and using your results can be done in many ways. How you choose to do so depends what type of evaluation you carried out.

Step 5: Sharing and Celebrating Activities

Some options for how you can put your evaluation results to use include:

- Create a summary/report of your results, a video showcasing your project, and/or a simple flyer with before/after pictures and some key pieces of information.
- Share the results with key stakeholders via paper (flyers to the community, mailed copies), email, through social media (Facebook, Twitter), and/or traditional media, (community newspapers, television, radio stations).
- Use your results to encourage stakeholders to get involved or support your project, to discuss needed changes to your project with other leaders, and/or to celebrate the success of your project with the community.

Notes

4.2 Celebrations

Time to Celebrate

Celebrations are a time to share joy and gratitude but you do not have to wait until the completion of a project to celebrate. Strategic celebrations go one step further by including the key elements described in Figure 4.10, below.

Figure 4.10 Considerations for Celebrations

Stakeholder Participation	<ul style="list-style-type: none"> • Involve a wide variety of stakeholders, both those already active and those not yet involved. • Ensure key stakeholders are actively involved in meaningful, visible ways.
Clear Message	<ul style="list-style-type: none"> • Have a clear, concise, consistent message to share with all attendees. • Educate key stakeholders about the message so they are prepared to share it and respond to questions.
Recognition	<ul style="list-style-type: none"> • Do not forget celebrations are a great time for recognition! • Motivate key stakeholders by recognizing their efforts and support.
Timeliness	<ul style="list-style-type: none"> • Do not delay! You can lose momentum by waiting too long to celebrate. • Time your celebration with the completion or start of a critical milestone in your project or in the community.
Appropriateness	<ul style="list-style-type: none"> • Remember your overall goals are the health and safety of your community, and plan your event details accordingly. • Consider how the location, refreshments, and activities fit your message.



Photo credit: Linda Vista Resident Leadership Academy

Activity: Planning your Resident Leadership Academy Celebration

In Figure 4.11 on the next page, work through the questions in small groups to think about what celebrations you can have to share your evaluation and CIP results. Identify the goal(s), lessons learned, or specific takeaways. Also, event logistics should be determined; these include who is invited, location of event, agenda, supplies, and other needs or resources.

Figure 4.11 Celebration Planning Activity

What will the goal(s) for the day be? What are a couple of things to share/takeaways?
Who will you invite? How will you actively involve them in the event?
Where will it be held?
What activities/agenda will you have?
What supplies and permits/permissions will you need?
What resources could you use or will you need to access?

Section 4: Evaluation and Celebrations

Notes

Lined area for notes.



RESIDENT LEADERSHIP ACADEMY

GLOSSARY

Glossary

Active Transportation – refers to any form of human-powered transportation – walking, cycling, using a wheelchair, in-line skating, or skateboarding.

Best Practices – methods that have been successful in lots of communities over time.

Built Environment – all of the things around us that are built by people.

Civic Engagement – people who vote, attend and comment at community meetings, build relationships with elected representatives and people running for office (or run for office themselves), and most importantly, work with their neighbors toward common goals.

Community Planning – the process used to bring groups of people with different interests and goals together to decide how to use the land we all share.

Data – the technical term for the individual pieces of information you collect during your evaluation.

Food System – all of the steps, time, and resources needed to feed individuals and groups of people (e.g., families, towns, cities), as well as waste disposal.

General Plan – a blueprint for future development of housing, parks, freeways, open-spaces, airports, and everything else that makes up our built environment.

Health – a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.

Health Disparities – differences in the health status of different groups of people.

Health Equity – across all demographics, every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

Indicators – pieces of information that you gather to meet your evaluation goals.

Leader – a person that directs and guides a group.

Redevelopment – when something is changed from its original form or use.

Resiliency – things that protect you from or prevent disease.

Risk – things that increase the chance of disease.

Social Capital – the value of your relationships through social networks.

Social Connectedness – communities built in a way that support and encourage healthy personal connections, where neighbors are able to get to know each other and help each other out when needed.

Social Determinants – the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Social-Ecological Model - highlights the interaction between the individual and the environment in which they live.

Walkability – a measure of how friendly an area is to walking.

Zoning Ordinances – the rules and laws that say how the land can be used—such as for housing, commercial/business, agricultural, recreational, or a mix—and what activities are allowed once the land is developed/redeveloped.



RESIDENT LEADERSHIP ACADEMY

DEEP DIVE

Welcome to the Deep Dive!

If you are interested in learning more about the topics that were covered in the workbook and presented in the training sessions, this section is for you!

This section is loaded with research articles, fact-filled websites, podcasts to listen to, and videos to watch. The resources are organized by workbook section: Overview, Strategies, Action, and Evaluation and Celebrations.

Take your time and learn at your own pace. Some of the language may be new to you, but you have learned enough about the concepts that you will be able to figure it out. Having a dictionary handy while reading complex materials can be a good idea. There are some great free dictionary applications that you can download to your smart-phone if you have one.

Make use of your library card and librarians. Some of the videos, books, and articles may be available for you to check out. Most libraries are connected to the libraries at local colleges and universities so you can get additional materials if you are willing to order them and wait. Libraries also have computers available so you can view the websites listed.

Your RLA facilitator is a great resource! They have additional information available for you in a digital format that can be copied directly onto your computer and/or emailed to you. We love paper-less options; saving paper is great for the environment.

There is a RLA library of materials available to you as well. It is filled with books and full length movies that you can borrow. Maybe you could arrange a viewing night and members of your RLA could watch the movies together.

Lastly, in your exploration of the topics you may find some great information that is not listed here, please save it and share it with your RLA facilitator and other participants. If you are excited about what you have learned chances are others will be too.

Section 1: Overview

Section 1 Overview: Available Research

A Framework for Public Health Action: The Health Impact Pyramid, Thomas R. Frieden M, MPH, American Journal Public Health, 2010 April, 100 (4) 590-595.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

Eitler, Thomas W., Edward T. McMahon, and Thoerig, Theodore C. Ten Principles for Building Healthy Places. Washington, D.C.: Urban Land Institute, 2013.

<http://uli.org/wp-content/uploads/ULI-Documents/10-Principles-for-Building-Healthy-Places.pdf>

More statistics on health disparities and inequalities about obesity can be found on the National Institutes of Health's website.

<http://www.niddk.nih.gov/health-information/health-statistics/Pages/overweight-obesity-statistics.aspx>

More statistics on health disparities and inequalities about cancer can be found on the National Cancer Institute website.

www.cancer.gov

More statistics on health disparities and inequalities about cancer can be found on the National Cancer Institute website.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2367222/>

Peer-reviewed article on cardio-vascular health

Cardiovascular Health Disparities: A Systematic Review of Health Care Interventions, Med Care Res Rev October 2007.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2367222/>

More statistics on health disparities and inequalities about diabetes can be found on the American Diabetes Association website.

<http://www.diabetes.org/advocacy/advocacy-priorities/health-disparities.html?referrer=https://www.google.com/>

CDC Fact sheet on minority health and diabetes.

<http://www.cdc.gov/minorityhealth/CHDIR/2011/FactSheets/Diabetes.pdf>

More statistics on health disparities and inequalities about lung disease can be found on the American Lung Association website.

<http://www.lung.org/lung-disease/disparities-reports/burden-of-asthma-on-hispanics/>

<http://www.lung.org/lung-disease/disparities-reports/rise-of-copd-in-women/>

<http://www.lung.org/lung-disease/disparities-reports/cutting-tobaccos-rural-roots/>

<http://www.lung.org/lung-disease/disparities-reports/tobacco-use-in-the-lgbt-community/>

<http://www.lung.org/lung-disease/disparities-reports/lung-cancer-in-african-americans/>

More statistics on social determinants as it relates to *levels of education* can be found on <http://www.pewsocialtrends.org/2013/08/22/chapter-3-demographic-economic-data-by-race/>

More statistics on social determinants as it relates to *getting and keeping a job* can be found on <http://csgjusticecenter.org/reentry/posts/researchers-examine-effects-of-a-criminal-record-on-prospects-for-employment/>

More statistics on social determinants as it relates to *type of work someone does* can be found at *Lifting As We Climb: Women of Color, Wealth, and America's Future*, Insight Center for Community and Economic Development, Spring 2010. <http://www.mariko-chang.com/LiftingAsWeClimb.pdf>

More information on social determinants as it relates to *how much money a person earns* can be found her: www.racialwealthgap.org
www.expertsofcolor.org.

Racial discrimination in hiring practices: University of Chicago, School of Business. <http://www.chicagobooth.edu/capideas/spring03/racialbias.html>

The social determinants of early child development: An overview. http://www.researchgate.net/profile/Stefania_Maggi2/publication/46008431_The_social_determinants_of_early_child_development_an_overview/links/54a2acc70cf257a63604d00c.pdf

Grant, Jaime M. Ph.D., Mottlet, Lisa A. J.D., and Tanis, Justin D. Min. (2011). *Injustice at Every Turn, A Report of the National Transgender Discrimination Survey*. Washington National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_summary.pdf

Grant, Jaime M. Ph.D., Mottlet, Lisa A. J.D., and Tanis, Justin D. Min. (2010). *National Transgender Discrimination Survey Report on health and health care Findings of a Study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force Access to health care is a fundamental human right that is regularly denied to transgender*. http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_report_on_health.pdf

Kaiser Family Foundation. (2015). *Health and Access to Care and Coverage for the Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.* <http://kff.org/disparities-policy/issue-brief/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-individuals-in-the-u-s/>

Section 1 Overview: Additional Websites

Local, Statewide, and National data for Chronic Conditions.
http://www.cdc.gov/diabetes/statistics/prevalence_national.htm

San Diego Health Statistics.
http://www.sandiegocounty.gov/hhsa/programs/phs/community_health_statistics/

National Diabetes Prevention Program infographic.
<https://www.cdc.gov/diabetes/prevention/index.html>

About Equity in Public Policies.
<https://www.youtube.com/watch?v=zEL67OLXWiw>

Heart Disease and Stroke.
<http://www.cdc.gov/minorityhealth/CHDIR/2011/FactSheets/CHDStroke.pdf>
http://www.heart.org/idc/groups/heart-public/@wcm/@hcm/@ml/documents/downloadable/ucm_429240.pdf

School to Prison Pipeline.
<http://www.vox.com/2015/7/30/9075065/school-to-prison-pipeline-study>

Cal EPA Environmental Justice Update.
<https://oehha.ca.gov/environmental-justice>

Climate Change, Health, and Equity: Opportunities for Action.
http://climatehealthconnect.org/wp-content/uploads/2015/04/report-portrait-layout-8_online.pdf

Climate Action Progress in the San Diego Region.
<http://www.sdfoundation.org/Portals/0/Newsroom/PDF/Reports/ClimateActionPlanning.pdf>

Pope Francis' Letter on Climate Change, 2015.
Laudato-si-inglese
<https://www.documentcloud.org/documents/2105201-laudato-si-inglese.html>

Local Climate Change information in both English and Spanish, University of San Diego.
<https://www.sandiego.edu/climate/discover-more/resources.php>

Health Impacts of Climate Change, National Institute of Health.
http://www.niehs.nih.gov/research/programs/geh/climatechange/health_impacts/

Leadership Style Quiz.
<http://listening2leaders.com/shape-quiz-learn-colleagues/>

Section 1 Overview: Newspaper and Magazine Articles

Recent drop in early childhood obesity rates.

<http://www.nytimes.com/2014/02/26/health/obesity-rate-for-young-children-plummets-43-in-a-decade.html>

Many poorer areas of L.A. get less trash service, analysis show
Los Angeles Times, August 14, 2015.

<http://www.latimes.com/local/cityhall/la-me-illegal-dumping-20150815-story.html>

Black teens who commit a few crimes go to jail as often as white teens who commit dozens
Washington Post, January 30, 2015.

<http://www.washingtonpost.com/news/wonkblog/wp/2015/01/30/black-teens-who-commit-a-few-crimes-go-to-jail-as-often-as-white-teens-who-commit-dozens/>

Section 1 Overview: Videos

Climate 101 with Bill Nye

Provides a clear explanation of Climate Change (4 min 33 sec).

https://www.youtube.com/watch?feature=player_embedded&v=3v-w8Cyfoq8

Climate change in Porterville: effects of drought and asthma (2 min 47 sec).

<https://amp.twimg.com/v/7d6cd0bd-2441-4ec7-a7f5-28abf2a13771>

What if our healthcare system kept us healthy?

TED Talk Rebecca Onie (16 min 27 sec)

Connect healthcare to SEM and social determinants.

https://www.ted.com/talks/rebecca_onie_what_if_our_healthcare_system_kept_us_healthy

National Diabetes Prevention Program (5 min 28 sec).

<http://www.cdc.gov/diabetes/prevention/features.htm>

What is Public Health? (3 min 12 sec).

<https://www.youtube.com/watch?v=oy1CAMObRzc>

Section 2: Strategies

Section 2: Supporting Health: Available Research

Max, Wendy, Sung, Hai-Yen, Sui, Yanling, and Stark, Brad. (2014). *Cost of Smoking in California*. Institute for Health and Aging, School of Nursing, University of California, San Francisco, CA.

Key State-Specific Tobacco-Related Data and Rankings
Data from the Campaign for Tobacco-Free Kids, January 22, 2015 Loma Schmidt.
https://www.tobaccofreekids.org/facts_issues/

New Studies Detail the High Costs of Smoking in America, and the Comparative Bargain of Convincing People to Quit, Myers, Matthew L., President Campaign for Tobacco-Free Kids, (2014).
http://www.tobaccofreekids.org/press_releases/post/2014_12_10_study

Section 2: Supporting Health: Newspaper and Magazine Articles

‘Jaw-dropping:’ Medicare deaths, hospitalizations AND costs reduced, USA Today, July 28, 2015, Liz Szabo.
<http://www.usatoday.com/story/news/2015/07/27/medicare-mortality-costs-study/30757669/>

Obamacare: 70 percent of previously uninsured Californians now have health plans
San Jose Mercury News, July 30, 2015 Tracy Seipel.
http://www.mercurynews.com/health/ci_28562918/obamacare-70-percent-previously-uninsured-californians-now-have?source=infinite

Section 2: Supporting Health: Videos/Podcasts

Medical doctor are experts on the population, but you are the expert on yourself
TED Talk (17 min 03.) Talithia Williams: Own your body’s data.
http://www.ted.com/talks/talithia_williams_own_your_body_s_data

Can Healthcare Be Cured of Racial Bias
NPR Podcast (5 min 17 sec).
<http://www.npr.org/sections/health-shots/2015/08/20/432872330/can-health-care-be-cured-of-racial-bias?sc=tw>

Section 2: Land Use: Available Research

Intersections: Health and the Built Environment, Urban Land Institute, Building Healthy Places Initiative, 2013. A comprehensive reports that explores the connections between health and the built environment (housing, workplaces, parks, etc.) through an urban planning lens.

<http://uli.org/wp-content/uploads/ULI-Documents/Intersections-Health-and-the-Built-Environment.pdf>

Primary Sources for CPTED.

Angel, Schlomo. (1968). *Discouraging Crime Through City Planning*. (Paper No. 75). Berkeley, CA: Center for Planning and Development Research, University of California at Berkeley.

Primary Sources for CPTED.

Sorensen, Severin; Hayes, John G; Walsh Ellen W, and Marina Myhre, (1995, 1997, 1998, 2000 editions) *Crime Prevention Through Environmental Design (CPTED): Workbook*, (U.S. Department of Housing and Urban Development, Community Safety and Conservation Division; Washington, DC).

Section 2: Land Use: Websites

State of California General Plan Guidelines 2003.

Governor's Office of Planning and Research.

http://opr.ca.gov/docs/General_Plan_Guidelines_2003.pdf

How to Create and Implement Healthy General Plans.

Change Lab Solutions.

<http://www.changelabsolutions.org/publications/toolkit-healthy-general-plans>

Section 2: Land Use: Books

Designing Healthy Communities, Richard J. Jackson with Stacy Sinclair, Jossey-Bass.

Retrofitting Suburbia: Urban Design Solutions for Redesigning Suburbs by Ellen Dunham-Jones and June Williamson, John Wiley & Sons, 2011.

Section 2: Land Use: Videos

National Geographic's World's Smart Cities: San Diego (46 min).

http://www.sandiegobusiness.org/goglobalsandiego/national-geographic-channels-worlds-smart-cities-san-diego?utm_source=EDC+Communications&utm_campaign=73cfd477f3-Nat_Geo_email7_30_2015&utm_medium=email&utm_term=0_fb4498dd6c-73cfd477f3-68615749

8 80 Cities

Introductory Video (1 min 18 sec).

<https://vimeo.com/118453984>

Designing Healthy Community- Interview with Richard Jackson, MD on the Tavis Smiley Show (23 min 32 sec).

<http://www.pbs.org/wnet/tavissmiley/interviews/dr-richard-jackson-ucla-school-of-public-health/>

Big Kids, Little City (14 videos totals about 1 min 30 sec ea.)

Series of short videos for kids explaining land use and environmental issues.

<https://www.youtube.com/watch?v=9UHTgcHy22A&index=10&list=PLjD0Mnwna3y3uy4HU3ADhrvgd1Mx2QCgp>

CPTED through a Law Enforcement lens (10 min 56 sec).

<https://www.youtube.com/watch?v=Xetxsxy1nK8>

Ellen Dunham-Jones' TED Talk (19 min 16 sec)

Retrofitting suburbia.

https://www.ted.com/talks/ellen_dunham_jones_retrofitting_suburbia?language=en

Section 2: Active Transportation: Additional Websites

Bikeability Scores.

<https://www.walkscore.com/bike-score-methodology.shtml>

downloaded 8/21/2015

Section 2: Active Transportation: Newspaper and Magazine Articles

Community Organizing for Bikeability.

<http://m.sfweekly.com/thesnitch/2015/07/30/this-is-what-happened-when-bicyclists-obeyed-traffic-laws-along-the-wiggle-yesterday>

Section 2: Active Transportation: Videos

Gil Penalosa: Mobility as a Force for Health, Wealth and Happiness

TED Talk December 2014 (16 min 45 sec).

<https://www.youtube.com/watch?t=512&v=vKfuSdQDTA8>

New York's streets? Not so mean anymore? TED Talk Janette Sadik-Khan (14 min 2 sec).

https://www.ted.com/talks/janette_sadik_khan_new_york_s_streets_not_so_mean_any_more

Walkability through a urban planning/land use lens (2 min 26 sec).

<https://www.youtube.com/watch?v=EZeJdwjNxRg>

Jeff Speck's TED Talk about what makes a Walkable City (18 min 46 sec).

<https://www.youtube.com/watch?v=uEkgM9P2C5U>

Section 2: Healthy Food Systems: Additional Websites

Fertile Ground: Sowing the seeds of change in Canada's food system
Report about how to mobilize local communities.

<http://www.thetablecfc.org/fertile-ground-sowing-seeds-change-canadas-food-system>

Building the Case for Racial Equity in the Food System.

<http://www.centerforsocialinclusion.org/building-the-case-for-racial-equity-in-the-food-system/>

Data and information about food security.

<http://blogs.ext.vt.edu/farm-to-table/category/health/>

Black Mothers are discouraged from breast feeding.

<http://thinkprogress.org/health/2014/08/25/3475383/hospitals-black-mothers-breastfeeding/>

Section 2: Healthy Food Systems: Newspaper and Magazine Articles

Food Waste.

<http://www.kpbs.org/news/2015/jun/17/to-tackle-food-waste-big-grocery-chain-will-sell/>

[http://www.kpbs.org/news/2015/jul/16/how-san-diegos-zero-waste-plan-different-standard-/](http://www.kpbs.org/news/2015/jul/16/how-san-diegos-zero-waste-plan-different-standard/)

<http://www.nrdc.org/food/files/wasted-food-ip.pdf>

Section 2: Healthy Food Systems: Books

Food Justice, Robert Gottlieb and Anupama Joshi, MIT Press, September 2010.

Section 2: Healthy Food Systems: Videos/Podcasts

NPR podcast (2 min 8 sec)

Why Processed Food is Cheaper Than Healthier Options.

<http://www.npr.org/2013/03/01/173217143/why-process-food-is-cheaper-than-healthier-options>

Episode 90: Refugee Garden (6 min 7 sec)

Located on the Lexicon of Sustainability's Website.

<http://lexiconofsustainability.com/food-day/>

Hidden Kitchens

Podcasts about different food culture (average 8 min ea.)

Kitchen Sisters at NPR.

<http://www.npr.org/series/91851784/hidden-kitchens-the-kitchen-sisters>

Soul Food Junkie (full length movie available in library)

Connects soul food to chronic diseases (2 min 13 sec).

<http://www.pbs.org/black-culture/shows/list/soul-food-junkies/>

Take Part- Celebrities read food labels (1 min)

Website contain information on healthy food systems.

<http://www.takepart.com/video/2015/01/15/watch-these-celebrities-try-pronounce-mystery-ingredients?cmpid=longtailshare?cmpid=organic-share-mailto>

Section 3: Taking Action

Section 3: Taking Action: Civic Engagement

U.S. Government Explained in 5 Minutes (4 min 49 sec).

<https://www.youtube.com/watch?v=buQQuyWFtZU>

City Government (Municipal)

Map of San Diego City Council Districts with contact information for each member
Place to insert zip code to find your City Councilmember.

<http://www.sandiego.gov/citycouncil/>

County Government

Map of San Diego County Supervisor Districts with contact information for each member.

<http://www.sandiegocounty.gov/general/bos.html>

State Government

Enter your address and find both your State Assembly Member and your State Senator and their contact information.

<http://findyourrep.legislature.ca.gov/>

Website contains a list of California State Agencies.

<http://www.ca.gov/Agencies>

Federal Government

Enter your zip code and find your U.S. Congress member and their contact information.

<http://www.house.gov/representatives/find/>

California gets two Senators that serve the entire state, insert state name to get their contact information.

<http://www.senate.gov/senators/contact/>

Section 3: Taking Action: Available Research

Midwest Academy Strategy Chart

Easy to use strategy for organizing an advocacy campaign.

www.midwestacademy.com

Ohmer, M.L., & DeMasi, K. (2009) Consensus organizing: A community development workbook.

http://www.sagepub.com/sites/default/files/upm-binaries/24166_Chapter4.pdf

Success in Policy Campaigns: Five Phases to Victory.

<http://center4tobaccopolicy.org/wp-content/uploads/2016/12/Five-Phases-Behavioral-Health-facilities-2012.pdf>

“Nine Questions” A Strategy Planning Tool for Advocacy Campaigns, Advocacy Institute, Washington D.C., 2001.

<https://www.ndi.org/files/Handout%201%20-%20Nine%20Advocacy%20Questions.pdf>

A paper on how leaders move people to action.

Theory of Aligned Contributions, An Emerging Theory of Change Primer, by Jolie Bain Pillsbury, Ph.D., Edited by Vicki Goddard-Truitt, Ph.D.

Section 3: Taking Action: Additional Websites

Empower Congress in Los Angeles

Model of neighborhood-driven improvement and civic engagement.

<http://empowermentcongress.org/>

15 Steps to Cultivating Lifelong Learning.

<http://www.lifehack.org/articles/lifestyle/15-steps-to-cultivate-lifelong-learning.html>

Active Living Research

Best practices, information and data promoting active transportation.

<http://activelivingresearch.org/toolsandresources/all>

Health literacy.

http://books.nap.edu/openbook.php?record_id=10883

<https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology>.

<http://www.health.gov/communication/literacy/>

Aging and Independent Services (County Website) has fitness and chronic disease self-management class schedules.

http://millionhearts.hhs.gov/be_one_mh.html

Change Lab Solution’s tobacco control strategies and programs based upon best practices, and the latest information on tobacco use.

<http://changelabsolutions.org/tobacco-control>

Center for Tobacco Policy provides advocacy and policies for the tobacco retail environment.

<http://center4tobaccopolicy.org/>

Americans for Non-Smokers Rights (ANR)- easy reference for information about local, state and national laws.

<http://no-smoke.org/>

Smoke free San Diego, Easy reference for information about local, state, and national laws including: ---MTS –Metropolitan Transit System banning ESDs on all Buses, Trolleys, Bus Stops, and Transit Centers; which cities in San Diego County already have TRLs or Smoke-free outdoor dining, or ESD ordinances.

<http://www.smokefreesandiego.org/>

Tobacco Control Resource Program (TCRP) works to increase awareness, reduce youth access and provide referrals to cessation programs.

http://www.sandiegocounty.gov/hhsa/programs/phs/tobacco_control_resource_program/index.html

Healthy Food Access Portal Policy Link

Information, funding opportunities and strategies for retailers.

<http://www.policylink.org/focus-areas/healthy-food-access-portal>

Section 3: Taking Action: Assessment Tools

CDC's Healthier Food Retail: Beginning the Assessment Process in Your State or Community.

<http://www.cdc.gov/obesity/downloads/hfrassessment.pdf>

CDC's Healthier Food Retail: An Action Guide for Public Health Practitioners.

<http://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/healthier-food-retail-guide-full.pdf>

Retail Program-Policy, Systems and Environmental Change in (PSE) Resources
Contains strategies for policy development and change.

<https://archive.cdph.ca.gov/programs/cpns/Pages/RetailPSE.aspx>

Healthy Community Assessment Tool (HCAT)

Ranks and compares neighborhood levels of health.

<http://hci-sandiego.sandag.org>

Leadership Skills Assessments.

http://www.mindtools.com/pages/article/newLDR_50.htm

Leadership Assessment Tools.

<http://www.kellogg.northwestern.edu/faculty/uzzi/htm/teaching-leadership.htm>

Section 3: Taking Action: Newspaper and Magazine Articles

16 million fewer uninsured since Obamacare Study finds. The Hill, 8/12/15

http://thehill.com/policy/healthcare/250911-158m-fewer-uninsured-since-obamacare-study-finds?utm_campaign=socnet_fb_ECON_20150812_bo_fewer-uninsured_hill_1&source=socnet_fb_ECON_20150812_bo_fewer-uninsured_hill_1&utm_source=fb&awesm=ofa.bo_h9lg&utm_content=20150812_bo_fewer-uninsured_hill_1&utm_medium=socnet

Bias in Healthcare.

http://thinkprogress.org/health/2015/08/15/3691615/solving-implicit-bias/?utm_content=buffer3d152&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

Section 3: Taking Action: Books

Heifetz, R. A., & Linsky, M. (2002). *Leadership on the line: Staying alive through the dangers of leading*. Boston, Mass: Harvard Business School Press.

<http://www.summary.com/book-reviews/ /Leadership-on-the-Line/>

Section 3: Taking Action: Videos/Podcasts

Expanding Smoke-free Communities
Community Video Stories.

<http://www.lung.org/stop-smoking/tobacco-control-advocacy/states-communities/smokefree-communities/>

The Modern Healthcare System in the United States (6 min).

<https://www.youtube.com/watch?v=S9zRjKqv9Qo>

Exploring Unconscious Bias in Academic Medicine (29min and 24 sec)
Association of American Medical Colleges.

<https://www.aamc.org/initiatives/diversity/learningseries/346528/howardrossinterview.html>

Keynote address by Angela Glover Blackwell at the Equity Matters in Collective Impact, 2015

Addresses leadership and social equity issues; include case histories from Oakland, CA.

<https://www.youtube.com/watch?v=zEL67OLXWiw>

Leadership and high performing teams

Margaret Hoffman: Why it's time to forget the pecking order at work
TED Talk May 2015.

https://www.ted.com/talks/margaret_heffernan_why_it_s_time_to_forget_the_pecking_order_at_work#t-284843

Everyday Leadership (6 min 7 sec)

TEDTalk Drew Dudley, September 2010.

https://www.ted.com/talks/drew_dudley_everyday_leadership

I'm Just A Bill Schoolhouse Rock
Cartoon that explains the federal legislative process.
<https://www.youtube.com/watch?v=nlka6fTnDnl>

Section 4: Evaluation and Celebrations

Section 4: Evaluation and Celebrations: Available Research

Community Development Evaluation Research: Literature Review of Evaluation Methods and Methodologies, 2012, The Canadian CED Network
<https://ccednet-rcdec.ca/en/toolbox/community-development-evaluation-research-literature-review>

Section 4: Evaluation and Celebrations: Tools

How to guide on creating an evaluation plan
Creating a Culture of Healthy Living
http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/eval_planning.pdf

Community Development Evaluation Manual
NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STATTS)
<http://toolkit.pellinstitute.org/wp-content/uploads/2009/12/Evaluation-101-Worksheet1.pdf>

Community Evaluation Story Map (Guidebook)
NeighborWorks America, 2006
<http://www.successmeasures.org/sites/all/files/Community%20Development%20Eval.pdf>

Healthy Corner Store Network - includes evaluation resources and stories from the field
Resources that help local markets sale healthier foods
<http://www.healthycornerstores.org/>

Section 4: Evaluation and Celebrations: Additional Websites

NeighborWorks America
<http://www.successmeasures.org/about-success-measures>

County of San Diego
Health and Human Services Agency
Public Health Services
Chronic Disease and Health Equity Unit
Health Services Complex
3851 Rosecrans Street, MS: P511H
San Diego, CA 92110
(619) 542-4110

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