

CAN DO HOUSTON CASE REPORT

HOUSTON, TEXAS

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2009 to December 2013



ACKNOWLEDGMENTS

Support for this evaluation was provided by a grant from the Robert Wood Johnson Foundation (#67099). Transtria LLC led the evaluation and dissemination activities from April 2009 to March 2014. Representatives from CAN DO Houston partnership actively participated in the evaluation planning, implementation, and dissemination activities. This case report is a synthesis of information collected through multiple evaluation methods as part of a collaborative, community-based approach to evaluation.

We are grateful for the collaboration with and support from the Robert Wood Johnson Foundation (Laura Leviton, PhD and Tina Kauh, PhD), the Washington University Institute for Public Health (Ross Brownson, PhD), the Healthy Kids, Healthy Communities (HKHC) National Program Office (Casey Allred; Rich Bell, MCP; Phil Bors, MPH; Mark Dessauer, MA; Fay Gibson, MSW; Joanne Lee, LDN, RD, MPH; Mary Beth Powell, MPH; Tim Schwantes, MPH, MSW; Sarah Strunk, MHA; and Risa Wilkerson, MA), the HKHC Evaluation Advisory Group (Geni Eng, DrPH, MPH; Leah Ersoylu, PhD; Laura Kettel Khan, PhD; Vikki Lassiter, MS; Barbara Leonard, MPH; Amelie Ramirez, DrPH, MPH; James Sallis, PhD; and Mary Story, PhD), the Social System Design Lab at Washington University in St. Louis (Peter Hovmand, PhD), the University of Memphis (Daniel Gentry, PhD), and Innovative Graphic Services (Joseph Karolczak).

Special thanks to the many individuals who have contributed to these efforts from Transtria LLC, including Evaluation Officers (Tammy Behlmann, MPH; Kate Donaldson, MPH; Cheryl Carnoske, MPH; Carl Filler, MSW; Peter Holtgrave, MPH, MA; Christy Hoehner, PhD, MPH; Allison Kemner, MPH; Jessica Stachecki, MSW, MBA), Project Assistants (James Bernhardt; Rebecca Bradley; Ashley Crain, MPH; Emily Herrington, MPH; Ashley Farrell, MPH; Amy Krieg; Brandye Mazdra, MPH; Kathy Mora, PhD; Jason Roche, MPH; Carrie Rogers, MPH; Shaina Sowles, MPH; Muniru Sumbeida, MPH, MSW; Caroline Swift, MPH; Gauri Wadhwa, MPH; Jocelyn Wagman, MPH), additional staff (Michele Bildner, MPH, CHES; Daedra Lohr, MS; Melissa Swank, MPH), Interns (Christine Beam, MPH; Skye Buckner-Petty, MPH; Maggie Fairchild, MPH; Mackenzie Ray, MPH; Lauren Spaeth, MS), Transcriptionists (Sheri Joyce; Chad Lyles; Robert Morales; Vanisa Verma, MPH), and Editors (Joanna Bender and Julie Claus, MPH).

This material may be reproduced or copied with permission from CAN DO Houston, Robert Wood Johnson Foundation, the HKHC National Program Office, or Transtria LLC. Citation of the source is appreciated.

Cover photographs: CAN DO Houston and Transtria, LLC.

Suggested citation:

Donaldson, K, Brennan, LK. *CAN DO Houston Case Report*. St. Louis, MO: Transtria LLC; 2014. <http://www.transtria.com/hkhc>. Accessed <Month Day, Year>.

For more information about the evaluation aims, methods, analyses, or products, please contact Laura Brennan (laura@transtria.com) or Allison Kemner (akemner@transtria.com).

TABLE OF CONTENTS

Background	4-5
Community Demographics and Influence of Social Determinants	6-8
CAN DO Houston Partnership	9-10
Partnership Funding	11
Community Assessment	12-13
Planning and Advocacy Efforts	14-15
Healthy Eating and Active Living Strategies	
Parks and Play Spaces	16
Active Transportation	17-18
Farmers' Markets	19
Community Gardens	20-21
Tables	
Table 1: Houston, Texas Demographics	7
Figures	
Figure 1: Map of Healthy Kids, Healthy Communities Partnerships	4
Figure 2: Map of Houston, TX	6
Figure 3: Active Transportation Infographic	18
Appendices	
Appendix A: CAN DO Houston Evaluation Logic Model	23
Appendix B: Partnership and Community Capacity Survey Results	25
Appendix C: Partner List	32
Appendix D: Sources and Amounts of Funding Leveraged	33

BACKGROUND

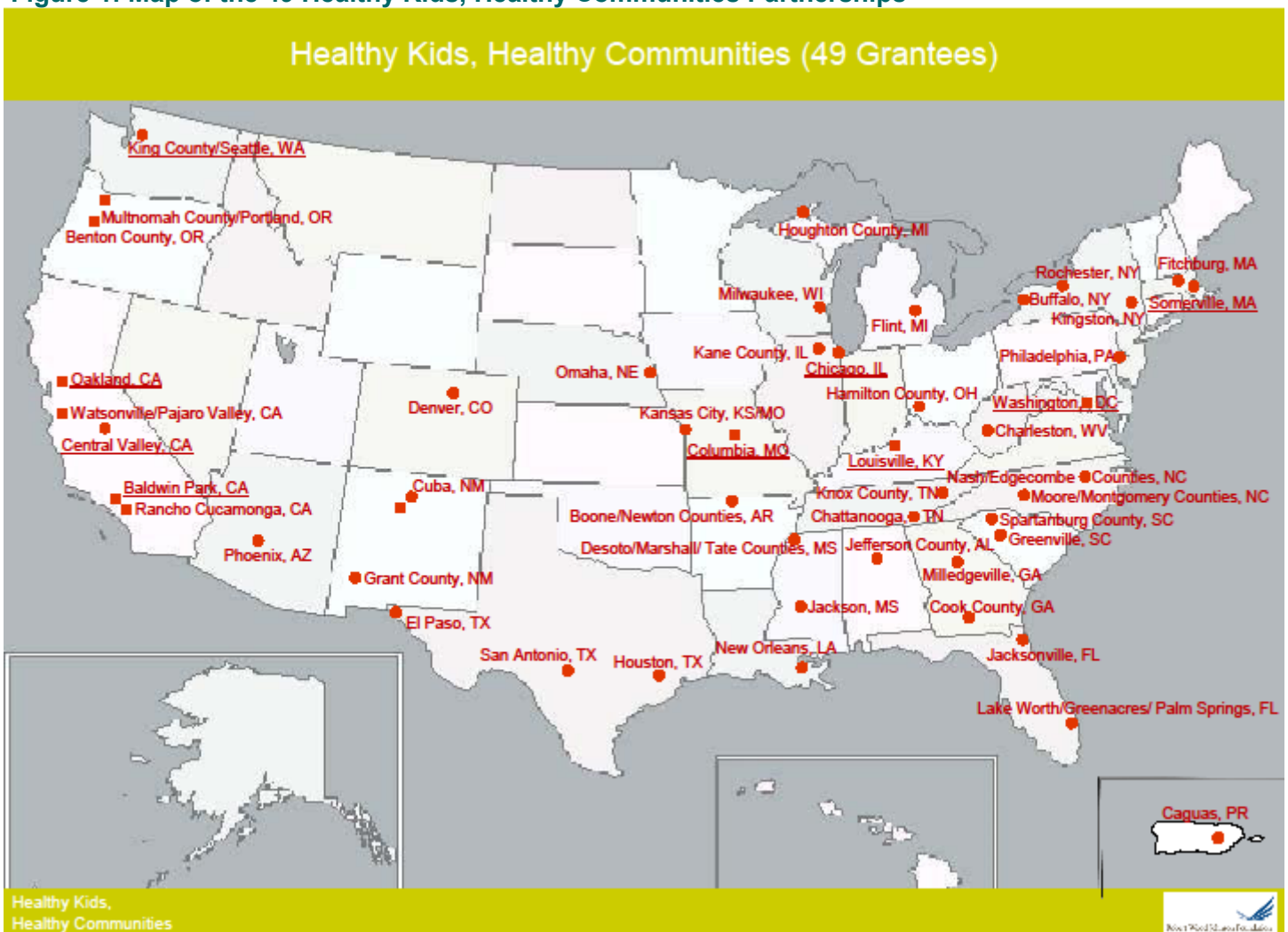
Healthy Kids, Healthy Communities National Program

With the goal of preventing childhood obesity, the Healthy Kids, Healthy Communities (HKHC) national program, funded by the Robert Wood Johnson Foundation (RWJF), provided grants to 49 community partnerships across the United States (Figure 1). Healthy eating and active living policy, system, and environmental changes were implemented to support healthier communities for children and families. The program placed special emphasis on reaching children at highest risk for obesity on the basis of race, ethnicity, income, or geographic location.¹

Project Officers from the HKHC National Program Office assisted community partnerships in creating and implementing annual workplans organized by goals, tactics, activities, and benchmarks. Through site visits and monthly conference calls, community partnerships also received guidance on developing and maintaining local partnerships, conducting assessments, implementing strategies, and disseminating and sustaining their local initiatives. Additional opportunities supplemented the one-on-one guidance from Project Officers, including peer engagement through annual conferences and a program website, communications training and support, and specialized technical assistance (e.g., health law and policy).

For more about the national program and grantees, visit: www.healthykidshealthycommunities.org.

Figure 1: Map of the 49 Healthy Kids, Healthy Communities Partnerships



Evaluation of Healthy Kids, Healthy Communities

Transtria LLC and Washington University Institute for Public Health received funding from the Robert Wood Johnson Foundation to evaluate the HKHC national program. They tracked plans, processes, strategies, and results related to active living and healthy eating policy, system, and environmental changes as well as

influences associated with partnership and community capacity and broader social determinants of health. Reported “actions,” or steps taken by community partnerships to advance their goals, tactics, activities, or benchmarks from their workplans, formed community progress reports tracked through the HKHC Community Dashboard program website. This website included various functions, such as social networking, progress reporting, and tools and resources to maintain a steady flow of users over time and increase peer engagement across communities.

In addition to action reporting, evaluators collaborated with community partners to conduct individual and group interviews with partners and community representatives, environmental audits and direct observations in specific project areas (where applicable), and group model building sessions. Data from an online survey, photos, community annual reports, and existing surveillance systems (e.g., U.S. census) supplemented information collected alongside the community partnerships.

For more about the evaluation, visit: www.transtria.com/hkhc.

CAN DO Houston

The CAN DO Houston (CDH) partnership was formed in 2008 to bring numerous stakeholders and agencies together to address childhood obesity. With over 40 participating organizations, CDH worked to mobilize and connect community partners and residents to the resources they needed in order to advocate for and implement policy and environmental change for healthy eating and active living. The Center for Health Equity and Evaluation Research at MD Anderson was the lead agency for CDH. CDH prioritized building community capacity for leadership and future advocacy work. The partnership and capacity building strategies of the partnership included:

- **Leadership and Advocacy Training:** CDH created a leadership and advocacy program for residents in low-income neighborhoods. The eight week program focused on advocacy, consensus building and leadership, group collaboration, and communicating and establishing relationships with elected officials and non-elected decision makers.
- **Go Healthy Houston Task Force:** The partnership played a key role in the establishment of a new Go Healthy Houston Task Force, which was created to recommend and implement specific actions to reduce the incidence of obesity and its health and economic impacts in the City of Houston.

See Appendix A: CAN DO Houston Evaluation Logic Model and Appendix B: Partnership and Community Capacity Survey Results for additional information.

Along with partnership and capacity building strategies, CDH incorporated assessment and community engagement activities to support the partnership and the healthy eating and active living strategies:

- **Parks and Play Spaces:** CDH focused its parks and play spaces efforts primarily around Lyons Elementary, implementing both practice and environmental changes to impact students and area residents. The partnership also conducted physical activity programs to engage and encourage residents to take an interest in their health and the health of their families.
- **Active Transportation:** CDH worked to increase access to healthy eating and physical activity opportunities by advocating for city-wide and organizational policy and practice changes.
- **Farmers' Markets:** CDH partnered with the City of Houston and area organizations to increase access to fresh produce with Supplemental Nutrition Assistance Program and Electronic Benefit Transfer (SNAP/EBT) access and to pilot mobile markets in several neighborhoods.
- **Community Gardens:** In collaboration with multiple partners, CDH established and expanded community and school gardens and worked to engage residents in gardening in Near Northside, Fifth Ward, Magnolia Park, and Independence Heights. After the initial support by the partnership, the gardens continued to expand and are now sustained by the school staff, students, families, residents, and area organizations.
- **Corner Stores:** CAN DO Houston piloted a corner store initiative in one Sunnyside neighborhood corner store. Lessons learned from the pilot site, including lessons on produce vendors and SNAP/EBT and Women, Infant, Children coupon (WIC) availability, will be used to improve the corner store initiative at the current store and expand to additional stores in Near Northside and Fifth Ward.

COMMUNITY DEMOGRAPHICS

Houston, one of the largest cities in the United States, is home to over two million ethnically and racially diverse residents. Divided into 88 neighborhoods, CAN DO Houston focused its efforts in five Houston neighborhoods, Sunnyside, Fifth Ward, Magnolia Park, Near Northside, and Independence Heights (see Table 1).

- **Magnolia Park:** Magnolia Park is one of Houston’s oldest Hispanic neighborhoods. Over 97% of Magnolia Park residents are Hispanic/Latino. The neighborhood is home to Briscoe Elementary and Mason Park.
- **Near Northside:** Near Northside, or Northside Village, is located just north of downtown. Almost 88% of Near Northside residents are Hispanic/Latino. The neighborhood is home to Lyons Elementary, Lyons SPARK Park, and Berry Elementary.
- **Sunnyside:** Sunnyside is located just south of downtown Houston. Historically an African-American neighborhood, over 92% of current Sunnyside residents are African-American. The neighborhood is home to Young Elementary, Sunnyside Park, and Wilmington House Housing Authority Apartments.
- **Fifth Ward:** The Fifth Ward neighborhood is divided by Interstate 10 into two sections, Upper and Lower Fifth Ward. Upper Fifth Ward is predominantly an African-American community. Lower Fifth Ward is smaller than Upper Fifth and is predominately a Hispanic/Latino neighborhood. Fifth Ward is home to Bruce Elementary and Swiney Park.
- **Independence Heights:** The Independence Heights neighborhood has historically been predominately African-American, but has recently seen an influx of Hispanic/Latino residents. Independence Heights is home to Burrus Elementary and Beauty’s Garden.

INFLUENCE OF SOCIAL DETERMINANTS

Demographics

Over the past few decades there has been a demographic shift in Houston; minority groups now collectively

Figure 2: Map of Houston, TX⁵

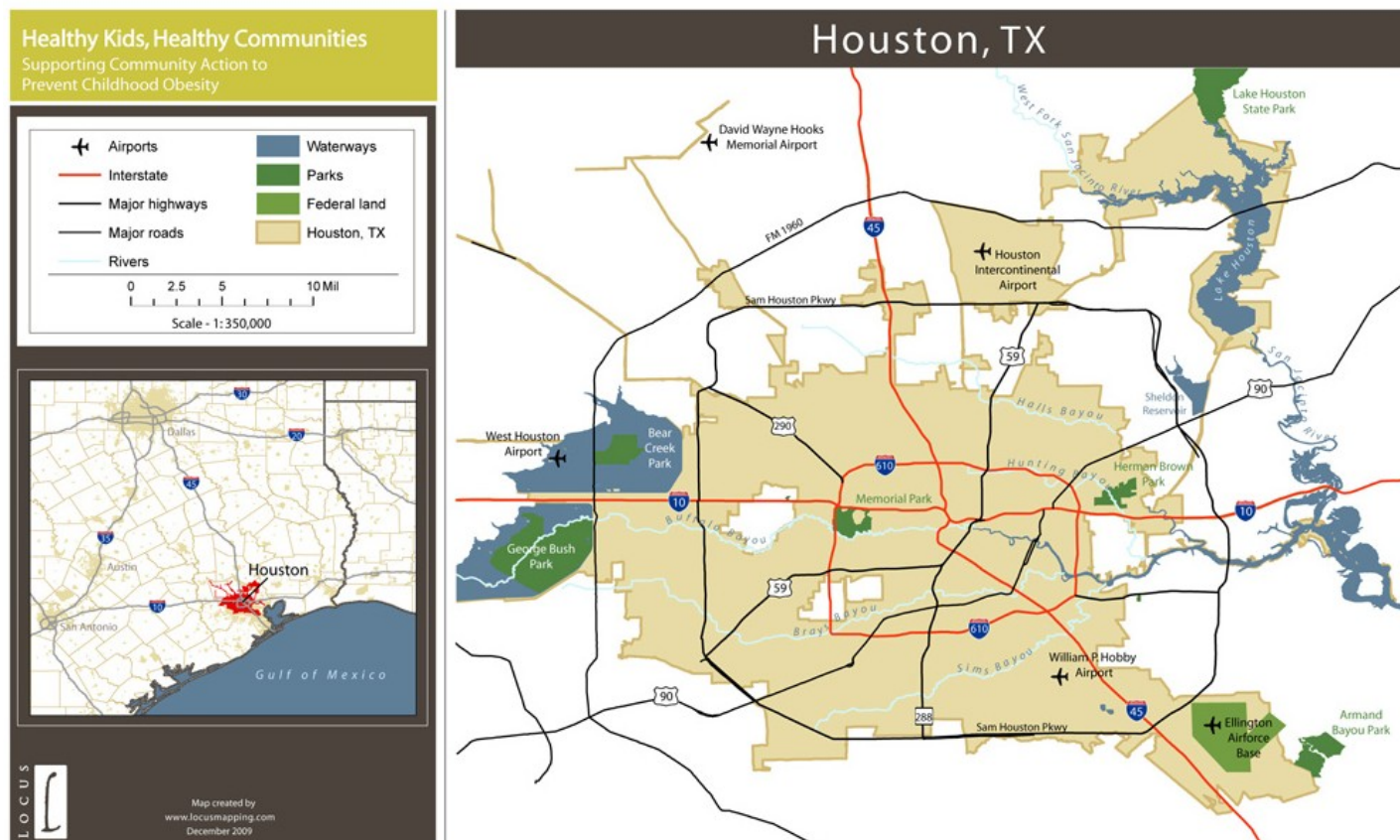


Table 1: Houston, Texas Demographics

	Population	African American	Hispanic / Latino	White	Poverty rate	Per capita income	Median household income
Houston ^{2,3}	2,099,451	23.7%	43.8%	50.5%	21.5%	\$26,849	\$44,124
Sunnyside ⁴	21,745	92.1%	5.6%	0.4%		\$12,645	\$23,461
Fifth Ward ⁴	23,481	56.0%	42.4%	0.9%		\$9,987	\$18,290
Magnolia Park ⁴	21,584	0.5%	97.7%	1.5%		\$10,318	\$27,741
Near Northside ⁴	30,803	7.2%	87.9%	4.3%		\$12,020	\$31,000
Independence Heights ⁴	15,225	55.5%	39.4%	4.0%		\$12,049	\$26,745

make up the majority of the population. According to partnership leadership, Houston’s close proximity to the United States/Mexico border has contributed to the shift. Partnership staff noted the importance of being aware of cultural and racial differences when engaging various target neighborhoods.

Neighborhoods

Houston has traditionally been a commuter city but, in recent years, substantial development in the downtown area led to an increase in residential development. Some of the development pushed public housing in the Fifth Ward further south into economically depressed areas such as Magnolia, Sunnyside, Northside, and Fifth Ward. Although neighborhoods may have similar racial/ethnic groups, the environment and history of each neighborhood presents unique opportunities and challenges.

Sunnyside

The Sunnyside neighborhood has more of a rural landscape than surrounding neighborhoods. Horses graze, dogs roam, and landfills spread throughout the neighborhood. Access to local grocery stores is limited due to transportation barriers. According to a Sunnyside resident, the neighborhood has deteriorated over time. The strong sense of community no longer exists. Community members used to be active and involved with community issues and had a strong desire to create an excellent environment for raising families. Now community members rarely organize themselves to work toward a common goal. Current Sunnyside residents have never experienced a well-structured, well-functioning, peaceful neighborhood, and therefore they do not know what to advocate for and so accept things as they are.

Fifth Ward

Fifth Ward, adjacent to downtown, is more urban than Sunnyside. Safety is generally not a concern in the Fifth Ward, because Houston police, constables, and sheriffs patrol on a coordinated schedule to maintain a police presence. There are several lower-income housing developments in Fifth Ward, including new developments. Fifth Ward’s proximity to downtown has led to an increase in high- and mixed-income housing developments. Partnership staff noted that several groups of residents have held onto their properties rather than selling them to developers. Though the residents will most likely be forced out because of the price of their home or affordability of property taxes, their continued presence has kept some communities intact, despite the many changes in the physical environment. Residents do not have access to any grocery stores in Fifth Ward.

Magnolia

Magnolia has a lot of recent immigrant families, many of which only speak Spanish. Briscoe Elementary students who live within two miles of the school must walk or provide their own transportation to school. Buses are provided only for special needs students. Briscoe students rarely bike to school, and the school does not have bicycle racks available.

Politics

The City of Houston does not staff a City Manager; policy direction and decisions come from the Mayor's office. Political support from the Mayor's office varies per administration. Movement to support healthy eating and active living in Houston is perceived by partnership staff to impact people working and living in downtown Houston rather than the city as a whole. The Mayor's downtown farmers' market, for example, serves the working class downtown. The bike share program is isolated to the downtown area and serves people who have already driven downtown to work. The partnership believes city-wide policies can be effective and advocated for policies designed to impact all neighborhoods (e.g., joint use agreements).

Transportation

Houston has a light rail system, but because Houston covers a large geographic area, public transportation is still a challenge.

Physical Environment

High temperatures in Houston create a barrier to physical activity and community gardening. Components of playgrounds become unusable during periods of high temperatures. Community gardens must be planted in February before it gets too hot, and in the summer volunteers do not want to be out in the heat to maintain the gardens.

Food Environment

Partnership staff perceive hunger to be a key issue in target neighborhoods. The school meal may be the only meal available to children, which puts more emphasis on the importance of affordable healthy food in the community. Policies in place regulating small businesses present challenges to increasing access to food. A strong restaurant lobby pushed for policies that prevented growth of the food truck industry (e.g., food trucks must be at least sixty feet away from one another to avoid potential fire hazards associated with propane tanks on the trucks). This policy limits the development of food trucks as alternative, less expensive sources or suppliers of healthy foods in food deserts. Installation of grocery stores in neighborhoods considered food deserts is inhibited by a policy that requires a large number of parking spaces to be available for each square foot of retail space. This limits opportunities for building grocery stores on smaller, less expensive lots. Farmers' markets in Houston typically serve high-income neighborhoods. Under-served communities might have access to a farm stand, but these are inconsistently operated. The HKHC target neighborhoods did not have access to farmers' markets prior to the partnership's efforts.

CAN DO HOUSTON PARTNERSHIP

Lead Agency and Leadership Teams

CAN DO Houston (CDH) was formed in 2008 to bring numerous stakeholders and agencies together to address childhood obesity. The Mayor's Wellness Council, the Houston Wellness Association, and The Core Center for Translational Sciences at the University of Texas School of Public Health began collaborating to collectively address various aspects of childhood

obesity in Houston. With over 40 participating organizations, CDH worked to mobilize and connect community partners and residents to the resources they needed in order to advocate for and implement policy and environmental change for healthy eating and active living.



The lead agency for CDH was the Center for Health Equity and Evaluation Research at MD Anderson. MD Anderson did not play a formal leadership role in the partnership but broadly supported CDH's strategies and provided office space and support to partnership staff. MD Anderson was selected as a fiscal lead agency, because CDH received its 501(c)3 status one year prior to the HKHC project. There were several challenges establishing MD Anderson as the lead agency in the first year of HKHC funding that delayed the start of CDH's contract and led to delays in funding allocation throughout the project. As a cancer research institution, MD Anderson was interested in understanding the relationship between obesity and cancer and had a research protocol to collect data through CDH. CDH had challenges obtaining approval from the Institutional Review Board because the partnership's work was different than traditional cancer research protocols. CDH's research protocol was eventually approved after multiple conversations and revisions.

The Project Director managed several grants and projects in addition to her role with CDH. During the project she was hired as a faculty member/instructor at the University of Texas MD Anderson Cancer Center which will be her primary role moving forward. The Project Director had a long history in civic engagement and utilized those skills to direct the partnership.

The Project Coordinator first served as a volunteer and consultant before transitioning to the coordinator role in 2012. Initially, she was responsible for coordinating the efforts in Sunnyside, which included teaching nutrition classes and conducting community engagement activities. Her transition to Project Coordinator was well received because of the relationships she established in Sunnyside. Her predecessor had originally worked for the City of Houston Parks Department on an initiative similar to CDH. First a volunteer, he was later hired as the Project Coordinator to lead the community mobilization efforts. He was well known in the community and had strong relationships in communities where it was often a challenge to establish trust. His relationships laid the groundwork for CDH's successes.

The partnership relied heavily on student interns and volunteers to advance its work. Students from Rice University, University of Texas Health Science Center School of Public Health, and University of Houston often developed thesis projects and conducted dissertation research within the HKHC workplan. This was a valuable resource for the partnership.

CDH staff had strong working relationships and complementary skills that allowed the partnership to effectively advance its workplan goals. The staff also quickly established trust and support in its neighborhoods because of its long history in the Houston area.

Organization and Collaboration

CAN DO Houston met quarterly to allow partners to collaborate on projects; 25-40 partners regularly attended the partnership meetings (see Appendix C for a full list of partners). Collectively the partnership members had varied interests and expertise that allowed them to collaborate effectively and engage the community in a meaningful way. CDH had a six-member volunteer board of directors that met quarterly and acted as an advisory group. The partnership also formed sub-committees for each target neighborhood that met during the overall partnership meetings. Initially, CDH focused its efforts in the Sunnyside, Near Northside, and

Magnolia Park neighborhoods but expanded to Independence Heights and Fifth Ward in 2011.

Key Partners

- **City of Houston Health and Human Services:** One of CDH's strongest partners, Houston Health and Human Services Department, financially supported projects and provided research and assistance for policy work. CDH also partnered with the health department on its Community Transformation Grant. The health department was a consistent presence across all of CDH's target neighborhoods.
- **Local Initiatives Support Corporation (LISC):** A long time partner, LISC coordinated the ongoing GO! (Great Opportunities) Neighborhood Program, a Building Sustainable Communities Initiative. LISC facilitated community-driven efforts by providing staff to coordinate residents and community-based organizations. LISC worked in the partnership's target neighborhoods and consistently worked to collaborate and support efforts across organizations. CDH partnered and collaborated with the GO! Neighborhood program in the Near Northside and Independence Heights neighborhoods.
- **Briscoe Elementary:** The first school with which CDH partnered, Briscoe Elementary had been involved with CDH since 2007. CDH originally approached Briscoe with an interest in reducing childhood obesity. The principal agreed to partner with CDH and served on the CDH board. The collaboration provided opportunities to network and harness resources for the school. The principal was interested in implementing policy change not only at Briscoe, but district-wide, so that children across the city could benefit from healthy eating and active living opportunities. The principal encouraged other principals to participate.
- **Lyons Elementary:** Lyons Elementary contacted CDH to become one of its target schools. The leaders from Lyons Elementary were very enthusiastic about working with CDH. The three main initiatives at Lyons- the garden, wellness room, and track improvements- were started in three consecutive years. Lyons engaged students, families, and community members to strengthen their community. Initially CDH provided a lot of management for the initiatives at Lyons, but responsibility was transferred to the school in the second year of the project. Lyons continued to use CDH as a resource, and the collaboration encouraged other local schools to approach CDH as well.

At the start of HKHC, CDH was the leading childhood obesity organization in Houston. Through CDH's efforts to make childhood obesity a public health priority in Houston and Harris County, there are now many entities focused on obesity issues, including the Mayor's Task Force on Obesity, the Houston/Harris County Obesity Prevention Collaborative (Healthy Living Matters), and the working groups of the City of Houston's Community Transformation Grant. The partnership worked to coordinate efforts between groups and provide assistance in the development of their goals. Even with the proliferation of policy-level groups in Houston, CDH continued to be the only partnership to engage residents and policy makers in an effort to reduce childhood obesity.

Additionally, CDH collaborated with HKHC sites in its region (e.g., El Paso, San Antonio, and Grant County, New Mexico) to share resources and discuss state-wide advocacy opportunities.

Partnership Sustainability

Over the funding period, CDH steadily expanded its involvement in Houston neighborhoods. Initially targeting Magnolia Park, Sunnyside, and Near Northside, the partnership quickly expanded to Fifth Ward and Independence Heights. In the coming year, CDH intends to expand its efforts into two additional neighborhoods, Sharpstown and Fondren Southwest.

Moving forward, the Project Coordinator will be leading CDH as the new Executive Director. CDH intends to assess partners' perceptions of benefits and challenges of being a member of the partnership and utilize this feedback to reshape its framework and goals.

PARTNERSHIP FUNDING

As part of HKHC, grantees were expected to secure a cash and/or in-kind match to equal at least 50% of the RWJF funds over the entire grant period. In addition to the partnership's original matching funds, CDH secured \$285,245 cash and in-kind funds from various organizations. Sources of funding included:

- Corporate Foundations and Sponsors: McDonald Corporation, Coca-Cola Foundation, General Mills Corporation, State Farm Insurance Company, and Whole Foods Market
- Local Organizations: Community Health Choice, St. Luke's Episcopal Health Charities, The B Side Yoga, Yoga One, Houston Food Bank, Gateway to Care, and Active Voice
- State and Local Government: Texas Department of Agriculture, City of Houston Department of Health and Human Services, and City of Houston Parks and Recreation Department
- Schools and Universities: Rice University's Kinder Institute for Urban Health, University of Texas MD Anderson Cancer Center, and Houston Independent School District

Although the partnership was able to leverage additional funds from various organizations, the partnership mainly collaborated with local community partners to fund various strategies and efforts. Rather than seeking large funding sources, CDH sought local funding and organization support to meet the requests of the community.

In addition, CDH provided assistance to community members and organizations seeking grant funds. Partnership staff reviewed and edited proposals, and on occasion, served as the fiscal agent to submit the grant proposal on behalf of community members or organizations. When CDH served in this role, partnership staff helped the funded organization understand the funding and reporting requirements.

See Appendix D: Sources and Amounts of Funds Leveraged

COMMUNITY ASSESSMENT

General Assessments

Several assessments were conducted by the partnership in 2010 to guide the partnership.

- **Meetings/Focus Groups:** CDH coordinated focus groups to assess community members' perceptions about access to healthy food and physical activity in their neighborhoods. Residents noted that they were more interested in learning to prepare their available food in a healthy manner rather than advocating for increased access to healthy food. CDH also used resident's shopping habits to select grocery stores for additional assessment.
- **Policy Key Informant Interviews:** The partnership met with Houston Independent School District board members, city council members, and state legislators to understand political readiness and issues around healthy eating and active living.
- **Mapping:** Based on the Food Trust's mapping and research, portions of CDH's neighborhoods met the definition of a food desert. The partnership mapped farmers' markets and community gardens to determine if the identification of additional food sources impacted food availability in the target neighborhoods. The mapping indicated that the majority of the markets were not located in areas with identified need, and community gardens were not evenly distributed across Houston.

Healthy Eating

The partnership conducted various assessments to inform its healthy eating strategy.

- A grocery store assessment of nearly 200 stores was conducted using the Texas Nutrition Environment Assessment (TX-NEA) tool as part of a statewide effort. The partnership surveyed nearly 200 stores, including 61 stores in its target neighborhoods. The survey found a lack of access to affordable, high-quality, nutritious food in the target neighborhoods, with the exception of Magnolia Park. Not only did Magnolia Park residents have access to fresh fruit and vegetables, but also to numerous stores that served the Latino community with ethnically-specific products.
- A vending assessment was conducted at Sunnyside Park Community Center. CDH found the machines were about 10:1 unhealthy food to healthy food. After the assessment, CDH discovered recommendations were already in place for healthy vending options in the city, but they were not enforced or viewed as a priority. CDH chose not to pursue a healthy vending strategy.
- Focus groups were conducted in target neighborhoods with several groups of residents to identify food access issues and viable solutions.

Corner Stores

CDH conducted a corner store feasibility study to identify potential stores for its Healthy Corner Store initiative and pilot. Corner stores were assessed in Fifth Ward and Near Northside.

- **Near Northside:** Partnership staff found that the majority of the stores sold alcoholic beverages and snack/junk food. If there was any fresh produce, it included lemons/limes, bananas, onions, and jalapeños. Several stores refused to participate in the assessment.
- **Fifth Ward:** Partnership staff visited ten stores and completed seven assessments.

Corner Store Pilot

CDH piloted a corner store initiative in one Sunnyside neighborhood corner store, Texas Marketplace. The store was located near two public housing complexes. HKHC funds were used to purchase equipment, signage, and produce for the store. A total of \$6,428 was invested; \$1,500 was used to purchase a refrigerator unit; \$2,700 was used to purchase and deliver produce; \$4,000 was used to partner with Veggie Pals for produce supply and delivery; and the remaining amount was used for promotional materials.

CDH and Texas Marketplace signed a memorandum of agreement detailing responsibilities and expectations for the pilot. The Project Coordinator surveyed nearby Sunnyside residents on produce preference. This

information, along with store owner preference, was used to select produce for the store. Partnership interns visited the store twice weekly to assess quality and location of the produce. The partnership also conducted interviews with ten customers to assess their interaction with the fresh produce.

Of the \$2,700 used to purchase produce, the store owner made \$150. Partnership staff and the store owner attributed the lack of sales to the following:

- Sales were strong at the beginning but dropped dramatically at the end of the month. The lack of WIC/SNAP funds available at the end of the month may have contributed to this decline.
- CDH partnered with Veggie Pals to supply produce for the corner store. Deliveries were inconsistent and produce tended to be low quality. HKHC leadership observed that low-quality produce was purchased from the produce company because it was less expensive. By the time the produce was delivered to the corner store, it would only last about a day before it was wilted or rotten.
- The store owner did not make an effort to manage or market produce. In the future if the corner store model is used, training for store owners will be a part of the model to provide produce storage and marketing advice.



Texas Marketplace Corner Store Pilot. Photo source: HKHC Dashboard

As part of the Community Transformation Grant, Houston Health and Human Services Department contracted CDH to submit a report on the corner store pilot to inform the future implementation of a Healthy Corner Store Initiative in several priority neighborhoods. CDH plans to continue the corner store initiative at Texas Marketplace and partner with the health department's Healthy Corner Store Initiative. Based on lessons learned a new vendor has been secured and additional community promotion, training for store owners, and evaluation of sales and customer behaviors will be incorporated in the future.

Parks and Play Spaces

The partnership conducted various physical activity assessments to inform its parks and play spaces and school wellness efforts.

- A survey was conducted of Briscoe Elementary parents about health behaviors and attitudes related to physical activity.
- An inventory was compiled of physical activity availability in Sunnyside neighborhood.
- An assessment of the SPARK Park adjacent to Lyons Elementary was conducted using a modified version of the System for Observing Play and Recreation in Communities (SOPARC) tool.
- Spanish-speaking residents were surveyed on awareness of physical activity opportunities. The survey indicated that translated materials may increase intent to engage in exercise.

Active Transportation

The partnership tracked utilization of the bus transportation provided by the Houston Independent School District from Briscoe Elementary to Mason Park. The assessment found that the service was well used and valued. Based on the assessment results, Houston Independent School District continued to fund the transportation service and added additional days to the route.

PLANNING AND ADVOCACY EFFORTS

Community Engagement and Advocacy

CAN DO Houston prioritized building community capacity for future advocacy work. According to partnership staff, Houston did not have a strong history of community organizing, so the concept of advocacy was foreign to the majority of community members. Partnership staff believed that the key to initiating community advocacy for policy and environmental change hinged on community awareness and trust. The partnership focused on building relationships and engaging community members through programs and education and then encouraging participants to become advocates for healthy eating and active living in their neighborhoods. Initially, many residents were timid about the prospect of speaking publicly about their frustrations. The programmatic efforts by the partnership were designed to give community members hope that continued and long-lasting change was possible with neighborhood advocacy efforts. CDH believed that empowering community members to advocate would be more effective in the long run, because policy makers would be more receptive to communications directly from their constituents as opposed to program managers and organizations. CDH acted as a liaison between the community and the academic and public sectors that were responsible for making decisions that would eventually impact the community.

“...we’re able to go back and forth between the people who are affected by the decisions made and the people who make the decisions, and so there’s times when we’re sitting with the Mayor’s Wellness Council, and they’re talking about something and we try to keep them on track because a lot of our work, if not all of it, starts and ends in the community, both advocacy and programs...” - Partnership Staff

Healthy Lifestyles Program

CDH led a Healthy Lifestyles Program for residents focused on nutrition and physical activity. The program was targeted to parents and was conducted twice in Sunnyside and once in Near Northside. The goal of the program was to not only introduce participants to healthy living concepts but to also prepare them for future advocacy involvement. After completion of the Healthy Lifestyles Program, participants were introduced to CDH’s Leadership and Advocacy Training Program and invited to participate. Partnership staff also

“If the people are more aware, then they are more likely to participate in this more” -Partnership member

conducted a Health in Action Program for children and youth alongside the Healthy Lifestyles Program. The Health in Action Program served as child care for the parents enrolled in the Healthy Lifestyles Program but also provided an opportunity to educate and empower youth on healthy eating and active living.

Leadership and Advocacy Training

CAN DO Houston created the Leadership and Advocacy Program for residents in lower-income neighborhoods. The goal of the program was to provide community members with the skills necessary to promote changes to their built environment. All components of the class were geared toward providing the necessary skills so that community members could elicit change independent of outside organizations. The eight-week program focused on advocacy, consensus building and leadership, group collaboration, and communicating and establishing relationships with elected officials and non-elected decision makers. Class participants were challenged to develop a multi-component advocacy project to illustrate the various stages of accomplishing a goal through advocacy. Graduates of the program have gone on to be involved in city-level advisory groups and organizations throughout Houston have adopted and implemented the program.

The Leadership and Advocacy Training Program grew out of the Healthy Lifestyles Program. The program inadvertently served as a support group for the women attending the class, in which they discussed issues and problems within their community. The

“We were immediately thinking of trying to get them some leadership advocacy training to help them realize that they can actually move forward with changes in the community but not really understanding how to have that voice or to have that leadership role in their community. -Partnership staff

classes led to discussions about barriers to healthy eating, including access to fresh fruits and vegetables and transportation to grocery stores. The partnership continued to meet with and support the group of women after the initial program ended, and the ongoing conversations spurred the partnership to develop the Leadership and Advocacy Training Program. The curriculum was developed with guidance from the Central Valley HKHC Advocacy Training and National Association for the Advancement of Colored People (NAACP) advocacy training resources recommended at the HKHC annual grantee meeting. The curriculum was tailored to each neighborhood group.

The HKHC partnership conducted leadership and advocacy trainings with residents in Sunnyside and Near Northside.

- Sunnyside: The advocacy group, Sunnyside on the Bayou, was created at the conclusion of the training conducted at the Wilmington House complex. The Sunnyside on the Bayou group successfully worked with the Housing Authority to unlock gates near the housing complex that would allow pedestrian access to a local grocery store. In the future, the Sunnyside on the Bayou group hopes to improve the walkability, safety, and condition of the walking path to the grocery store. Additionally, a member of the group now serves on a METRO (Houston Mass Transit Authority) advisory group exploring ways to increase access to grocery stores in Sunnyside.
- Northeast Houston: Conducted at the Driver Park Boys and Girls Club, the participants hoped to address barriers to physical activity for kids, especially access to transportation. As of 2013, they had not identified a specific policy or goal.

“So this is really, igniting what we see is a true opportunity to get residents on board and really give them voice, and then what happens after we give them voice is completely up to them, and CAN DO will be prepared to support it and nurture it but literally let them take the lead on it.” -Partnership staff

Moving forward, CDH plans to continue offering the Leadership and Training Advocacy Program to residents and hopes to translate the curriculum into Spanish to make it more widely available.

In addition to programs and advocacy training, CDH regularly engaged residents by facilitating meetings at established community meetings (e.g., Sunnyside Neighborhood Advisory Council, Near Northside support group, GO! Health program meetings) and coordinating community events (e.g., food/clothing giveaways and community improvement projects). The partnership provided community members a forum to share their concerns and created an environment where people were comfortable expressing their opinions and frustrations. CDH intends to continue to play an informal, supportive role in community members' advocacy efforts.

[Go Healthy Houston Task Force](#)

The partnership played a key role in the establishment of a new Go Healthy Houston Task Force. CAN DO Houston shaped the Mayor's Resolution to create the task force and serve as a member. The Go Healthy Houston Task Force was created to recommend and implement specific actions to reduce the incidence of obesity and its health and economic impacts in the City of Houston. The partnership focused on encouraging the Mayor's Obesity Task Force to address healthy eating and active living issues at the neighborhood level. The Go Healthy Houston Task Force was frequently influenced by the Greater Houston Partnership which represented business interests throughout Houston. The influence of business interests on the task force was often a challenge, but CAN DO Houston staff strove to involve these interest groups in their work when possible.

“...our message for achieving policy change is that the people who have been through a cooking class or go to a garden with us, those are the people that we try to turn into advocates.” -Partnership staff

PARKS AND PLAY SPACES

CDH focused its parks and play spaces efforts primarily around Lyons Elementary, implementing both practice and environmental changes to impact students and area residents. The partnership also conducted physical activity programs to engage and encourage residents to take an interest in their health and the health of their families.

Policy, Practice, and Environmental Changes

Parks and Play Spaces practice and environmental changes included:

- A new wellness room with exercise equipment was created at Lyons Elementary.
- An informal joint use agreement was established to allow parents and community members to utilize the Lyons Elementary wellness room.
- Running trails were repaved at the Lyons Elementary SPARK Park.

Complementary Programs/Promotions

Let's Move Magnolia

Assessments conducted by CDH indicated a need for physical activity opportunities for residents and students. CDH received a \$25,000 grant from the Coca-Cola Foundation to support physical activity programs in Magnolia Park. Free physical activity classes, including Zumba and yoga, were offered to students and adults three times per week at Briscoe Elementary, Mason Park, and Magnolia Park Multi-Service Center.

Implementation

Lyons Elementary Wellness Room

CDH partnered with a community resident and Lyons Elementary to create a wellness room in Lyons Elementary. The community resident donated \$5,000 worth of exercise equipment for the space, and the partners remodeled the room to create a safe space for physical activity. An informal joint use agreement was established to open the room to students, school staff, parents, and residents. Interested parents and residents were required to complete the school's volunteer process to utilize the room. All adults were required to complete a safety training with the physical education teacher. After the creation of the wellness room, Lyons Elementary assumed responsibility for maintaining the room and equipment.



Lyons Wellness Room. Photo source: Transtria

Lyons Elementary SPARK Park

Parents and residents brought the poor condition of the SPARK Park walking trail to the attention of CDH, indicating their interest in repairs for a safe space to walk. CDH requested and received trail repairs from the Houston Independent School District Maintenance Department.

Population Impact

Lyons staff, under the guidance of CDH, evaluated the utilization of the Lyons wellness room. Results indicated an average of 35 visits per month, mostly by teachers. Usage declined during the summer months. CDH conducted a focus group to assess usage of the Lyons SPARK Park trail, and residents indicated they had increased their usage of the walking trail because of the improved conditions.

ACTIVE TRANSPORTATION

CDH worked to increase access to healthy eating and physical activity opportunities by advocating for city-wide and organizational policy and practice changes.

Policy, Practice, and Environmental Changes

Active Transportation policy and practice changes included:

- A Complete Streets Executive Order was signed and adopted by the Mayor of Houston.
- A Wilmington House Housing Authority organizational practice was established to unlock gated access to a pedestrian bridge.
- A Houston Independence School District organizational policy was established to increase transportation offerings from Briscoe Elementary to Mason Park from two days per week to three.

For additional information, see Figure 3: Active Transportation Infographic

Implementation

Complete Streets

In collaboration with other coalitions, CDH advocated for the Complete Streets Executive Order, which was signed November 1, 2013.

Housing Authority Gate

Participants of the Leadership and Advocacy Training Program formed the Sunnyside on the Bayou advocacy group. Sunnyside on the Bayou members prioritized improving walkability to a local grocery store from the Housing Authority property. They intended to advocate for the installation of lighting, sidewalks, and repairs to the path and bridge that provided access to the store. In the midst of their efforts, access to the bridge was prohibited. The residents then advocated to reopen the gate. After multiple conversations, the Housing Authority agreed to unlock the gate during the day. The group plans to continue its advocacy efforts to improve lighting and conditions along the bridge and path.



Housing Authority bridge. Photo source: Transtria

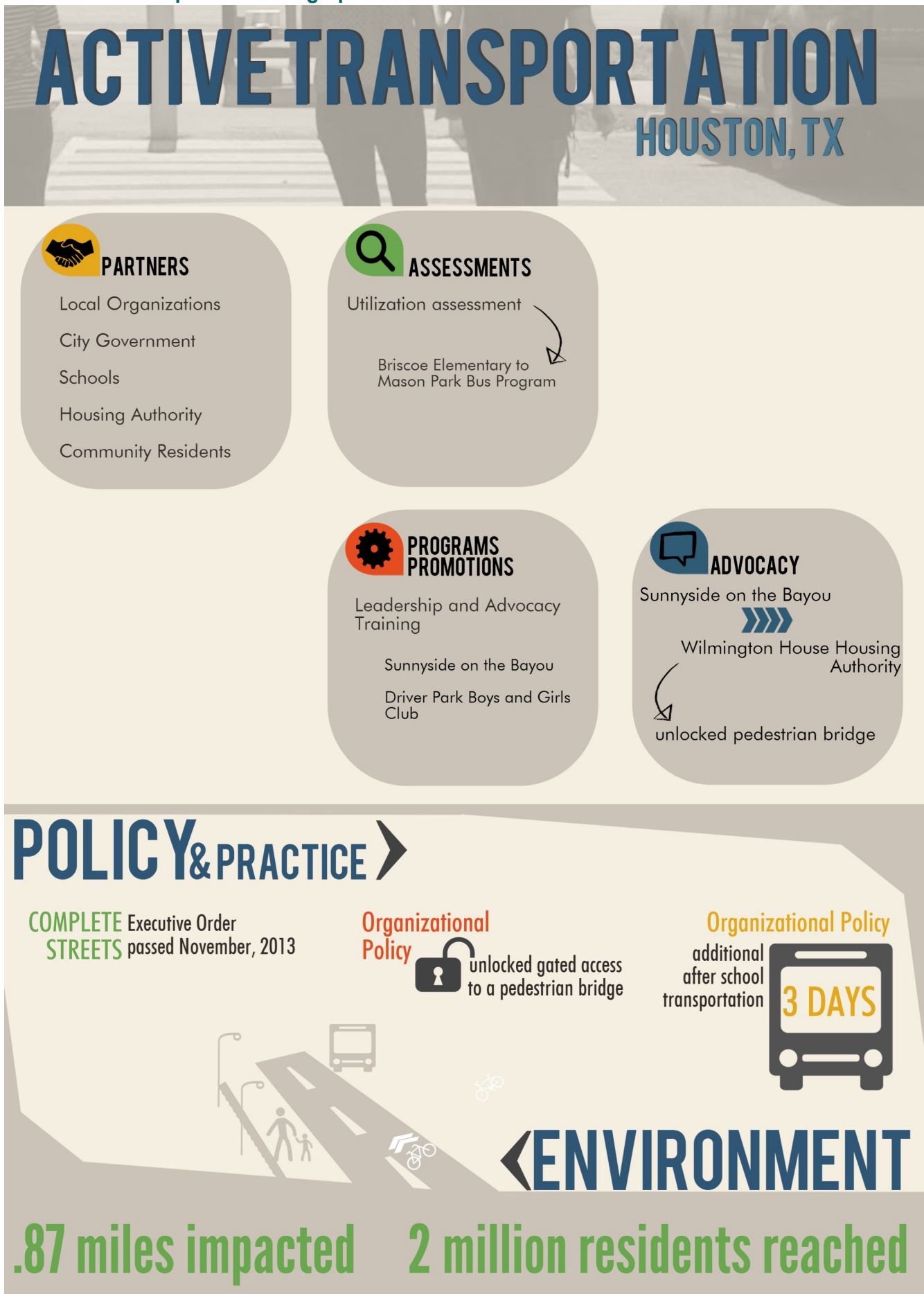
Transportation to Mason Park

As part of the Houston Mayor's After-School Achievement Program, after-school programming for elementary & middle school-aged youth was offered at Mason Park. Transportation to the after-school program from Briscoe Elementary had been identified as a challenge due to natural barriers (e.g., bayou) and the distance from the school to the park. Bus transportation was provided by Houston Independence School District two days per week for students of Briscoe Elementary. CDH's assessment of utilization of the service prompted the school district to increase the transportation service from two days per week to three.

Population Impact

Transportation availability increased student access to the Mason Park after-school program, which provided physical activity opportunities and free, healthy snacks and dinner to participants.

Figure 3: Active Transportation Infographic



FARMERS' MARKETS

CAN DO Houston partnered with the City of Houston and area organizations to increase access to fresh produce with SNAP/EBT access and pilot mobile markets in several neighborhoods.

Policy, Practice, and Environmental Changes

Farmers' market policy and environmental changes included:

- acceptance of Electronic Benefit Transfer (EBT) payments at three mobile farmers' market sites- Sunnyside Multi-Service Center, Magnolia Multi-Service Center, and Lyons Avenue Health Center in Fifth Ward.
- new mobile farmers' markets at Sunnyside Multi-Service Center, Magnolia Multi-Service Center, and Lyons Avenue Health Center in Fifth Ward.

Implementation

Food Assistance Benefits

Partnering with the Houston Food Policy workgroup, CAN DO Houston prompted the Houston Department of Health and Human Services to accept Electronic Benefit Transfer (EBT) payments at three sites- Sunnyside Multi-Service Center, Magnolia Multi-Service Center, and Legacy Health Clinic in Fifth Ward. At CDH's recommendation, Houston Department of Health and Human Services pushed for the markets to be accepted in the EBT program. Because the markets were held outside, they had difficulty maintaining a power source. The health department utilized services of an outside company that guided them to purchase wireless rechargeable EBT machines. Health department staff noted that the process of securing reliable equipment was a challenge.

City of Houston Farmers' Markets

Houston Department of Health and Senior Services partnered with CDH to pilot farmers' markets at three multi-service centers. The farmers' markets were held once a month at Magnolia Multi-Service Center, Sunnyside Multi-Service Center, and Lyons Avenue Health Center. CDH supported the City of Houston in the creation of mobile farmers' markets in Sunnyside and Magnolia Park neighborhoods by recruiting farmers and coordinating promotional activities.

- Magnolia: CDH helped promote the farmers' market by inviting the Briscoe Elementary choir to perform at the grand opening. CDH also made attempts to recruit farmers. Farmers were reluctant to participate, because they were not willing to pay certification fees and they expressed concern over liability issues. To address the concerns, Urban Harvest provided liability if farmers became members in its organization. Sales at the market were strong, and the market frequently sold out.

Bruce Elementary/Swiney Park Mobile Produce Market

CDH coordinated the launch of a mobile farmers' market at Bruce Elementary/Swiney Park in the Fifth Ward to increase access to fresh produce for families and students from Bruce Elementary. The partnership conducted a mobile farmers' market at Swiney Park, a public park adjacent to Bruce Elementary for six weeks. CDH partnered with Veggie Pals, a produce vendor, to host the mobile market at Swiney Park. CDH experienced many challenges that prohibited the market from continuing (e.g., cold weather made it difficult for customers to shop, it was illegal to sell produce in the park, EBT machine could not access wireless internet).

Lessons Learned and Sustainability

The partnership plans to redesign its strategy for providing access to fresh produce in low-income neighborhoods. It may consider using a co-op model or locating the mobile market in a lower-income housing complex where residents would have access. Regardless, CDH is committed to trying alternative methods of providing fresh produce access to people in lower-income, under-served communities.

COMMUNITY AND SCHOOL GARDENS

In collaboration with multiple partners, CDH established and expanded community and school gardens and worked to engage residents in gardening in Near Northside, Fifth Ward, Magnolia Park, and Independence Heights. After the initial support by the partnership, the gardens continued to expand and are now sustained by the school staff, students, families, residents, and area organizations.

Policy, Practice, and Environmental Changes

Community and school garden environmental changes included:

- New school gardens at Lyons Elementary and Bruce Elementary and a new senior community garden in Fifth Ward.
- Modified gardens at Berry Elementary and Briscoe Elementary.

Complementary Programs/Promotions

CDH partnered with a community resident and urban farmer to conduct garden and cooking classes at Beauty's Garden, a community garden in Independence Heights. CDH also hosted weekly garden classes at the Berry Elementary school garden. Many school gardens were used in school curriculum and as part of after-school programs.

Implementation

New Gardens

- Lyons Elementary: CDH partnered with Recipe for Success, Houston Health and Human Services Department, Houston Independence School District, Community Health Choice, students, and parents to build a school garden at Lyons Elementary of the Near Northside neighborhood in 2010. Over 60 people participated in the build, half of which were community members. Partners received funding from the City of Houston to fund the garden build. CDH petitioned the city to utilize funds earmarked for gardens on city property for this project. After the build, Lyons Elementary staff and students took responsibility for the garden.
- Bruce Elementary: CDH partnered with Houston Independence School District, Museum of Cultural Arts Houston, students, and parents to build a school garden at Bruce Elementary of the Fifth Ward neighborhood in 2011. CDH and Houston Independence School District received funding from Texas Department of Agriculture for the build.
- Fifth Ward Senior Garden: CDH connected Pleasant Hill Baptist Church to the City of Houston Master Gardener to establish a garden for residents of a senior living community.
- Young Elementary: CDH established a garden at Young Elementary, but the garden was subsequently removed.



Lyons Garden. Photo source: CDH

Modified Gardens

- Berry Elementary: CDH partnered with Urban Harvest to rebuild a school garden at Berry Elementary of the Near Northside neighborhood. Over 50 students, parents, and community residents participated in the

rebuild.

- Briscoe Elementary: The Briscoe Elementary school garden was established by Recipe for Success three years prior to partnership involvement. CDH purchased garden equipment and a storage shed to improve the school garden located in the Magnolia Park neighborhood.

Challenges

The HKHC leadership worked with Texans Together to create a community garden in Magnolia Park, but implementation never occurred. The community in Magnolia Park did not perceive a lack of access to fresh produce, so it did not embrace the idea of a community garden.



Community Garden. Photo source: CDH

Sustainability

Partnership efforts around community and school gardens will continue moving forward. Several school gardens are planned for 2014, and efforts to expand community gardening in Independence Heights will continue. Partners would like to build a network of small community gardens to supply local restaurants and farmers' markets, thus providing income to community members.

CDH will also be partnering with Rice University to discuss food deserts, environmental barriers to healthy eating and active living, and the link between hunger and childhood obesity. CDH will serve on community panels and mentor students as part of the collaboration.

REFERENCES

1. Healthy Kids, Healthy Communities National Program Office. *Home and About*, 2009. <http://www.healthykidshealthycommunities.org/> Accessed January 2, 2014
2. U.S. Census Bureau. *2010 Census*. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> Accessed January 2, 2014.
3. U.S. Census Bureau. *2007-2011 American Community Survey*. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> Accessed January 2, 2014.
4. City of Houston. *City of Houston Super Neighborhoods Demographics*, 2009. <http://www.houstontx.gov/superneighborhoods/recognized.html> Accessed January 22, 2014.
5. Healthy Kids, Healthy Communities National Program Office. *Houston, TX*, 2009. <http://www.healthykidshealthycommunities.org/communities/houston-tx> Accessed January 13, 2014.

APPENDIX A: CAN DO HOUSTON EVALUATION LOGIC MODEL

In the first year of the grant, this evaluation logic model identified short-term, intermediate, and long-term community and system changes for a comprehensive evaluation to demonstrate the impact of the strategies to be implemented in the community. This model provided a basis for the evaluation team to collaborate with the CAN DO Houston to understand and prioritize opportunities for the evaluation. Because the logic model was created at the outset, it does not necessarily reflect the four years of activities implemented by the partnership (i.e., the workplans were revised on at least an annual basis).

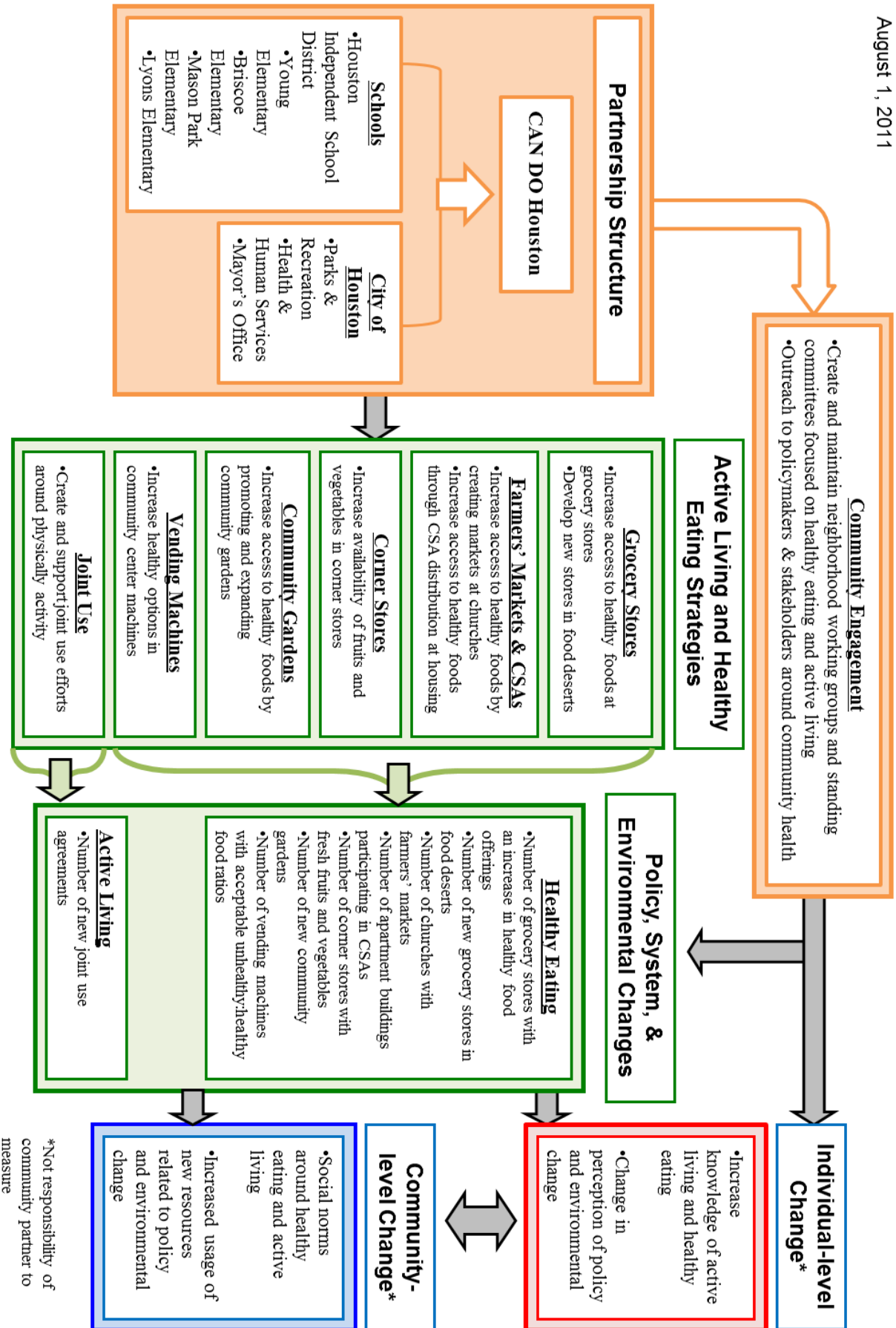
The healthy eating and active living strategies of CAN DO Houston included:

- *Parks and Play Spaces*: CDH focused its parks and play spaces efforts primarily around Lyons Elementary, implementing both practice and environmental changes to impact students and area residents. The partnership also conducted physical activity programs to engage and encourage residents to take an interest in their health and the health of their families.
- *Active Transportation*: CDH worked to increase access to healthy eating and physical activity opportunities by advocating for city-wide and organizational policy and practice changes.
- *Farmers' Markets*: CDH partnered with the City of Houston and area organizations to increase access to fresh produce with Supplemental Nutrition Assistance Program and Electronic Benefit Transfer (SNAP/EBT) access and to pilot mobile markets in several neighborhoods.
- *Community Gardens*: In collaboration with multiple partners, CDH established and expanded community and school gardens and worked to engage residents in gardening in Near Northside, Fifth Ward, Magnolia Park, and Independence Heights. After the initial support by the partnership, the gardens continued to expand and are now sustained by the school staff, students, families, residents, and area organizations.
- *Corner Stores*: CAN DO Houston piloted a corner store initiative in one Sunnyside neighborhood corner store. Lessons learned from the pilot site, including lessons on produce vendors and SNAP/EBT and Women, Infant, Children coupon (WIC) availability, will be used to improve the corner store initiative at the current store and expand to additional stores in Near Northside and Fifth Ward.

Houston, TX HKHC Logic Model

Children and Neighbors Defeat Obesity - CAN DO Houston

August 1, 2011



*Not responsibility of community partner to measure

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Partnership and Community Capacity Survey

To enhance understanding of the capacity of each community partnership, an online survey was conducted with project staff and key partners involved with Can Do Houston partnership during the final year of the grant. Partnership capacity involves the ability of communities to identify, mobilize, and address social and public health problems.¹⁻³

Methods

Modeled after earlier work from the Prevention Research Centers and the Evaluation of Active Living by Design⁴, an 82-item partnership capacity survey solicited perspectives of the members of the Can Do Houston partnership on the structure and function of the partnership. The survey questions assisted evaluators in identifying characteristics of the partnership, its leadership, and its relationship to the broader community.

Questions addressed respondents' understanding of Can Do Houston in the following areas: structure and function of the partnership, leadership, partnership structure, relationship with partners, partner capacity, political influence of partnership, and perceptions of community members. Participants completed the survey online and rated each item using a 4-point Likert-type scale (strongly agree to strongly disagree). Responses were used to reflect partnership structure (e.g., new partners, committees) and function (e.g., processes for decision making, leadership in the community). The partnership survey topics included the following: the partnership's goals are clearly defined, partners have input into decisions made by the partnership, the leadership thinks it is important to involve the community, the partnership has access to enough space to conduct daily tasks, and the partnership faces opposition in the community it serves. The survey was open between September 2013 and December 2013 and was translated into Spanish to increase respondent participation in predominantly Hispanic/Latino communities.

To assess validity of the survey, evaluators used SPSS to perform factor analysis, using principal component analysis with Varimax with Kaiser Normalization (Eigenvalue >1). Evaluators identified 15 components or factors with a range of 1-11 items loading onto each factor, using a value of 0.4 as a minimum threshold for factor loadings for each latent construct (i.e., component or factor) in the rotated component matrix.

Survey data were imported into a database, where items were queried and grouped into the constructs identified through factor analysis. Responses to statements within each construct were summarized using weighted averages. Evaluators excluded sites with ten or fewer respondents from individual site analyses but included them in the final cross-site analysis.

Findings

Structure and Function of the Partnership (n=5 items)

A total of 11 individuals responded from Can Do Houston partnership. Of the sample, 8 were female (73%) and 3 were male (27%). Respondents were between the ages of 18-25 (4, or 36%), 26-45 (5, or 45%), 46-65 (1, or 10%), or 66 or older (1, or 10%). Survey participants were also asked to provide information about race and ethnicity. Respondents identified with one or more from the following race and ethnicity categories: African American, American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, White, Other race, Hispanic or Latino, Not Hispanic or Latino, Ethnicity unknown/unsure, or Refuse to provide information about race or ethnicity. Of the 13 responses, 31% were White, 31% were African American/Black, 31% were Hispanic or Latino, and 7% were Not Hispanic or Latino. No other races or ethnicities were identified.

Respondents were asked to identify their role(s) in the partnership or community. Of the 14 identified roles, one represented the Community Partnership Lead (7%) and four were Community Partnership Partners (29%). One respondent self-identified as Community Leader (7%) and five as Community Members (36%). Three respondents (21%) self-identified with other roles not specified in the response options. Individuals participating in the survey also identified their organizational affiliation. Twenty-seven percent of respondents (n=3) indicated affiliation to a Neighborhood Organization, while three claimed affiliation with other types of organizations not specified (27%). The remaining five respondents associated with Faith- or Community Based Organization (9%), Schools/School District (1, or 9%), Local Government Agency (city/county) (1, or

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

9%), an Advocacy Organization (1, or 9%), and a Child Care or Afterschool Organization (1, or 9%).

Leadership (n=8 items)

The majority of responses showed agreement or strong agreement (100% total) to statements suggesting that the partnership had an established group of core leaders who had the skills to help the partnership achieve its goals. Responses also indicated that participants in the survey felt the core leadership is organized and retains the skills to help the partnership and its initiatives succeed. Respondents agreed or strongly agreed (100%) that leaders worked to motivate others, worked with diverse groups, showed compassion, and strived to follow through on initiative promises. Sixty-three percent of the responses showed agreement or strong agreement that at least one member of the leadership team lived in the community, while 36% responded “I don’t know”. When asked if they agreed with statements suggesting that at least one member of the leadership team retained a respected role in the community, 90% of respondents agreed or strongly agreed, while 10% respondents did not know.

Partnership Structure (n=24 items)

Respondents generally felt that the partnership adequately provided the necessary in-kind space, equipment and supplies for partners to conduct business and meetings related to partnership initiatives (72% agree/strongly agree). Yet, 3% of respondents disagreed and 24% felt unsure provision of space and equipment was sufficient. Most (86%) also agreed that the partnership has processes in place for dealing with conflict, organizing meetings, and structuring goals, although 11% responded “I don’t know”, indicating a lack of familiarity in this area; while 2% felt these processes were not established, and 2% provided no response to this survey question. Partnership members (leadership and partners) were generally perceived by respondents to be involved in other communities and with various community groups, bridging the gaps between neighboring areas and helping communities work together (97%), though 3% did not know.

Though the majority (79%) of respondents indicated agreement with statements about the partnership’s effectiveness in seeking learning opportunities, developing the partnership, and planning for sustainability, 11% of responses disagreed or strongly disagreed, and 11% were not aware of partnership activities specific to development and sustainability. Two percent did not respond to this survey question.

Relationship with Partners (n=4 items)

One hundred percent of responses to statements about leadership and partner relationships were positive (agree/strongly agree), indicating that the majority of respondents felt the partners and leadership trusted and worked to support each other.

Partner Capacity (n=18 items)

Nearly all responses (99% agree/strongly agree) indicated that respondents felt partners possess the skills and abilities to communicate with diverse groups of people and engage decision makers (e.g., public officials, community leaders). Furthermore, 79% of individuals responding to the survey felt that partners were dedicated to the initiative, interested in enhancing a sense of community, and motivated to create change. Eighteen percent of responses indicated disagreement or strong disagreement regarding partnership capacity to increase a sense of community.

Political Influence of Partnership (n=2 items)

Respondents felt that the leadership is visible within the community, with 91% of responses supporting statements that the leadership is known by community members and works directly with public officials to promote partnership initiatives.

Perceptions of Community and Community Members (n=22 items)

Statements suggesting that the community was a good place to live, with community members who share the same goals and values, help each other, and are trustworthy were supported by 90% of survey responses, while 7% of respondents disagreed, and 3% indicated a lack of knowledge about these community attributes. Respondents also strongly supported suggestions that community members help their neighbors, but may

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

take advantage of others if given the opportunity (98% agree/strongly agree). In contrast, respondents were less convinced that community members would intervene on behalf of another individual in their community in cases of disrespect, disruptive behavior, or harmful behavior. While 69% agreed or strongly agreed, 24% disagreed/strongly disagreed. Six percent of responses indicated that some respondents did not know how community members would act in these situations.

Most survey participants (91%) felt community members were aware of the partnership's initiatives and activities; however, 9% did not know if community members were aware. Sixty-three percent of respondents agreed that the partnership equally divides resources among different community groups in need (e.g., racial/ethnic minorities, lower income), though 18% disagreed or strongly disagreed and felt resources were not equally distributed. Another 18% of responses indicated lack of knowledge about partnership initiatives or no response provided for this question.

Overall, respondents agreed or strongly agreed that partners and members of the community maintained active involvement in partnership decisions and activities (98%), and also agreed that partners and residents have the opportunity to function in leadership roles and participate in the group decision-making process (100%).

References

1. Goodman RM, Speers MA, McLeroy K, et al. *Identifying and defining the dimensions of community capacity to provide a basis for measurement*. Health Educ Behav. Jun 1998;25(3):258-278.
2. Israel BA, Schulz AJ, Parker EA, Becker AB. *Review of community-based research: assessing partnership approaches to improve public health*. Annu Rev Public Health. 1998;19:173-202.
3. Roussos ST, Fawcett SB. *A review of collaborative partnerships as a strategy for improving community health*. Annu Rev Public Health. 2000;21:369-402.
4. Baker E, Motton F. *Is there a relationship between capacity and coalition activity: The road we've traveled*. American Public Health Association 131st Annual Meeting. San Francisco, CA; 2003.

Partnership and Community Capacity Survey

Respondent Summary

Community Partnership

Houston

Respondents (n= 11)

Respondent Characteristics

Gender		Identified Race/Ethnicity				Identified Role	
Female	8	American Indian or Alaskan Native	0	Hispanic or Latino	4	Community Partnership Lead	1
Male	3	Asian	0	Not Hispanic or Latino	1	Community Partnership Partner	4
No response	0	White	4	Don't know/ Unsure ethnicity	0	Community Leader	1
Age Range		African American/ Black	4	Refused to identify ethnicity	0	Community Member	5
18-25	4	Pacific Islander/ Native Hawaiian	0	Other ethnicity	0	Public Official	0
26-45	5					Other role	3
46-65	1						
66+	1						
No response	0						

Type of Affiliated Organization

Faith- or Community Based Organization	1	9.1%	(1)
School (district, elementary, middle, high)	1	9.1%	(2)
Local Government Agency (city, county)	1	9.1%	(3)
University or Research/Evaluation Organization	0	0.0%	(4)
Neighborhood Organization	3	27.3%	(5)
Advocacy Organization	1	9.1%	(6)
Health Care Organization	0	0.0%	(7)
Child Care or Afterschool Organization	1	9.1%	(8)
Other	3	27.3%	(10)
No response	0	0.0%	(999)

Partnership and Community Capacity Data

Provision of required space and equipment

Participants provided level of agreement to statements indicating the community partnership provided adequate space, equipment, and supplies to conduct business and meetings.

Strongly agree	27.27%	Strongly disagree	0.00%
Agree	45.45%	I don't know	24.24%
Disagree	3.03%	No response	0.00%

Partner skills and communication

Participants provided level of agreement to statements supporting partner skills and ability to communicate with and engage multiple types of people (e.g., public officials, community leaders).

Strongly agree	51.24%	Strongly disagree	0.00%
Agree	47.93%	I don't know	0.00%
Disagree	0.83%	No response	0.00%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

Community Partnership

Community and community members			
Participants provided level of agreement to statements suggesting the communities are good places to live, and that community members are helpful, can be trusted, and share the same goals or values.			
Strongly agree	42.15%	Strongly disagree	0.83%
Agree	47.93%	I don't know	3.31%
Disagree	5.79%	No response	0.00%
Partner and community involvement			
Participants provided level of agreement to statements indicating partners and the community were actively involved in partnership activities, meetings, and decisions.			
Strongly agree	50.91%	Strongly disagree	0.00%
Agree	47.27%	I don't know	1.82%
Disagree	0.00%	No response	0.00%
Partner and partnership development			
Participants provided level of agreement to statements suggesting the partnership and its partners seek ways learn, develop, and enhance sustainability.			
Strongly agree	27.27%	Strongly disagree	1.82%
Agree	52.73%	I don't know	7.27%
Disagree	9.09%	No response	1.82%
Partnership structure, organization, and goals			
Participants provided level of agreement to statements suggesting partnership has processes in place related to structure, meeting organization, and goals.			
Strongly agree	53.03%	Strongly disagree	1.52%
Agree	33.33%	I don't know	10.61%
Disagree	0.00%	No response	1.52%
Relationship between partners and leadership			
Participants provided level of agreement to statements indicating the leadership and partners trust and support each other.			
Strongly agree	65.91%	Strongly disagree	0.00%
Agree	34.09%	I don't know	0.00%
Disagree	0.00%	No response	0.00%
Community members intervene			
Participants provided level of agreement to statements indicating that community members can be counted on intervene in instances where someone is disrespectful, disruptive, or harmful to another community member.			
Strongly agree	30.30%	Strongly disagree	18.18%
Agree	39.39%	I don't know	6.06%
Disagree	6.06%	No response	0.00%
Leadership motivation			

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

Community Partnership

Participants provided level of agreement to statements suggesting the leadership is motivated to help others, work with diverse groups, shows compassion, and follows through.

Strongly agree	86.36%	Strongly disagree	0.00%
Agree	13.64%	I don't know	0.00%
Disagree	0.00%	No response	0.00%

Community member and partner participation

Participants provided level of agreement to statements indicating that community members and partners have opportunities to serve in leadership roles and participate in group decision-making.

Strongly agree	75.76%	Strongly disagree	0.00%
Agree	24.24%	I don't know	0.00%
Disagree	0.00%	No response	0.00%

Involvement in other communities

Participants provided level of agreement to statements suggesting leadership and partners are involved in other communities and various community groups, and help communities work together.

Strongly agree	52.27%	Strongly disagree	0.00%
Agree	45.45%	I don't know	2.27%
Disagree	0.00%	No response	0.00%

Community member willingness to assist

Participants provided level of agreement to statements suggesting most community members help neighbors and solve community problems. It also suggested some community members may take advantage of others.

Strongly agree	52.27%	Strongly disagree	0.00%
Agree	45.45%	I don't know	0.00%
Disagree	2.27%	No response	0.00%

Core leadership and leadership skills

Participants provided level of agreement to statements suggesting the community partnership has a core leadership group organizing efforts, and that leaders have the skills to help the partnership achieve its goals.

Strongly agree	77.27%	Strongly disagree	0.00%
Agree	22.73%	I don't know	0.00%
Disagree	0.00%	No response	0.00%

Partner motivation

Participants provided level of agreement to statements indicating that partners won't give up in their efforts to create change and increase sense of community through the partnership.

Strongly agree	27.27%	Strongly disagree	9.09%
Agree	51.52%	I don't know	3.03%
Disagree	9.09%	No response	0.00%

Visibility of leadership

Participants provided level of agreement to statements suggesting the leadership is known in the community and works with public officials.

Strongly agree	45.45%	Strongly disagree	0.00%
Agree	45.45%	I don't know	9.09%
Disagree	0.00%	No response	0.00%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

Community Partnership

Leadership lives in the community			
Participants provided level of agreement to a statement indicating that at least one member of the leadership resides within the community.			
Strongly agree	27.27%	Strongly disagree	0.00%
Agree	36.36%	I don't know	36.36%
Disagree	0.00%	No response	0.00%
Leadership has a respected role in the community			
Participants provided level of agreement to a statement that suggests at least one member of the leadership team has a respected role in the community.			
Strongly agree	63.64%	Strongly disagree	0.00%
Agree	27.27%	I don't know	9.09%
Disagree	0.00%	No response	0.00%
Community partnership initiatives are known			
Participants provided level of agreement to a statement suggesting that community members are aware of the partnership's initiatives and activities.			
Strongly agree	45.45%	Strongly disagree	0.00%
Agree	45.45%	I don't know	9.09%
Disagree	0.00%	No response	0.00%
Division of resources			
Participants provided level of agreement to a statements suggesting that resources are equally divided among different community groups (e.g., racial/ethnic, lower income).			
Strongly agree	27.27%	Strongly disagree	9.09%
Agree	36.36%	I don't know	9.09%
Disagree	9.09%	No response	9.09%

APPENDIX C: PARTNER LIST

CAN DO Houston	
Organization/Institution	Partner
Business/Industry/Commercial	Texas Marketplace Veggie Pals
College/University	Rice University Kinder Institute for Urban Health University of Texas MD Anderson Cancer Center Health Science Center School of Public Health
Community Resident	Urban Farmer
Foundation	Houston Endowment
Government	City of Houston City Council Go Healthy Houston Task Force Health and Human Services Houston Food Policy Workgroup Parks and Recreation Harris County Public Health and Environmental Services Office of State Senator John Whitmire
Other Community-Based Organizations	Brighter Bites Children at Risk Houston Academy of Nutrition and Dietetics Houston Food Bank Local Initiatives Support Corporation (LISC) PUSH to WIN Recipe for Success Shape Up Houston St. Luke's Episcopal Health Charities Urban Harvest
Policy/Advocacy Organization	Complete Streets Coalition Food Everywhere Coalition
Schools	Houston Independent School District Briscoe Elementary Lyons Elementary School Board

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Sources of Revenue			
Community Partnership		Houston	
Resource source		Amount	Status
Business	Year		
Matching funds			
	2010		Annual total \$7,777.00
		\$300.00	Accrued
		\$600.00	Accrued
		\$150.00	Accrued
		\$875.00	Accrued
		\$5,402.00	Accrued
		\$450.00	Accrued
	2011		Annual total \$6,600.00
		\$1,000.00	Accrued
		\$300.00	Accrued
		\$300.00	Accrued
		\$5,000.00	Accrued
	2012		Annual total \$30,015.00
		\$3,000.00	Accrued
		\$1,000.00	Accrued
		\$415.00	Accrued
		\$300.00	Accrued
		\$300.00	Accrued
		\$25,000.00	Accrued
	2013		Annual total \$25,000.00
		\$25,000.00	Accrued
Sum of revenue generated by resource source		\$69,392.00	
Individual/private donor	Year		
Matching funds			
	2010		Annual total \$600.00
		\$600.00	Approved
	2011		Annual total \$1,000.00
		\$1,000.00	Accrued
	2012		Annual total \$6,900.00

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED, cont.

Community Partnership		Houston	
Resource source	Amount	Status	
	\$5,000.00	Accrued	
	\$400.00	Accrued	
	\$1,000.00	Accrued	
	\$500.00	Accrued	
Sum of revenue generated by resource source	\$8,500.00		
Local government		Year	
Matching funds			
	2010	Annual total	\$330.00
		\$330.00	Accrued
	2011	Annual total	\$600.00
		\$300.00	Accrued
		\$300.00	Accrued
	2012	Annual total	\$600.00
		\$600.00	Accrued
Sum of revenue generated by resource source	\$1,530.00		
State government		Year	
Matching funds			
	2011	Annual total	\$31,000.00
		\$1,000.00	Accrued
		\$30,000.00	Accrued
Sum of revenue generated by resource source	\$31,000.00		
Foundation		Year	
HKHC funds			
	2010	Annual total	\$57,093.69
		\$48,051.24	Accrued
		\$144.29	Accrued
		\$2,780.98	Accrued
		\$6,117.18	Accrued
	2011	Annual total	\$86,878.17
		\$0.00	Accrued
		\$6,101.64	Accrued
		\$798.74	Accrued

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED, cont.

Community Partnership	Houston		
Resource source		Amount	Status
		\$77,101.13	Accrued
		\$2,876.66	Accrued
	2012		Annual total
			\$81,146.69
		\$67,287.37	Accrued
		\$7,725.59	Accrued
		\$1,078.15	Accrued
		\$5,055.58	Accrued
	2013		Annual total
			\$134,879.45
		\$118,197.88	Accrued
		\$2,970.22	Accrued
		\$2,947.71	Accrued
		\$1,444.89	Accrued
		\$9,318.75	Accrued
	Matching funds		
	2010		Annual total
			\$8,000.00
		\$8,000.00	Approved
	2013		Annual total
			\$100,000.00
		\$100,000.00	Approved
	Sum of revenue generated by resource source	\$467,998.00	
Non-profit organization	Year		
	Matching funds		
	2010		Annual total
			\$6,486.00
		\$3,000.00	Accrued
		\$986.00	Accrued
		\$150.00	Approved
		\$1,500.00	Accrued
		\$350.00	Accrued
		\$500.00	Accrued
	2011		Annual total
			\$3,050.00
		\$2,000.00	Accrued
		\$250.00	Accrued
		\$800.00	Accrued

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED, cont.

Community Partnership	Houston	Amount	Status
Resource source			
	2012		Annual total
		\$300.00	Accrued
		\$800.00	Accrued
		\$100.00	Accrued
		\$2,000.00	Accrued
	2013		Annual total
		\$100,000.00	Accrued
		\$100,000.00	Accrued
	2010		Annual total
		\$9,000.00	Accrued
	2012		Annual total
		\$7,500.00	Accrued
		\$7,500.00	Accrued
Sum of revenue generated by resource source		\$129,236.00	
School	Year		
	Matching funds		
	2010		Annual total
		\$19,080.00	Accrued
		\$5,000.00	Accrued
		\$1,200.00	Accrued
		\$500.00	Accrued
	2011		Annual total
		\$5,000.00	Accrued
		\$100.00	Accrued
		\$200.00	Accrued
		\$500.00	Accrued
		\$200.00	Accrued
		\$19,080.00	Accrued
		\$1,500.00	Accrued
	2012		Annual total
		\$5,000.00	Accrued
		\$4,500.00	Accrued
		\$200.00	Accrued

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED, cont.

Community Partnership	Houston		
Resource source		Amount	Status
		\$1,000.00	Accrued
		\$19,080.00	Accrued
		\$100.00	Accrued
	2013		Annual total
			\$19,080.00
		\$19,080.00	Accrued
Sum of revenue generated by resource source		\$101,320.00	
Other	Year		
	Matching funds		
	2010		Annual total
		\$875.00	\$875.00
		\$875.00	Accrued
	2011		Annual total
			\$750.00
		\$750.00	Accrued
Sum of revenue generated by resource source		\$1,625.00	
Grand Total			\$810,601.00