



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 (CX³)[©] 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, CX³ examines communities in relation to a variety of obesity prevention benchmarks referred to as community indicators and assets. These CX³ 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 CX³ 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 activity¹. CX³ 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 CX³ concept is that people, residents, can change their communities to become healthier places to live.

CX³ is a work-in-progress! While the benchmark community indicators and assets are finalized, CX³ data collection tools and measurements are being developed in phases. The California Department of Public Health’s *Network for Healthy California (Network)* is working side-by-side with local health departments in implementing the first phase of CX³, which focuses on neighborhoods. This fact sheet is being shared to update interested health programs and community groups on our progress.

How does CX³ work?

As they are the lead health agency at the local level throughout California, CX³ is designed for local health departments to use, working in collaboration with neighborhood groups. But others can benefit from using it as well. CX³ follows four steps:

1. Compile localized data to evaluate a community’s strengths and weaknesses in relation to CX³ 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.

CX³ Sites Focus on Neighborhood Nutrition

As noted earlier, CX³ is being developed in phases. Due to funding considerations, the *Network* first developed tools and methods for 12 of the Top Picks that focus in the Neighborhood Environment. Together, these 12 indicators 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 are answered through the CX³ process.

In 2006, **Alameda, Berkeley, Kern, Riverside, San Bernardino** and **Santa Clara** local health departments volunteered to become CX³ pilot sites. Through a collaborative process, these six health departments helped develop and test the CX³ tools. Each took an in-depth look at 3 – 6 low-income neighborhoods.** Together, the pilot sites made

CX³ TOP PICKS: Benchmarks for Community Change

CX³ 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.* CX³ 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.

up a wonderful mixture of California's diverse neighborhoods — urban, rural, suburban, and remote.

During 2007 and 2008, 14 *Network*-funded local health departments implemented CX³, with three more joining in 2009. These *Network* sites have surveyed over 70 low-income neighborhoods.

2007: **Contra Costa, Marin, Sacramento, Solano, Ventura**

2008: **Monterey, Orange, Pasadena, Santa Barbara, Shasta, Sonoma, Stanislaus, Yolo and Butte (through California State University, Chico)**

2009: **Long Beach, San Mateo, Tulare**

Additionally, counties in the Central California Regional Obesity Prevention Project, funded by The California Endowment, and the San Diego County Health Department have used CX³ tools and approaches to further extend use throughout the state.

CX³ Data Collection

CX³ 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, and density of fast food restaurants, especially around 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. It 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 are 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 local health departments then create more strategic scope of work interventions and activities, designed to provide dynamic nutrition

Where did CX³ come from?

The Communities of Excellence (CX) framework was developed in 2000 by the California Department of Public Health's (CDPH) Tobacco Control Section, nationally recognized leaders in advancing local policy change. CDPH nutrition and physical activity programs saw the potential of the CX framework for community level interventions to prevent obesity. The *Network* along with WIC, and other CDPH programs, spearheaded the initiative to adapt the CX model for nutrition, physical activity and obesity prevention.

To build the CX³ framework, extensive literature reviews, expert recommendations from medical, scientific, and health associations and institutions, local practitioner input, and other sources were gleaned for compiling the list of possible community indicators in the seven environments. In 2005, CX³ was officially launched 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 CX³ Top Picks. These CX³ Top Picks will become the key indicators or benchmarks for the communities participating in CX³. The other indicators and assets, though important, will be optional based on interest or needs.

education and options to enable food stamp participants and similar low income residents to make healthy food choices in their neighborhoods.

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¹ 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 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.

This material was produced by the California Department of Public Health's *Network for a Healthy California* with funding from USDA SNAP, known in California as CalFresh (formerly Food Stamps). These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious foods for better health. For CalFresh information, call 1-877-847-3663. For important nutrition information, visit www.cachampionsforchange.net.

