



## **Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention**

### Neighborhood Nutrition in Focus

#### **What does an “excellent community” look like? How does your community measure up? Is your community a healthy place to be?**

*Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX<sup>3</sup>)* is a program planning framework that involves taking an in-depth look at communities to identify areas in need of improvement. Because the community itself has a critical role to play in preventing obesity, CX<sup>3</sup> examines communities in relation to a variety of obesity prevention benchmarks referred to as community indicators and assets. These CX<sup>3</sup> indicators and assets set standards of “excellence.” They define what a community itself should look like in order to help prevent the devastating chronic diseases related to overweight and obesity for its residents.

The local data compiled in evaluating the indicators and assets is what makes CX<sup>3</sup>

such a powerful tool for local groups. It shows how your community currently “measures up” and where it needs to improve to become a community of excellence for its residents.

**A special focus on low income communities.** Lower income populations are disproportionately affected by environmental conditions that don’t support healthy eating and physical activity<sup>1</sup>. CX<sup>3</sup> indicators and assets pay special attention to low-income neighborhoods where people live, work, recreate, socialize, go to school and shop for food. And, at the heart of CX<sup>3</sup> concept is that people, residents, can change their communities to become healthier places to live.

**CX<sup>3</sup> is a work-in-progress!** While the benchmark community indicators and assets are finalized, CX<sup>3</sup> data collection tools and measurements are being developed in phases. The California

Department of Health Services' *California Nutrition Network for Healthy, Active Families (Network)* is working side-by-side with six local health department pilot sites in the development of the first set of tools. This fact sheet is being shared to update interested health programs and community groups on our progress.

### How does CX<sup>3</sup> work?

As the leading health agency in California's numerous health jurisdictions, CX<sup>3</sup> is designed with the local health departments working in collaboratively with neighborhood groups. But others can benefit from using it as well. CX<sup>3</sup> follows four steps:

1. Compile localized data to evaluate a community's strengths and weaknesses in relation to CX<sup>3</sup> indicators and assets
2. Set priorities based on localized data
3. Implement strategic, community-focused action plans
4. Evaluate progress over time.

Engaging in this process will:

- Place communities at the forefront of obesity prevention,
- Provide standardized indicators that you and others around the state will use for all types of work in obesity prevention,

- Provide communities an objective, systematic method for evaluating themselves,
- Advance community change.

### CX<sup>3</sup> TOP PICKS: Benchmarks for Community Change

CX<sup>3</sup> indicators are designed to look at the norms and conditions within a community. They are grouped into seven community environments: Neighborhood; Preschool & Childcare; Schools; After-School Programs; Worksites; Public Sector/Government; and Health Care.\* CX<sup>3</sup> community assets look at a community's readiness for change. They are grouped into three categories: Local Health Department Infrastructure; Political Will; and Community Infrastructure.

CX<sup>3</sup> was initiated when over 150 experts, practitioners, and researchers in California and the nation rated 195 community indicators and assets; the indicators of community norms most likely to improve nutrition, food security, and physical activity of residents in low-income communities, and the assets essential to achieving those improvements. The rating process helped identify those indicators and assets considered most critical. These make up the 78 CX<sup>3</sup> Top Picks. These CX<sup>3</sup> Top Picks will become the key indicators or benchmarks for the communities participating in CX<sup>3</sup>. The other indicators and assets, though important, will be optional based on interest or needs.



## CX<sup>3</sup> Pilot Sites Focus on Neighborhood Nutrition

As noted earlier, CX<sup>3</sup> is being developed in phases. Due to funding considerations, the Network is first developing tools and methods for 12 of the Top Picks that are focused in the Neighborhood Environment. Together, these 12 indicators will paint a picture of the overall quality of nutrition in the neighborhood...

Are healthy food choices available and accessible to residents of low-income neighborhoods? What is the density of fast food outlets in the neighborhood and around schools? How much and what are the types of nutrition marketing messages around schools?

These and other questions will be answered through the CX<sup>3</sup> process.

## Kern, Riverside, Berkeley, Alameda, Santa Clara, and San Bernardino

local health departments volunteered to become CX<sup>3</sup> pilot sites. Through a collaborative process, these six health departments are helping to develop and test the CX<sup>3</sup> tools and methods that will be disseminated statewide. Each of the health departments is taking an in-depth look at 3 – 5 low-income neighborhoods.\*\* Together, the pilot sites make up a wonderful mixture of California's diverse neighborhoods – urban, rural, suburban, and remote.

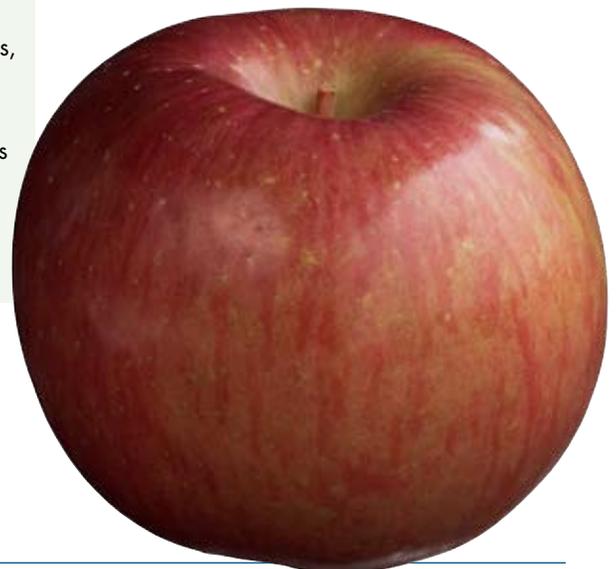
CX<sup>3</sup> data collection completes the neighborhood nutrition picture with three snapshots:

### 1. Mapping!

Data collection starts by using the Network's GIS website to sketch a picture of the neighborhoods in terms of access to large food stores, farmers' markets, alternative sources of food, and density of fast food restaurants, especially around

## Where did CX<sup>3</sup> come from?

The Communities of Excellence (CX) framework was developed in 2000 by the California Department of Health Services' (CDHS) Tobacco Control Section, nationally recognized leaders in advancing local policy change. CDHS nutrition and physical activity programs saw the potential of the CX framework for community level interventions to prevent obesity. The Cancer Prevention and Nutrition Section along with WIC, and other CDHS programs, are spearheading the initiative to adapt the CX model for nutrition, physical activity and obesity prevention. The CX<sup>3</sup> model is consistent with CDHS' Policy Statement to Reduce Obesity and Overweight, and includes indicators of a community's built environment; access to healthy foods, especially fresh fruits and vegetables; opportunities for physical activity; access to food security; and community factors that promote breastfeeding.





schools.

## 2. On-the-ground!

Next is an examination of the neighborhoods of interest to more completely understand what is going on at the ground level. This part of the process involves looking at the availability of healthy foods in local stores: What is the quality of the food? What types of visual cues or marketing messages are in and around the stores? Are other sources of healthy food available such as farmers' markets', food banks and community gardens? Is the neighborhood "walkable" and safe for shoppers without cars? How many fast food outlets are located close to schools? And so on. This will help better understand how consumers are influenced in their food choices.

## 3. Informed assets!

The last piece looks at the assets of the health department, its infrastructure, as well as other aspects of the community (e.g., media coverage) that will accomplish desired changes in the neighborhood.

The data from these three snapshots will be combined and analyzed to create a complete nutrition picture of what's going on in the neighborhood... and where it needs to go to facilitate and support healthy eating and active living. The pilot sites will then create more strategic scope of work interventions and activities, designed to provide dynamic nutrition education and options to enable food stamp participants and similar low income



<sup>1</sup> PolicyLink, *Reducing Health Disparities Through a Focus on Communities*, 2002.

\* Health care environment indicators will be completed at a later date, and breastfeeding promotion indicators, to be released soon, are included in this environment.

\*\* Low income neighborhood is defined as at least 50% of the neighborhood residents are below 185% of the Federal Poverty Level.