



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

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.

neighborhoods.** Together, the pilot sites made up a wonderful mixture of California's diverse neighborhoods — urban, rural, suburban, and remote.

Contra Costa, Marin, Sacramento, San Diego, Solano, and **Ventura** local health departments are currently implementing CX³, with 10 more *Network* funded local health departments set to join in 2008.

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

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.

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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 funded by USDA's Food Stamp Program through the California Department of Public Health's *Network for a Healthy California*. These institutions are equal opportunity providers and employers.

The Food Stamp Program provides nutrition assistance to people with low income. It can help buy nutritious foods for a better diet. For information on the Food Stamp Program, call 1-888-328-3483.





CX³ TOP PICKS
 Community Indicators by Environments
 Nutrition and Physical Activity



Neighborhood Environment

Neighborhood Food Environment

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| 1 | Supermarkets and grocery stores offering healthy, affordable food choices are located in low income neighborhoods and readily accessible to residents.* |
| 2 | (If no supermarket) Small neighborhood food stores, including convenience stores, offer affordable, quality fruits, vegetables, and other healthy foods.* |
| 3 | Supermarkets, grocery stores, and neighborhood food stores serve as a place for nutrition information (e.g. post nutrition information at point-of-sale; information about food assistance programs including Food Stamps; healthy food labels and recipes).* |
| 4 | Supermarkets, grocery stores and neighborhood food stores in low income neighborhoods actively participate in the California 5 a Day program.* |
| 5 | Supermarkets, grocery stores, and neighborhood food stores limit interior and exterior advertising and displays of unhealthy foods aimed at children, e.g. around registers and at eye level of small children, and have no candy/gumball machines in stores.* |
| 6 | Food banks and emergency food outlets actively provide and promote high quality fruits, vegetables and other healthy foods.* |
| 7 | Farmers' Markets and flea markets accept EBT cards for the Food Stamp program, WIC vouchers, and Senior vouchers.* |
| 8 | Alternative sources of high quality, healthy, affordable food are available and accessible in low income neighborhoods (e.g., food-buying cooperatives, mobile grocer, farmers markets, community garden, Community Supported Agriculture, food stands, flea markets).* |
| 9 | Density of fast food outlets is restricted in neighborhoods, prohibited around schools and playgrounds, and their on-site marketing practices (e.g., large signage, toy give-aways) are limited.* |
| 10 | Billboard/outdoor advertising and transit companies restrict unhealthy food and beverage advertisements in neighborhoods, particularly around schools, playgrounds and other youth oriented facilities.* (Optional) |

Neighborhood Activity Environment

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| 1 | Low income neighborhoods are safe (e.g., low crime rates/police presence, lighting, stray dogs) and the sidewalks and crosswalks are in good condition.* |
| 2 | Transportation from low income neighborhoods to supermarkets and other quality large food outlets/grocery stores (e.g., public transit, grocery store shuttles, senior center shuttles) is available, convenient and economical.* |

* Priority indicators being developed by CDHS, CPNS.

12/12/05



CX³ TOP PICKS

Community Indicators by Environments
Nutrition and Physical Activity



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| 3 | Pedestrian, bicycle, and mass transit infrastructure is available, accessible, and well-maintained, particularly in low income neighborhoods (e.g., sidewalks, bike lanes, transit - buses). |
| 4 | Convenient access to high quality parks, playgrounds, outdoor sports facilities (i.e., tennis courts, basketball courts) and green space exists in low income neighborhoods |
| 5 | Community centers (e.g., Parks and Rec, Boys and Girls Clubs) with physical activity facilities and “branded” physical activity programs (e.g., Small Steps, Shape Up America, Hearts n’ Parks) exist in low income neighborhoods, are culturally appropriate, and have affordable activity and sports programs for children and families. |
| 6 | Air quality in the community does not inhibit outdoor physical activity. |
| 7 | There is a presence of attractions and comforts (e.g., trees, lighting) as well as absence of physical disorder (e.g., trash, noise, overgrown foliage) in low income neighborhoods. |
| 8 | Zoning and land use requirements promote “mixed-use” and mandate sidewalks, trails, recreation facilities, and safe pedestrian and bicycle access to schools, shopping (must include food), parks, recreation centers, and worksites, particularly in low income neighborhoods. |

Preschool Environment

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| Preschool Food Environment | |
| 1 | Licensed preschool and childcare facilities participate in nutrition assistance programs (e.g., Federal Child and Adult Care Food Program) if they qualify. |
| 2 | Licensed preschool and childcare facilities offer and encourage eating fresh fruits, vegetables and other healthy foods. |
| 3 | Licensed preschool and childcare facilities offer nutrition education as part of their curriculum. |
| Preschool Activity Environment | |
| 1 | Licensed preschool and childcare facilities have as part of their curriculum regular opportunities for indoor and outdoor physical activity and free play time activities. |
| 2 | Licensed preschool and childcare facilities are designed with stimulating indoor and outdoor areas and play equipment that promote physical activity and meet or exceed recommended safety standards. |



CX³ TOP PICKS
 Community Indicators by Environments
 Nutrition and Physical Activity



| School Environment | |
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| School Food Environment | |
| 1 | School/school district operate all federal nutrition programs including National School Lunch, School Breakfast, Summer Lunch, and the After School Snack programs, and there is participation by all eligible students. |
| 2 | The school board adopts and monitors policies and regulations that include nutrition standards aligned with federal, state, and local laws and guidelines for promoting healthy eating through education and food programs. |
| 3 | School/school district offers meals and snacks that are consistent with the 2005 Dietary Guidelines for Americans and meet USDA nutrition standards. |
| 4 | School/school district complies with current state laws restricting the sale of carbonated beverages, and non-nutritious foods and beverages including public notification about proposed fast food or beverage contracts. |
| 5 | School/school district has clean sources of tap water and/or working water fountains available and accessible to students at meals and throughout the day. |
| 6 | School/school district has salad bars or other opportunities to offer fresh fruits and vegetables, e.g., crunch lunches, boxed salads and veggie meals. |
| 7 | School/school district markets and promotes fruit and vegetable consumption in cafeterias, a la carte area of lunch area, corridors and classrooms. |
| 8 | School/school district has a school health council or a student nutrition advisory committee where students have roles in making key decision in planning and implementing nutrition policies to improve nutrition in their schools, homes, and community. |
| 9 | School/school district offers K-12 evidence-based nutrition education (i.e., curriculum/lesson plans/programs) that meets CDE nutrition competencies and are based on the Health Framework for California Public Schools, e.g., Eat Smart/Play Hard, Harvest of the Month, Power Play!) |
| 10 | Low income parents and other community members that reflect the diversity of the district are actively engaged in planning, implementing and supporting school policies and programs that address healthy eating. |
| 11 | School/school district promotes a community standard of 'commercial free schools' on campus by prohibiting advertising or promotion of unhealthy foods or beverages or the companies that make them (including snacks, vending machines, a la carte food and beverages, fundraisers, in text books, etc.). |
| 12 | School/school district employs qualified food service staff and child nutrition directors and promotes ongoing professional development in order to meet nutrition standards and prepare healthier meals. |



CX³ TOP PICKS

Community Indicators by Environments
Nutrition and Physical Activity



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| 13 | School/school district has worksite healthy eating guidelines for staff training, employee events, meetings, and work environment. |
| School Activity Environment | |
| 1 | School district has a comprehensive school wellness policy that promotes physical education and activity through reinforcement of classroom lessons in a supportive school environment. (including nutrition) |
| 2 | School/school district employs credentialed physical educators or PE specialists and provides training to teachers to lead high-quality K-12 physical activity sessions. |
| 3 | School/school district meets or exceeds requirements for minimum minutes of physical education set forth in the California Department of Education Physical Education (PE) standards. |
| 4 | School facilities, especially in low income neighborhoods, are available for after-school programs and community use on evenings and weekends for physical activity purposes. |
| 5 | The school board adopts budgets that adequately fund physical education and activity programs. |
| 6 | School/school district promotes walking, biking, and mass transit to school (e.g., provides bike lockers, participates in Walk to School Day events, Safe Route to School projects). |
| 7 | Physical activity programs meet the interests and needs of all students (competitive, non-competitive, instructional, unstructured, etc.) and include equipment, appropriate supervision, and sun safety precautions. (Optional) |

After-School Environment

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| After-School Food Environment | |
| 1 | After-school care facilities provide healthy snacks and introduce a variety of healthy food choices that appeal to children. |
| 2 | After-school care facilities participate in child nutrition assistance programs e.g., Federal Child and Adult Care Food Program. |
| 3 | After-school care facilities serve water to drink; have clean sources of tap water and/or working water fountains.(school and community based) |
| 4 | After-school care facilities do not allow marketing of unhealthy foods on site, including through vending machines, posters and other print materials or electronic sources. |
| 5 | 64) After-school care facilities provide training to staff to prepare healthy food options and model positive eating behaviors. |



CX³ TOP PICKS
 Community Indicators by Environments
 Nutrition and Physical Activity



| After-School Activity Environment | |
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| 1 | After-school programs include a variety of physical activity options that are interactive, fun, and practical. |
| 2 | After-school care facilities provide training to staff to lead physical activity sessions, and promote positive activity behaviors, including sun safety precautions. |

Worksite Environment

| Worksite Food Environment | |
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| 1 | Worksites adopt and enforce healthy nutrition policies and/or standards that encourage fresh fruits and vegetables, whole grains, and nonfat/low fat milk for cafeteria meals, catered events, vending machines, kiosks, and food served in meetings. |
| 2 | Employees are actively involved in development of wellness-related policies and the food choices offered at the worksite. |
| 3 | Low-wage worksites offer information about food assistance programs to its employees. |
| 4 | Worksites have on-site or nearby neighborhood farmers' market, fruit and vegetable food stand or mobile grocer. |
| Worksite Activity Environment | |
| 1 | Worksites have easy access to stairs and encourage their use by employees and visitors. |
| 2 | Worksites' policies and culture support physical activity during the work day. |

Public Sector/Government Environment

| Public Sector/Government Food Environment | |
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| 1 | Local Food Stamp Program and partners conduct promotion and outreach activities in low income neighborhoods and other places where qualified residents may be reached and refer clients to nutrition information. |
| 2 | Streamlined food assistance program eligibility guidelines and enrollment processes are in place and implemented. |
| 3 | A one-application process to apply or enroll in a range of health insurance, social service and food assistance programs (e.g., Medi-Cal, Healthy families, WIC, Food Stamps) is implemented. |
| 4 | Food vendors on public property are required to offer affordable, healthy food options (includes vending machines). Pricing is set to influence the purchase of |



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| | healthy foods. |
| | Public Sector/Government Activity Environment |
| 1 | Public sector buildings and property are available for community activity-related programs and services (e.g., evening exercise classes). |

CX³ TOP PICKS
 Community Assets

Local Health Department Infrastructure

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| 1 | Obesity prevention and improving nutrition, physical activity, and food security are formal or expressed department priorities.* |
| 2 | Health department actively develops collaborative relationships with communities, schools, health care providers and other organizations to improve nutrition, physical activity, obesity prevention and food security.* |
| 3 | There is dedicated staff with appropriate expertise for implementing social marketing campaigns and population-based programs to improve nutrition, physical activity, food security and prevent obesity.* |

Political Will

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| 1 | Extent of city/county elected officials who advocate for local government action to promote environments that support healthy eating, physical activity, food security and obesity prevention. |
| 2 | Extent of local media coverage that is supportive of role of communities and government in addressing obesity prevention, not just a matter of "individual choice."* |
| 3 | Extent of elected representatives to California Legislature and U.S. Congress who advocate for government action and corporate responsibility in addressing nutrition, physical activity, food security and obesity prevention efforts. |

* Priority indicators being developed by CDHS, CPNS.



| Community Infrastructure | |
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| Partners (People Power) | |
| 1 | Level of community coalition activism in advocating for community and school policy changes with local officials to create healthier environments, particularly in low income neighborhoods. |
| 2 | Level of youth and parent activism in pursuing community and school policy changes to improve nutrition and physical activity and create healthier environments. |
| 3 | Extent of social justice groups, including faith based organizations, advocating for community solutions to the problems of hunger/food insecurity, and inequity of resources in low income neighborhoods with resulting health conditions. |
| 4 | Extent of collaboration between USDA funded local programs, especially county social services offices, WIC, and UC Cooperative Extension. |
| Funding/Resources | |
| 1 | Community foundations identify obesity prevention and improving nutrition, physical activity and food security as a priority and award funding for local projects. |
| 2 | Proportion of low resource school districts and school sites participate in California Nutrition Network's Local Incentive Award (LIA) program. |
| 3 | Redevelopment funds and capital improvement projects are dedicated to increasing access to healthy foods and physical activity in low income neighborhoods. |
| 4 | Safety net providers (e.g., hospitals, clinics, HMOs) actively promote and invest resources in helping make neighborhoods healthier places to live (e.g., sponsoring farmers markets). |
| 5 | Portions of city/county taxes, fees, and capital improvement funds are dedicated to increasing pedestrian safety, bicycle safety, and physical activity environments, especially in low income neighborhoods. |
| Food Security | |
| 1 | Emergency food programs (e.g., food banks and gleaners) adequately serve needy consumers in low income neighborhoods |
| 2 | A minimum of 90 percent of qualified residents utilize food assistance programs (e.g., Food Stamp program, summer meals program, etc.). |