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**Public Health Institute
Dialogue4Health Web Forum**

**“Healthy Eating and Active Living:
Community Transformation Grant Successes and Lessons Learned”**

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Home Team Captions
1001 L Street NW, Suite 105
Washington, DC 20001
202-669-4214
855-669-4214 (toll-free)
info@hometeamcaptions.com



**ROUGH DRAFT TRANSCRIPT
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>> Hello and welcome to healthy eating and active living. Community transformation grant successes and lessons learned. My name is Star Tiffany and I will be running today's web forum along with Joanna Hathaway. Closed captioning will be available throughout today's web forum. Regina from Home Team Captions will be providing captioning. The text will be provided in the media viewer panel. Click on an icon that looks like a small circle with a film strip running through it. On a PC, this can be found in the top right hand corner of the screen. And on a Mac, should be located in the bottom right hand corner of the screen. In the media viewer window on the bottom right hand corner you'll see the show/hide header text. Please click on this in order to see more of the live captioning.

During the web forum, another window may cause the media viewer to collapse. Don't worry though, you can reopen the window by clicking on the icon that looks like a small circle with a film strip running through it. If you experience technical difficulties dial 866-229-3239 for assistance. Take a moment to write that number down for future reference. The audio portion of the web forum can be heard through computer speakers or a head set. If you are having technical difficulties regarding audio, send a question in the Q and A panel and Joanna or I will provide the information to you. Once the web forum ends today, a survey evaluation will open. Take a moment to complete the evaluation. We need your feedback to improve our web forum. The presentation slides will be posted on our web site at www.dialogue4health.org.

We'd like to invite you to connect with us via Twitter and Facebook. We encourage you to ask questions throughout our presentation. Click the question mark icon. Type your question in and hit send. Send your questions to all panelists. We will be addressing questions both throughout and at the end of the presentation.

We will also be using the polling feature to get your feedback during the event. The first poll will be on screen shortly. Please select your answer from the available choices and click the submit button. We would like to find out if you are attending this web form individually, in a group of 2 to 5 people, in a group of 6 to 10 people, in a group of more than 10 people. Once you've chosen your answer, click submit.

It is my pleasure to introduce Genoveva Islas. Serves a program director to connect all CDC funded grantees in community practice for CA4Health. Efforts short-term and the sustaining of the work in California longer term. Genoveva is also the program director of Cultiva La Salud, which is dedicated to creating greater health equity for Latinos in the San Joaquin Valley. Please go ahead.

>>Genoveva Islas: Thank you for that introduction. And welcome, everyone. I'm very excited to be able to host this webinar. We have fantastic speakers. Like my college professor used to say, we are on the healthy eating active living webinar. If you are not here for that, you are in the wrong room. If you are in the right room, welcome. Welcome all of you in web-landia.

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This webinar is about health. And our intent is to share successes and lessons learned in order to help in the dissemination of knowledge and best practices as it relates to healthy eating and active living interventions. Healthy eating and active living, in my opinion, is the corner stone of what we do as humans to preserve and promote our health. And it's unfortunate that we have sort of failed in preserving this in our communities. We failed, I think, because we've created challenges to those two most fundamental behaviors to the point where we have to design or redesign and reinvent and create interventions to get us back to that normal.

And so, for example, what we have now in many of our communities is high level of injury and fatality. A lack of bike paths or trails or parks that allow us to be physically active. And a consequence, we do have overwhelming rate of obesity and diabetes and coronary vascular disease. That is leading to loss of life. This loss of life affects us all. Affects our neighbors, our parents, our children, our entire community. But I'm hopeful we can make a difference. And today we are certainly going to highlight the movements around healthy eating and active living and the work that's going on to create access to greater food through community gardens and the reinvention of restaurants and the changing of school meals. And the promotion of safe routes to school, and all of those fantastic things going on. Again, I welcome you and I'm really excited by the speakers we have joining us today who are going to highlight those wonderful activities.

So without any further comment on my part, I really do want to move us on to our first speaker. But just to reiterate. Our objectives are to learn about the different strategies that were used under CTG funding to promote healthy eating and active living. And discuss the successes and challenges in creating greater access to healthy foods and physical activity opportunities through this policy change approach.

So let's go ahead and see who is on the call with us. So if you are involved with any new funding from CDC be it reach or pitch or a state awardee, let us know. You have the option of selecting in the poll as you are participating as a recipient or grantee. You are a partner or sub grantee. You are joining because you are interested in partnering and maybe helping to advance work that is very similar in your area or other. If you are here for some other reason, we'd like to know. So go ahead. We have a few minutes for you to respond to this poll.

A few seconds now. If you haven't selected, please do so before it closes.

This may be the longest poll I've been involved in. We do have a number of you on the call and that's fantastic.

And we should be getting the poll results here shortly. Are we still able to pull up -- there we go. I see it now. Thank you.

So, great. We have a lot of partners interested in joining. And glad to have those of you that are current grantees on the call.

So our first presenter is joining us from Los Angeles. Alexis Lantz. She's the project coordinator for choose health LA. Previously, she was the policy

analyst with D pH place program and planning and policy director at the Los Angeles County Bicycle Coalition. During her tenure there, conducted the first ever city wide bicycle and pedestrian count for the city of Los Angeles and had a hand in shaping policies in the city and county of Los Angeles to increase infrastructure for bicycling as well as the amount of diversity of people bicycling for everyday transportation. She holds an MA in urban planning. Serves as the chairwoman of the CalBike board and is a Los Angeles walks steering committee member. Alexis enjoys -- her favorite fruit is Blackberries and swimming. Thank you for joining. Take it away.

>> Today I'm going to provide restaurant program. During my presentation. I'm going to cover background. That really shaped our program. I will provide an overview of the process to create and launch the program and share information on the key aspects of our program including some of the challenges and outcomes. On the call is Christine Montes and she'll be able to answer specifics in the Q and A session. Americans are getting more of their calories from meals prepared away from home. Ready to eat from fast-food outlets and chain restaurants and convenience stores. The choose health LA restaurants is a partnership between D pH and local restaurants to give customers the option to choose smaller portion sizes and healthier children's meals. We view restaurants really as part of the solution for addressing the growing obesity rates in our county.

Got to get used to the slide moving.

As I mentioned, this is really a program that has built on past efforts. Through our communities putting prevention to work, we had been able to do public awareness campaigns around portion size. In addition, this program is built off of the federal menu labeling law. And the trends that we're seeing in the restaurant environment, the fact we're spending half of our food dollars away from home represents a major change in our behavior and it also has resulted in the sort of changes in growth and obesity rates that we see. This information is really helpful in looking at restaurants as needing to be part of the solution.

Recent studies have shown a third of daily calorie consumption is coming from away from home foods.

In addition, over this time, we've seen portion size grow. So as consumer behavior's changing, the food itself has also changed. Portion size has increased in all foods but especially in restaurant meals. This is a graphic showing how dramatic the increases have been. Average meals are four times larger than in the 1950s. What has happened is as norms have changed, people are used to seeing larger size and used to being presented with very large portion options. You may have heard or referenced to portion distortion. And studies have shown more people will -- people will eat more food when they are presented with larger portion sizes. And adults have gained 26 pounds over the time period depicted here.

In addition, children now consume an estimated 25% of their daily calories at restaurant. A recent national study examined 50 top restaurant chains and looked closely at the children's menus. Researchers did nutritional analysis of some of the possible combinations of the entrees, sides, beverages results in

thousands of different combinations. 97% did not meet the standards they developed for the report. And even using industry developed standards of the kids program, 91% did not even meet those. This is a very important information we needed to understand as we began to work with restaurants. There's so much opportunity to improve the food that we're serving children.

At the same time we're seeing all the trends, people are and would like to seek smaller options. 3 out of 4 people are making an effort to consume smaller portions. And a study by the national restaurant association found that 7 out of 10 customers report they are more likely to visit a restaurant that offers healthier menu options. So during the development of our program which I'll talk more about shortly, local surveys with residents of LA County found additional support for the program and 85% indicated support for restaurants that offered reduced sized portion options. Through this program, we're working to help customers and consumers make those choices.

So this is just to give you an overview of our project time line. We began our research in 2011. And the summer of 2013, we launched the program. And we had the full public launch in fall of 2013 which I'll get to in a little bit.

Just to give you background here on what led to influencing the development of the program, we did a lot of key informant interviews and a lot of research. Our process included learning from consumers about their perception of restaurant food, eating habits and related information. And also learning from restaurant operators. We wanted their input into the program we're developing. Such an important partner in this program.

Key aspects included literature review of similar programs and reaching out to others to learn about their efforts. This is a relatively new approach for public health. There are not that many programs that exist but a few cities have created restaurant recognition programs including Chicago and San Antonio. We set up semi structured interviews with program staff and learned about some of the challenges that they perceived. Such as gaining wide participation. We also conducted key informant interviews with restaurant owners and operators from a variety of neighborhoods, cuisine types and business structures to hear their perceptions of working with department of public health in this new way.

I also should mention we did publish a paper on the key informant interviews and I have a link to that at the end of the presentation for anyone interested in learning more about that research.

We also engaged in industry groups like the California restaurant association which provided further insight into some of the business concerns related to offering healthier options. And we asked about children's meals in the key informant interviews. And a major finding was majority of respondents indicated support for improving children's meals and felt this was an important area to focus on and expressed willingness to do so.

So a big challenge with this program is developing the program criteria. We're still learning in regarding this. This is a challenging process. The main tension existing -- existed. But also since it's voluntary, it needs to be feasible for restaurants to join. Didn't want to present too many barriers to participation. We developed five principles, embodying the goals of the program. That was

flexibility. We felt it was crucial to the success of voluntary program to have flexibility. We needed to meet both consumer and restaurant operators where they are at as far as readiness. Cultural sensitivity. We have incredible diversity here in Los Angeles county. And the program has to work across a broad range of cuisine types. Had to be inclusive and not ask owners to confirm to any particular definition of food. Or related to nutrition of food.

Broad participation was another one. We had over 27,000 restaurants in the county. We knew from talking to others that achieving participation from a broad segment would be a particular challenge. And so by focusing on portion size which doesn't require new recipes or expensive testing, the program has fewer barriers to participation.

Meaningful menu change. Really working at the edge of feasibility and asking restaurants to make real change. Not just offering one or two dishes out of an extensive menu. And integration of criteria. We wanted to aim for healthier items to be available in multiple sections. So if you are one of many consumers seeking healthier option, you don't just have to feel limited to the salad section of a menu.

So by focusing on portion size, we're able to achieve the goal of cultural sensitivity. Able to continue to make the same dish they are known for but offer a minimum number and a smaller size which results in lower calories, less fat and sodium. And portion size eliminates the need for costly nutritional analysis which we learned was a potential barrier to gaining wide participation and again, as I discussed. There was a lot of willingness to work on the children's menus and include fruits, vegetables and less fried foods.

A big part of this program is really the earned and paid and earned media. So to launch this program did a lot of public education and promotion to get the brand out there and make people aware of the program. We also held a public launch to really earn media for this program. And to build a broader awareness by generating news coverage that can help explain what the program is and help promote it. The success of this program really depends on restaurants feeling like they are being recognized for their efforts. Social media and our online platform are a huge selling point. This is where we're really able to get restaurants to come in to the program. Especially because we have limited funding for on-going media. And limited ability to continue to generate earned media. Social media is really the best platform to continue to grow awareness of our program and participating restaurants. It's something we're constantly trying to improve by making our web site work for both the restaurant operators as well as consumers to provide them with the information they need to find the restaurants. And we try to routinely do social media -- use Twitter, basically, to get the word out as restaurants join the program.

So finally, as you can find of get an idea how this has impacted some of the menus. You can see here an example of the portion size of an adult meal here on the left hand. It's exactly the same food just the smaller portion. Both sizes are still available. The large size is there as well as the small. Both pictures for the children and kid's meals are from one of our earliest participants in the program. And you can see with the children's meal, the big change is the

offering of fresh fruit and taking away the chips and unhealthier items there. And really, with kid's meals, we were requiring they swap out soda for low fat milk or water. Or unbundle the drink from the meal.

So kid's items are changed to provide fresh fruit and veggies, less fried fruit and healthier drinks. And Christine can answer more questions regarding our program requirements and how we've worked with restaurants during the Q and A.

So we now have 18 brands participating in our program which represents over 700 locations in LA County. The novelty of the program has been, I think, part of our success. But we've had some challenges around nutrition concepts and I think it's a program we're continuing to enhance and learn as we go. We are lucky in that we have a number of additional sources that are going to help us expand and refine our restaurant program. We have additional support and funding through our nutrition and physical activity program. First 5 and recently Altamed, which is a hospital group received a reach grant. And they are going to expand outreach for the program.

We have several different ways we're getting the program out there into the community and continuing to bring in new participants to this program. And at the same time, understand how we can listen to the restaurant providers to understand how we can make the program work better for them and as I mentioned earlier, be flexible but hold people to a standard.

And as I mentioned, the media aspect is a really big challenge with this as well. We need to continually be getting the word out there and make sure that restaurant owners feel they are getting a benefit from participating in this program. They are getting more business or being recognized for their efforts.

So just to provide additional information, we do have our choose health LA web site which I encourage people to check out. And a program highlights brief that we put together with prevention institute which gives more information about the program and our successes. And as I mentioned, there is also the research of our key informant surveys which I've included the link to as well.

So with that, I'm going to wrap up and address any questions during the Q and A.

>>Genoveva Islas: Thank you. That was really great information. I'd like to go back to Christine. Alexis mentioned Christine joining us. She is a policy analyst with the Los Angeles County Department of Public Health. Her work focuses on policy, systems, and environmental change strategies. Leads implementation of two county wide initiatives and assists in several other projects including healthy food procurement in county facilities. She manages a project that increases acceptance and promotes usage of CalFresh EBT. A new partnership to promote healthier options which we just heard from. Thank you so much for being available for the question and answer period. I've already noted quite a few questions coming up for you all. So thank you.

So moving on, we do have another poll we would like you to respond to. And that is what types of partners are you working with to promote healthy eating and active living? We heard from restaurants and businesses more specifically. But are you working in partnership with education, business, health systems or

hospital providers? Faith based groups, housing, transportation, community based organizations, planning, social services or other? And as you are responding to that poll, we're going to move on and I'll begin the introductions for Shelley Saitowitz who is in the County of San Diego. Community health promotion's specialist with the County of San Diego's health and human services. And at the county she supports both a wide range of topics including chronic disease and health equity, and land use and regional transportation decision. Part of HHSA's team who administered the centers of disease cross-appeal and preventions grants and community transformation grants and now administering the recently awarded state and local public health actions. Received masters of public health in health services management and policy from the University of California at Los Angeles. Thank you so much for joining us.

>>Shelley Saitowitz: Thank you. Can you hear me?

>>Genoveva Islas: Yes.

>>Shelley Saitowitz: We appreciate the opportunity to highlight our work here in San Diego. So the County of San Diego's chronic disease and health equity unit has been fortunate to be the recipient of several grants that have supported many interventions, upstream interventions since 2010. Healthy works is the local brand name for all of our efforts. Much of our CTG success was built on the foundation of partnerships solidified by communities putting prevention to work. Which was framed by three main focus areas. Healthy eating, active living and healthy and safe physical environments. Our group under CTG. This graphic shows you those three areas have remained a constant focus for all of our grants.

So today, I'd like to specifically highlight our health department's partnership with our regions metro poll tan planning organization. The regional transportation and land use agency for San Diego County. And Metropolitan planning organization is a federal funded transportation policy making organization that is comprised of representatives from local government and governmental transportation authorities and urbanized areas. What's unique of our partnership with SANDAG is we have shared geographic areas and share the objectives to establish communities that promote quality of life and health by providing housing and transportation choices and access to employment, healthy food services and recreation.

While the mission for most MPOs is at its core related to regional transportation planning, MPOs can also hugely influence that broader set of social determinants of health. Linked to other planning sectors such as land use which can influence our travel behavior. Our planning organization provided an integrated high impact approach and great mechanism to tap into several different aspects of regional planning. This is really why we chose to continue to work with them through CTG. Finding an agency champion and common ground with any local MPO to leverage regional action is critical in the beginning stages of work. And our initial champion was a senior regional planner who headed up many of the active transportation efforts among other initiatives. He was critical in making the connection over and over between active transportation and health

benefits within the MPO. He also made many other connections between health and other areas within SANDAG.

These are a few areas most MPOs cover and I highlighted active transportation. That's where he worked.

So in 2010, as I said, through the CPPW grant, a partnership with SANDAG to implement a variety of projects. We cast our net very wide with our CPPW funding. And it was a great testing ground for innovative work. And with CTG, while our funding was significantly less, we were able to sort of cherry pick a few projects that had momentum and buy in. What I'm showing you here is a summary of all of our grant accomplishments. And this is located on our web site at healthyworks.org.

So quickly, briefly discuss three key successes that are being sustained. The first had to do with policy and systems change at SANDAG. We were lucky because we gained fundamental system changes within the MPO. Which ensures swift CTG start to planning intervention. First was SANDAG already had dedicated a planner position within agency to work on public health integration within the organization itself. And this person served as a liaison between planning and public health. Second, SANDAG had already established their first public health Stakeholder's group. And this group represented multiple sectors and perspectives concerned about public health. This group developed amazing feedback and recommendations on many planning documents and CTG related interventions by the other working groups. And key policy committees and the SANDAG board of directors, ultimately. For example, this group provided early input on a draft health policy spring work and policy white paper for SANDAG's regional comprehensive planning process. And under CTG, the paper was completed and accepted by SANDAG's board. And this paper will become an appendix and policy considerations will be included in the upcoming regional plan which will be approved in 2015.

So with every regional plan update, we were really lucky because our CTG funding coincided perfectly with the regional plan cycle, update cycle. At the start, basically, SANDAG starts the planning process by establishing goals and policy objectives, performance measures to guide the development of the plan itself. And it is a key first step as it is to the policy foundation for the entire plan and identifies the big picture of what we hope to achieve over several decades. One of my favorite wins was to witness the conversation among SANDAG board members who accepted a healthy region is important to the future of our residence. SANDAG included health as part of the vision goal and goals. This had a trickle-down effect which integrated public health related criteria. So even though, again, CTG was terminated, the SANDAG's board identified and approved funding more than 100,000, in fact, continue with the health policy within the agency. And sustain the public health Stakeholder group for the duration of the RCP update.

The second success is about the use of real data to inform member agencies and the public about the levels of active transportation and physical activity occurring in our region. Under CTG, SANDAG provided support for the ongoing maintenance of the bike's count project was implemented by San Diego

State university and they are very much involved in it. It is a network of more than 50 centers across our region detecting and automatically counting people biking and walking. These counters are installed on roads and trails. Strategic site selection was based on corridors and economic factors. Data is collected continuously at 15 minute increments allowing for biking and walking behavior. Tracking bike and pedestrian trips helps justify critical investment for the act of transportation infrastructure as well as protect access of walking and biking. SANDAG is currently figuring out how to integrate the network into their transportation data collection system. And incorporate data into their state of a commute report.

SANDAG will be launching a user friendly public interface to better inform the public on the counter network and data within each city. The success of this project has attracted attention from the federal highway administration which wants to help fill this gap in data collection by identifying best practices and building a national database of bike and head counts.

So lastly, as a policy example, SANDAG worked to build capacity in the region to comply with California's complete streets active 2008 and support policies of all modes and travel. SANDAG within put developed a comprehensive policy discussion paper that was used to inform policy makers local agency staff and the public about complete streets policy and implementation options. To get broader public input, SANDAG conducted a public workshop which reached 100 members of the public. A paper was presented to SANDAG board to inform them about the principles of complete streets and a discussion among board members who provided direction back for the development of a policy. Based on the direction feedback from the public and SANDAG's working groups, including the public health Stakeholder group, a draft regional complete street policy was developed and slate today go before the board this year.

The policy includes several recommendations and actions for an implementation program that will institutionalize complete streets practices at SANDAG. Likely include the creation of a project checklist to ensure all projects implemented consider local mobility plans and accommodate the needs of all travel modes as well as the template for local jurisdictions to ensure local project results and complete streets planned.

So finally, some key takeaways from our work with SANDAG include recognizing the value of a partnership between the regional planning agency and public health. And the influence regional planning organization has on local government. Provides resources, it can lead to much swifter implementation of policies and environmental changes at the local level. Beyond simply asking SANDAG for help, we public health professionals had to begin to understand the system of the MPO. Really study how it makes its decisions and the regional -- within the regional planning process framework. And then take what we know about everything that we know about equity and social determinants. And back to the objectives and programs using the own language. So it is difficult especially when funding is involved. And issues of ownership and reporting arrangements, cultural language, politics, can present themselves as challenges.

So having frequent open dialogue and opportunities, no matter how small they are, is extremely important. We started with an internal champion. And as a result of his internal capacity building, an array of additional champions has been unveiled who are now trying to integrate health into their roles and programs at SANDAG.

Finally, fostering partnerships at each organization from our board of super advisors to the board of directors and public health officers and between staff at each agency. Implementing the programs have been crucial to advancing communication and moving all of this work forward with or without funding.

And with that, I will close. Thank you.

>>Genoveva Islas: Thank you so much. I didn't mention this but Shelley's favorite fruit or vegetable is avocados. They are lovely this time of year. And her favorite physical activity is yoga. We'll hear maybe more about that during Q and A. I want to take us back to the poll question. Shelley did get us to this point of thinking about partnerships. And on the call when we asked what type of partners we're working with, a good number -- 38% are working with education. Another good chunk of folks are working with health systems and hospitals. And community based organizations. So there were a variety of other responses including planning and transportation. That's great. We are all making movement to build that policy's approach to our work.

So moving on now to our next presenter, we have the woman on the call with one of the most fantastic names. Flor del Hoyo. West a senior health educator. Has a master's in public health from the University of Southern California. Previously supported by the community work group for call to action in facilitating trainings relating to community gardens. And Flor loves strawberries and walking. Thank you so much for joining us. Please proceed.

>>Flor del Hoyo: Thank you. Thank you for inviting us to be part of this panel. First, let me begin by offering you background information on our community coalition. Back in 2009 our public health department brought together leaders and partners from diverse fields to support a healthier Kern County. At the time, Kern County was ranked number one in heart disease. And number two in diabetes when compared to other California counties. Based on these health outcomes, we developed a leadership team representing different sectors from government to community, from education to faith based groups and from media to business. After establishing this group of leaders and expanding to form a coalition, we applied to different funding opportunities. And were successful with the community transformation grant among others.

So one of our first efforts was to increase awareness around factors that were impacting our health. Specifically under this strategic direction, healthy eating and active living are partners who learn the majority of the county is considered a food desert. There were four times as many fast-food restaurants as super markets and produce vendors. Finding healthy and nutritious food is very difficult and transportation, even public transportation is limited. The coalition as a whole developed strategies to overcome issues related to nutrition.

So this is where the CTG was essential for our coalition. As a capacity-building site, we were able to provide trainings in visioning sessions throughout the county. So in developing and expanding our community coalition, more leaders including residents became aware of our poor health. Together, we were able to develop long-term sustainable strategies that would help overcome health and equities and create projects to reduce health disparities.

For healthy eating and active living, the community work group looked to improve access to fresh produce by creating community hubs around community gardens. To support this effort, the community work group looked for local leaders in agriculture, education, and community to provide trainings and resources. The University of California cooperative extension provided a train the trainer curriculum that included basic gardening skills and links to resources. Additionally, the coalition leadership insured there was a management component for visioning and goals for each of the community gardens. Residents were invited to take on key leadership roles from the beginning from coordinating to being the key holder to watering gardens. Lastly, our trainers agree to continue to mentor new gardeners while they established their garden.

So now we'll go into some of the pictures of a gardens throughout our county. The city of Delano is 40 minutes north of Bakersfield. The community garden is adjacent to the regional hospital who is a partner and offers low cost pots to residents while securing the water bill for these plots.

In Greenfield, a local walking group was able to work with the city to convert an empty lot to a garden. The walk wag group has taken complete responsibility for the garden. From unlocking the gates to clean up, planting, distributing lots and the watering schedule. They've adopted to different forms of communication from individual phone calls to remind plot holders to come and garden. And now to using social media. Not only do they communicate with each other but they also are able to celebrate the successes in the garden with the community at large. Which is also helped them increase participation and attendance.

In the mountain region, there's Fraizer Park with the community garden. And we have a picture of before when they were building the garden boxes and after with the different types of the produce able to gather over a season. In western Kern, Taft created a garden to enjoy. Another example is in East Bakersfield where law enforcement showed a decrease in violence in the immediate area surrounding the neighborhood. Their garden not only has improved the access to healthy food but created a public space welcoming to families and deters unhealthy company.

So some of our lessons learned is it doesn't matter how small the step is, it is important to take the step forward. They can help in engaging fellow neighbors. Individuals, organizations and communities can be found at different levels of readiness for this work. Many times, residents feel unsure how to approach a situation or how to connect with officials and need a nudge in the right direction.

We need to continually work at building the capacity in finding those champions. One training on gardening skills wouldn't be enough. But trainings

on working with elected officials and management empower residents to keep moving forward. Even trainings on what to do is important. The mentorship aspect is enormous. And in the process, the community champions can help facilitate this process in other neighborhoods. Together, everything is possible by connecting dots between efforts, resources and individuals. Thank you for having us on today's panel.

>>Genoveva Islas: Thank you for joining us. I want to do a few announcements before we move into our last presenters. And let everybody know the webinar is being recorded and those of you who are interested in getting slides should go to the web site after the event. That's Dialogue4Health.org and look for this webinar. And you'll be able to find the slides there.

So moving into our last presenters, we have a tag team joining us from San Francisco. We have Susana who is a health educator with the department of public health. In that capacity, she designs and implements programs, co-designed and implements the model for policy development. And works on local and global health projects with San Francisco's diverse communities with a focus on tobacco control. Works on foods systems initiative including co-staffing the food access working group. Participating on the steering committee of the tender loin healthy. Corner store coalition and healthy stores for healthy communities campaign is also in her toolbox, so to speak. She is a San Francisco department of public health staff to the healthy retail San Francisco program through economic and workforce development. That's another fantastic partnership to think of with economic development. And joining Susana in this presentation is Jessica Estrada. She's the program coordinator for the tender loin healthy store coalition and coordinator of the HealthyRetail San Francisco program. She graduated from the University of California Davis in 2007. Her degree is in psychology and exercise biology. After graduation, she worked for the Yolo county health department where she worked in tobacco prevention and policy. And received an award in 2009. Congrats, Jessica. She returned to San Francisco to work in the tough tender loin neighborhood working with youth leaders to help form the tender loin healthy corner store coalition in 2012. And tidbit on both Jessica and Susana is that Susana loves chard. And Jessica enjoys avocados and rock climbing. Thank you for joining.

>>Susana Hennessey-Lavery: Thank you so much. I want to start by acknowledging the work of the staff that headed up our CTG unit.

I'm going to begin with a brief overview for healthy retail and Jessica is going to talk about the pieces funded by CTG.

I do need some help moving this forward. Genoveva.

>> Hi, this is Star.

>>Susana Hennessey-Lavery: Okay. Great. Here's the structure of the program. We have an advisory committee. And then staffed by myself with the department of public health and the office of economic and workforce development. We fund the small business development center to implement most of the activities in the program and then work with a series of consultants. One is in store redesign. One consultant who works in business operations,

improvements. And Jessica will talk about the community engagement and marketing.

And healthy retail SF evolved out of the work of two coalitions in our food swamp. The access coalition. And tender loin healthy store coalition. They've essentially implemented store conversions in the two neighborhoods and also do city-wide store assessments.

So this is the model that we use. For us, it's like a stool with three legs. We provide services to help stores improve business operations. So improving their business model. Learning how to source healthy product. Increasing access to capital and setting up point of sales. In the area of redesigning the store and the physical environment, we helped them with laying out their store. Their schematics and store redesign. Acquiring equipment and facade improvements and things like murals and artwork. As well as signage. And community engagement, I'm going to leave that to Jessica to speak to.

The first retail market was called Ana's market. We implement five basic steps in the program. We do outreach to all of the stores in the neighborhood. We then do in-depth assessments in the areas I mentioned and developed this model which is called the individualized development plan. This is a document that's about 13 pages long and outlines all of the activities that will take place with the store. The time line for those activities and which consultant will be the lead.

And then at the last page of this document, we outline what the store commits to in the area of stocking healthy foods, stocking fresh produce. Maintaining the produce and the quality of the product. Also what they'll do around alcohol toe back owe and sugary drinks, products and security and safety. Once all of the elements are agreed upon, we have a signing ceremony. Here's the happy store owner signing the agreement. And begin implementation.

The first one being business operations. The goal is to decrease the business risk and increase business fundamentals at the store. Many of the stores don't have a business plan or know how to use Quick Books or things like that. We work with our consult abilities to increase skills so they know how to handle produce which has to be handled daily. And merchandising and things like that. And connect them with the wholesale produce market. You can see the team here talking about price point, frequency of pickup and other items like that.

In the area of improving physical environment of the store, our consultant does a measurement of the store which is on the left. And then a pre and post schematic of the store or how the store is laid out. And the idea is to introduce new efficient shelving. The same merchandise in the store rather than taking up two or two and a half full walls now requires one or one and a half walls. That frees up the store for bins, refrigeration units and other equipment. That's the two legs of the model. Jessica's going to talk about the third leg.

>>Jessica Estrada: Thank you. Want to show before and after photos. Store make over reality show. So you can see before Ana's market, one of the big issues was the inventory. They needed a lot of help with knowing how to order

healthy products including produce and healthy snacks like dried mangos and different things like that. You can see in that slide, they received metro shelving as well as some new inventory and also a small refrigeration unit for cheeses and dairy products. Also inside the store as part of the CTG funding, we were able to print in-store signage. A lot of times, it's difficult for store owners to have appropriate signage up about what they are selling. And as well as the signage also showed different types of educational pieces like whole grains. What it means to have whole grains and what it means to have, for example, these are the wobblers. These also talked about the adventures of having no sugar products, whole grains and other different types of educational pieces that appealed to the vanity of the consumer.

For no added sugar, helps with healthy weight. And these were translated in Spanish and English and Chinese. This is in-store signage. And this appealed to the customer to try to get them to purchase these produce and different products that we implemented into the stores.

So again, my piece of the work of this program is the third leg like Susana mentioned. And the community marketing piece, for me, is very important. If we have this beautiful new redesigned store with brand new business operations but no one knows about it, this is a very important piece to the community work.

So as my role as I helped coordinate the marketing outreach of Ana's market and the different stores I'll be working with in the program. So with the marketing outreach, this includes a menu of things and a binder was created. And I go into the work with the store owners and give them that menu of items and have them choose what they would like me to help them work with.

In that menu, there is flyering, door hangers, outreaching to various organizations. Store coupons and promotions. Having kind of a seal of approval or a decal to let everyone know this store is approved. Media and different posters. The big important one was having a store launch which I'll talk about in a little bit.

I'm going to go over a few of these with did with Ana's. One of the most important ones we do with every single store redesign is conduct customer surveys. They are conducted by resident leaders and the goals are two-fold. One of them is to outreach that hey, this make over is happening. So by going out and going to different tabling events, tabling outside the store. Going to different organizations, the residents are able to outreach. Hey, Ana's market is going to get this redesign and improve. And the second piece is finding out what they want to see sold. What things are missing and things need to be changed. And getting that direct feedback. So we had community food advocates help complete the surveys. Another piece is that recognition. So once the store is redesigned. As you can see here, our logo is fresh foods here. It almost looks like a pin. It's approved by this city program. Come shop here. And finally, I think this is the most important piece. Having this grand reopening. Bringing the community together. Make the owners feel special. Cutting the red ribbon. This store has a brand new start. They are selling new fresh products. Have these new equipment inside. Different business operations and getting the community involved is the most important piece. And also we were able to get it into the

local paper as well as taste testing. And there's a little shopping bag that was given out to all the different community members that came. And if they purchased products, they get a free shopping bag. And after the store launch, working with the resident leaders, for each of the stores redesigned, we go in bimonthly in terms of evaluation to check with the store owners, seeing how it's going. Are they still stocking those things and giving them a rating score. And this gives a check in with the store owners and letting them know if there's anything else they need. Any other resources from us.

>>> And lastly, as part of evaluation is tracking sales. With the point of sale system, the reset was in October, early October. Ask since that reset, you can see there's been a 23% increase in sales. And that is continuing throughout hopefully the rest of the year.

And also with the funding, there's a need for fresh produce delivery model into some of the corner stores. A lot of the owners don't have experience. So the fund helps support the financial analysis of the financial analysis of the fresh produce delivery model. So I'm going to have Susana talk about it.

>>Susana Hennessey-Lavery: Great. We realize working with the stores there is a high learning curve for store owners that have packaged food and alcohol, tobacco and other things. This is the next step to help deliver to the stores.

So I'll wrap up there. That's our contact information and I'll turn it back to Genoveva for the question and answer period. Thank you.

>>Genoveva Islas: Thank you so much Susana and Jessica. I want to remind listeners, if you have a question, please submit that through the Q and A feature. You should be able to see that on your screen.

There have been a number of questions we'll begin with. If you have questions for our presenters, submit through the Q and A function.

One of the questions that would be interesting in particular for the folks starting to work in this arena is any further reflections you might have about what you've learned in doing the work you wish you knew to start out. Is there anything any of you would have done differently if you were starting again now with your knowledge? Or any other act ticks or partners? And I'm going to throw this out to the group. Anybody willing to respond? Unmute your lines.

>>Susana Hennessey-Lavery: This is Susana. I think a couple of things is the idea of collecting the POS data is super important in our work to show the changes. So evaluations very important. We have data now in most of our stores. And also, our structure's in place to help train our partners. The merchants and others around -- people get why we're doing this. We're marrying economic development with business and public health. And so breaking down those highlights and training our partners in the concepts. Our food justice leaders who are from the community are critical components of this work.

>> Anyone else? All right. So one of the intriguing questions that several people post in different ways was about sustaining this work. Everybody presenting here today was a previous CTG grantee and some of you mentioned having new funding coming in. Maybe for those of you who aren't a newly funded grantee, how are you continuing this work or sustaining this work beyond with what you began with CTG? Or if you are a new grantee, how you envision connecting and

continuing the work.

>>Christine Montes: This is Christine. I know Alexis mentioned it. For us, we've been very fortunate to be able to connect the program with several on-going grants we have here in LA county including the obesity prevention initiative as well as the first 5 funding which is a great fit, obviously, because of the focus on children's meals. And then we also have a new grant that's ramping up focused on diabetes prevention. So for us, we've been fortunate that the work has aligned -- the goals of the program has aligned with several recent RFPs we've been able to establish here.

>>Genoveva Islas: Anybody else?

>>Flor del Hoyo: This is Flor from Kern County. I think what I wanted to say was under CTG, a lot of our strengths were strengthening. Especially to outlining communities. Now it's a collaboration with them and helping them do or present what they want to work on in adjusting to that.

>>Genoveva Islas: Was somebody else trying to respond? Okay. A follow up in related question. Someone asked about return on investment from a societal perspective. And indicates that the real question she's trying to get to is are such activities that you've discussed, could they be sustained without funding like CTG? Is anybody wanting to take that?

>>Christine Montes: This is Christine again. Speaking to the restaurant environment, owners are aware and dialed in to the increased demand for healthier products. From their perspective, if it's going to help them increase business and the satisfaction that they have, then they'll continue to implement the changes as long as it works for them. For us, the challenge is finding that spot. What does it achieve the impact and where do we meet them with keeping customers happy. And that is kind of the equation for sustain ability moving forward. Down the road when we don't have this funding going on, if they see it works, then they'll continue to implement on with the changes beyond our presence.

>>Genoveva Islas: Anybody else want to take a stab at the ROI question?

>> As far as the healthy retail work, it's similar to what Flor said that the CTG work is part of a larger model and the funding was bundled. And some of the activities are continuing. Most of the activities are continuing that CTG funded. I think the important thing is we put enough activities in place to ensure the stores are sustained overtime to make sure they acquire new practices in how they stock products and how they have shifted their business model. And the community is deeply involved. The important thing is the community will be around long after our funding is gone or we've shifted to work on a different topic. So yeah, I definitely -- we've seen that in the stores we're working with and think that's the sustain ability issue. For us, it's about strengthening community overall and small family businesses.

>>Genoveva Islas: There's a few questions that are more specific for LA. I'm going to take those first and questions for others. So to Christine and Alexis, one of the questions coming in was there was mention around confusion related to nutrition concepts in the community and the listener is interested and where did that stem from and how did you address that.

>>Christine Montes: Sure. I can take that. What we mean by that is generally you want to make foods healthier in the restaurant environment. That can have so many different meanings depending on who the individual is you are talking with. So for us, it's a matter of sitting down and speaking with the restaurant operators. And some of them are interested in health. But it's getting them to understand what we mean specifically when we say healthier, we mean reduced sized portions. For some people, healthier means less oil or lower carbohydrates or less sodium. Something more specific. For some people, locally sourced or more produce. Generally speaking, people are interested in nutrition. I think there's -- it's working to build the capacity to get them to understand specifically our goals and seeing where that alignment can happen with the goals we have for working with us.

>>Genoveva Islas: This is a follow up question coming from me. Did you find that approach getting them to look at portion sizes maybe created an end road to thinking more progressively about the calorie content and nutritional value of some of the items

>>Christine Montes: Definitely. We see this as the first step. The layout of the program itself. We are working voluntarily with private restaurant operators. This is very new for us and very new in public health. So it was important for us as a first step to work with them at something we thought was simpler and did have lower barriers. And then down the road as the program evolves and restaurants move through their stages of change as far as their readiness to do other elements of this, also as menu labeling becomes implemented, that will create another opportunity to work with them in another continued direction.

>>Genoveva Islas: Thank you. Thank you for that. To Susana and Jessica, there's a few questions that have come in about the work with stores. And one of them is related to the cost of the store make over. If you have any information about that. And then a follow up or add on to that is if there was any work with corporate owned corner stores?

>> We have not worked with corporate owned corner stores. The bulk of the stores in San Francisco are family owned. And as far as the cost, the cost for the equipment and the physical redesign consultant and all of that is around \$16,000. It can go up to \$20,000. In each store, it's different. That doesn't cover -- we apply for grant funding for our food justice leaders and lots of our community engagement and marketing work. And of course the staff were in-house.

>>Genoveva Islas: Great. Thank you. So there's a few, I think, questions that are being responded to in the question and answer. But some of them may be worth speaking to or addressing more broadly with a larger audience. And so Shelley, there was a question about the bicycle counters and if these counters are able to capture riders as well.

>> They live in street. So on the street. Like in the bike lane or on these paths or trail systems that accommodate bikes. And one great thing is able to differentiate. But we need to recognize it's not always safe to ride in streets. Not always bike lanes. And so we would expect many riders, especially young riders to have more women riding on sidewalks where it's safer. We'll be doing

validation studies and those studies will sort of basically record over the course of a day or two or three. Record all riders. Observe all riders passing by who may not be captured by the sensor. And that will kind of recalibrate the counts for that sensor. And where we see riders in the bike lane. Issues for improvements as well. Great question.

>> Thank you for addressing. We're jumping around because of the stream of questions coming in, which is great. I love the engagement. I don't want to confuse folks.

We're going to move back and forth between some of these subjects as we're trying to address the full gamete of these questions. Going back to Jessica and the fantastic displays that you showed about the marketing. As an organization tried to work with small store owners, this is such a central issue in trying to drive a consumer base to this existing store that did not offer produce. Like announcing them as this new healthy corner store. And that marketing piece seems for us to be the hardest. Wondering if you can speak about how you funded and supported those for the store conversion work.

>>Jessica Estrada: Yeah. So the big piece for me is I have prior experience working in one of the communities in San Francisco which is the tender loin. So working with the community members there have existing -- they are doing existing work already. So, for example, there's a group called the AIMS project and they do taste testing. We partnered with them and it was a great collaboration. Our food justice leaders were not trained in cooking education. So partnering with them to conduct taste testings at the store or even before the launch event to build the hype and then also during the launch event doing these taste testing demos and handing out recipe books. In this area, a big issue in the area was making sure that people can use those products sold in the store. If no one knows what kale is and no one knows how to cook with it, no one's going to buy it; right? Making sure people understand how to use it. We're the first one on the market -- in Ana's market tomorrow, there is another organization in San Francisco called cooking matters. And they will be doing store tours. And they outreached to the different communities and specifically Ana's is the ocean view community with their trained pomatores (foreign word) to teach the class and bring community members in the store. Offer them \$10 worth of groceries and teach them how to actually cook -- not cook but cook and purchase the products smartly. So like oh, if you buy in bulk, you would save this much money. Or if you buy this type of low sodium sauce, you can save this much money. And how to buy affectively and healthy.

What I'm trying to say is working with existing groups is very helpful. And because we don't have -- the CTG funds did help support the purchase of the wobblers and the signage. If you have interns or college interns, you can create those using an laminator and color printer as well trying to save money. Working with existing groups to market and work together to market the corner store that's redesigned.

>>Genoveva Islas: I'm assuming the marketing. Can you -- and I think also Flor, talk more about how that work with engaging community and how it started and how you've built on it and any other ways that you have helped community

become involved with your interventions. So again, to rephrase the question. Speaking to Jessica and Flor. You two mentioned work with community residents. And I'm wondering if you can speak to how you approach that. The way you engage them and how you have worked with community residents to sort of create end roads to inform the work as it's rolled out.

>>Flor del Hoyo: I know for us in Kern County, we've had luck in finding that particular resident that wants to make a change. Either because they've attended a nutrition class or because they have some type of health problem and not just about improving own health but their family's health and more or less, we all have a network of friends or neighbors and building on that. Building the existing projects. The walking group. The group of women who wanted to and another initiative learned about physical activity. Wanted it to be more active in their community. And so they took on adopting one of the local parts working with law enforcement so they could go and start the walking group before this was a reality and by working with law enforcement, they felt safer which men the bad influences or bad behaviors start disappearing. Now they do not only just the walking group but they have incorporated a dance group. Similar to what Zumba is. More than 50 women gather at one of their parks in Greenfield. That itself is a neighboring neighborhood also has taken on to this and they are looking into ways of a separate park. And they try to incorporate a lot of that same strategies. So Greenfield walking group is a mentor for this new group and not just improving their park but also looking at their sewer system and making sure that their neighborhoods are clean. So a lot of it is a chain reaction. If you find that one person or that one leader, everything kind of falls into place.

>>Jessica Estrada: This is Jessica. Piggy backing on Flor, I completely agree with getting those initial leaders. And then it kind of chain reacts. And I think we were fortunate in San Francisco to be able to -- in San Francisco with some of the work we're doing in the stores is we have grant funds through the different neighborhoods. The bay view coalition and also the tenderloin coalition, they have funds and are able to work with residents as kind of a workforce development piece. So they are able to stipend resident leaders to do the work in the stores as well as assessing and serving the other corner stores that are not involved in the programs. So for example, my other hat is I work with residents in the tenderloin. And we're able to stipend them. And just this past week, we were able to hire two more resident leaders. It's this elite thing people want to do is become a food justice leader, a food guardian. Community food advocate. Being involved in something and trying to stipend them for their time. I know it's not always possible. Other incentives can help. With other programs involving resident leaders is giving them free food samples. Food or gift cards or something like that is always helpful. And I would just say with the resident leaders, piggy backing off of Flor is giving them additional responsibilities. So we have three -- we call them the OG food justice leaders would have been around for a long time. They are training the new ones that have come along and taking on more responsibilities. So for example, one of the justice leaders is going to be the point person for one of the stores. So all the evaluations, the report cards and all of that, he's in charge of that. He feels very invested, very

involved and spreading the word about the program and trying to get more people to apply.

>>Genoveva Islas: Thank you. And so in the reverse, I also want to talk about engagement with decision makers either at the local city county or state federal level. Shelley, going back to you. You did bring in the MPOs. Can you speak to direct examples of how you worked with decision makers in your area and open it up to others to comment. Any best practices that you see in engaging decision makers.

>>Shelley Saitowitz: So we basically worked through our SANDAG staff and their internal process to inform and educate the decision makers sitting on their key policy committees and their board. We brought together -- in order to do that, we brought together that group that sat within regular working groups and they were comprised of many different entities including academia, public health professionals, advocacy organizations. So collectively, we provided comments and feedback on lots of different policy documents that then set up through the staff. The staff of those documents and presented the information to policy makers. The public health stake members did engage -- did provide testimony at some critical board meetings to reiterate the findings of the Stakeholder group. And those testimonies tend to be very impact full. A couple of times where we felt like it results in a big impact. We brought in our public health officers and another health officer to speak to several of the issues. The goals of the regional comprehensive plan. We brought in some of our heavy hitters when the time was right to speak to SANDAG's board. And that proves affective. That saves time. Otherwise, we really work with SANDAG's staff and work with their functions and systems to really try to educate and inform agency staff and their member agencies on the topic. Does that answer the question

>>Genoveva Islas: And how about others? How did you work with or engage decision makers in our efforts?

>> Other decision makers beyond the policy makers at SANDAG? Well, we had a leadership count. We had CTG leadership team. And that certainly brought together lots of different folks. A CalTrans. We had that level of organization. We also internally informed our public health officer with our PI on the grant. And wherever we could, we informed our own board of supervisors so topics related to SANDAG. There are always two seats on SANDAG's board for our board of supervisors. But we tried to inform the supervisor. The person whom we had most support from, we keep them informed about things floating through SANDAG and be aware this is coming and get him to speak to the topic when the issue was raised.

>>Genoveva Islas: Thanks. Just wanted to open it to some of the other presenters. Did you have any other strategies or ways of involving your local elected officials to inform them about what was going on? Get their support in sustaining the work?

>> This is healthy retail SF. They have been working since 2010 or 11. Kind of piloting and formulating how to do this healthy retail work and bringing the different partners together so that -- we have a board of supervisors as well in

San Francisco. And one member of our board of supervisors was interested at looking at all of these issues and really called on them to participate in the establishment of this healthy retail SF program that houses it in city government. And continues to call on the community, the coalition members to speak, provide testimony, all of that. And participate -- a number of the supervisors participate in store launches and community events and all of that. Kind of a mutual relationship going on now around the different ways healthy retail can take place in San Francisco.

>>Genoveva Islas: Great. Well, we are a little overtime and I want to closeout this session and remind people that the webinar is recorded and that slides for all of the presenters will be available. And again Dialogue4Health.org. Look for the healthy eating and active living webinar.

I want to do another thank you to our wonderful presenters. Alexis, Christine, Shelley, Flor, Susana and Jessica. Thank you so much for joining us. You have certainly given a lot of people great information in terms of how your projects operated successfully. And we've heard about store work, about working with restaurants, about community gardens and engaging our local decision makers and helping us to advance healthy eating active living. And there are many more happening statewide that we want to be in the know of and be supporting.

So one plug I'd like to make is that California for health or CA4Health was a statewide grantee working with rural communities. And under pH I, we are going to be preserving that brand. Opening up that collaborative network for all newly funded grantees to work together. So you will be hearing from us in terms of to share more webinars and other learning opportunities as we create that learning community. So again, thank you to our presenters.

I do not want to forget thanking the folks who are hard at work behind the scenes. Star Tiffany who helped us organize and Joanna Hathaway. Thank you both for making this another successful webinar.

I also want to thank our funders. The California Endowment who has been the primary contributor to the community learning to the CTG coordination project and now moving forward as California for health.

So thank you all, again for joining us and we look forward to having you join us as we do continue to have these forums to lift up and celebrate both the successes and share the lessons learned of our continuing activities. Thank you.

[Webinar ended at 3:36 p.m. eastern time.]