

KING COUNTY SEATTLE HEALTHY KIDS, HEALTHY COMMUNITIES COMMUNITIES CASE REPORT

Seattle/King County, Washington

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2008 to December 2012



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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.

King County Seattle Healthy Kids, Healthy Communities Partnership

In December 2008, King County Housing Authority received a four-year, \$400,000 grant as part of the Healthy Kids, Healthy Communities (HKHC) national program funded by the Robert Wood Johnson Foundation.² The partnership, King County Seattle Healthy Kids, Healthy Communities, addressed healthy eating and active living in four housing authority sites in Seattle and King County. (See Logic Model, Appendix A.)

King County Seattle Healthy Kids, Healthy Communities Priorities and Strategies

Partners worked with community and housing authority organizations to involve and engage residents in creating and sustaining change. The partnership and capacity building strategies of partnership included:

- **Resident Involvement**—Resident Advisory Committees were established at the King County and Seattle Housing Authority sites (KCHA and SHA, respectively) as a way to translate housing authority needs and priorities to HKHC partners. Residents also participated in forums, interviews, and surveys.
- **Housing Authority Involvement**—Each housing authority site maintained staff that were either funded by HKHC or worked directly with the partnership. Staff liaised between residents and the partnership to promote engagement, resident awareness, and translation of site-specific priorities.
- **Partner Involvement**—SHA and Public Health-Seattle King County (PHSKC) acted as core partners with KCHA on HKHC initiatives. Additional local, regional, and national organizations provided additional financial support and collaborated on joint healthy eating or active living strategies.

See Appendix B: Partnership and Community Capacity Survey Results for additional information.

Along with partnership and capacity building strategies, the Seattle/King County partnership incorporated assessment and community engagement activities to support the partnership and the healthy eating and active living strategies. Strategies of King County Seattle Healthy Kids, Healthy Communities included:

- **Child Care Nutrition Standards and Physical Activity**—Partners worked to create and implement changes in healthy eating and active living standards at on-site youth providers and in-home child care centers.
- **Healthy Vending**—SHA sites implemented Healthy Vending policies and guidelines to reduce consumption of unhealthy foods from vending machines.
- **Healthy Retail**—Working with local businesses, the partnership increased resident access to fresh fruits and vegetables. Partners also facilitated applications for Electronic Benefit Transfer (EBT) acceptance at local corner stores.
- **Pedestrian Safety and Active Transportation**—Environmental changes were made to street intersections to promote pedestrian safety and active commuting to schools.
- **Community and Household Gardens and Market Farm Stands**—Working with a local gardening organization, partners facilitated the development of multiple community gardens and farm stands.
- **Parks and Play Spaces**—Availability of recreational facilities was heightened by HKHC efforts through the addition of playground and fitness equipment at one site and a fitness center at another.

COMMUNITY DEMOGRAPHICS

Seattle/King County

With a population of over 600,000 people, Seattle is Washington State's largest urban area. The median household income for the city is slightly higher than the national average (\$61,856 versus \$52,762)³, and 13.2% of individuals are living below the poverty level (compared to US at 10.5% below federal poverty level). The greater King County area has a higher median household income level (approximately \$70,000) and levels of poverty comparable to national rates. See Table 1.

Table 1: Demographics of Seattle and King County, Washington

Population Name	Total Population	% African American	% Asian	% American Indian/ Alaskan Native	% Native Hawaiian/ Pacific Islander	% White	% Other Race	% Hispanic/Latino	% All Living below FPL	% Language Other Than English at Home	Median Household Income
King County	1,931,249	6.20%	14.60%	0.80%	0.80%	68.70%	3.90%	8.90%	10.50%	24.80%	\$70,567
Seattle	608,660	7.90%	13.80%	0.80%	0.40%	69.50%	2.40%	6.60%	13.20%	21.80%	\$61,856

In the 1940s, World War II stock housing was rebuilt to create affordable housing in Seattle with the goal of creating livable communities with walkable designs. King County Seattle Healthy Kids, Healthy Communities focused on four of these housing authority sites: High Point and NewHolly in Seattle Housing Authority (SHA), and Birch Creek and Greenbridge in King County Housing Authority (KCHA). SHA also identified a fifth site, Yesler Terrace, toward the end of the grant. Greenbridge, High Point, and NewHolly were developed with Hope VI funding, which requires the properties to be mixed income (i.e., both renters and owners). Homes in the housing authorities include affordable homes, market rate homes, and workforce homes (i.e., housing that

Figure 2: Map of Seattle/King County, Washington



Table 2: Demographics of Five Housing Authority Sites*

	Total Population	% African American	% Asian	% American Indian/ Alaskan Native	% Native Hawaiian/ Pacific Islander	% White	% Other Race	% Hispanic/Latino	% All Living below FPL	% Language Other Than English at Home	Median Household Income
High Point	2152	68.08%	14.64%	0.60%	2.09%	12.64%	0.60%	5.58%	65.80%	76.63%	\$15,138
Birch Creek	1047	34.86%	11.84%	0.96%	3.44%	46.70%	2.20%	6.11%	75.97%	68.00%	\$15,144
Greenbridge	1003	36.09%	38.98%	1.20%	2.19%	18.34%	3.19%	6.58%	77.90%	40.00%	\$12,879
NewHolly	2097	73.72%	22.32%	0.24%	0.38%	2.96%	0.14%	2.10%	60.61%	88.65%	\$18,080
Yesler Terrace**	898	54.23%	32.29%	2.12%	0.33%	9.47%	1.45%	3.45%	73.86%	80.40%	\$10,236

*Data provided by KCHA and SHA

**Numbers for Yessler Terrace are low due to housing authority redevelopment of the facility.

fills the gap between market rate and affordable housing) to facilitate mixed income housing. Both SHA and KCHA have housing specifically for elderly and disabled households (mixed population buildings, as opposed to family development). Accommodations can also be made to family developments.

Levels of poverty are significantly higher in Housing Authorities, as compared to Seattle and King County, with median household income ranging from \$10,000 to \$18,000. The percent of individuals who speak a language other than English at home ranges from 40-89% between the five housing authorities, in contrast to 21% and 24% in Seattle and King County, respectively.

King County Housing Authority (KCHA)⁴

Resident composition at KCHA sites reflects multiple ethnicities, including Somali, Southeast Asian, Vietnamese, Cambodian, Russian, and Ukrainian natives. KHCA processes about 1500 reasonable accommodation requests each year. Building new affordable housing is too expensive, so KCHA expands stock by acquiring new properties.

Birch Creek—Birch Creek has only rental units and was redeveloped by KCHA without Hope VI funding. The facilities surround a central park that offers residents outdoor space to be active.

Greenbridge—Greenbridge is a mixed-income development with subsidized rental units, workforce housing, and market rate homes. The housing development is part of Highline Public Schools.

Seattle Housing Authority (SHA)

Seattle has a large population of resettled immigrants and refugees, 50-55% whom are under 18.⁵ The largest immigrant refugee population is from Bali (45%), with individuals from lower Southeast Asia, Vietnam, Cambodia, and Somalia. Rental property on the housing authority campuses include apartments, townhomes, and houses. Market rate homes can cost upwards of \$300,000 and \$600,000. SHA has an extensive waitlist for residency and more residents are staying due to the challenging economy.

High Point—Redevelopment funds for High Point were used to create a mixed-income housing authority site. A Seattle Public Library branch, medical and dental clinic, and the High Point Community Center are all located on-site, and Neighborhood House built a neighborhood center in hopes of fostering community interaction.

NewHolly—NewHolly was the first SHA property to be redeveloped with Hope VI funding and offers a branch of the Seattle Public Library, non-profit organizations, and family and youth services to residents.

Yesler Terrace—SHA is currently engaged in a comprehensive redevelopment of Yesler Terrace into a new neighborhood with over 3,500 mixed-income housing units. The development team is taking into consideration ways to support a healthy living environment including walkability, food access, park space, breathe-easy homes, and barriers from the pollution of the freeway as development continues.

INFLUENCE OF SOCIAL DETERMINANTS

Housing

With the goal of revitalizing both the housing development and the surrounding neighborhood, Hope VI-funded projects require properties to be mixed-income, supporting both home owners and renters (i.e., NewHolly, High Point, and Greenbridge). Intentionally, developers built homes to promote community interaction, with market rate and non-market rate homes close by and similar in appearance. However, differences between renters and home owners are noticeable to residents and can cause tensions to rise. SHA properties experienced these issues more strongly than KCHA, but that may change after redevelopment of Greenbridge. Differences in racial and ethnic beliefs also strain relationships between residents at housing authority locations.

Language Barriers

Populations within the housing authority locations are very diverse, with anywhere from 40-89% of individuals speaking a language other than English at home. For example, within SHA, up to 20 different languages are spoken. At meetings with renters, interpreters must be present, and SHA contracts with Neighborhood House -which has a good relationship with those residents- for those services. When Neighborhood House is unavailable, some external interpretation services are used. Language barriers also make navigating the school system difficult and it is even harder to support children during their adjustment to school.

Crime

Housing authority sites have varying amounts of misconduct, likely attributable to the location within the city. Yet, crime in and around housing authorities provides challenges in implementing policy and environmental changes. Over the past decade, crime rates in Seattle and King County have gone down⁶, but residents still perceive crime as an issue. Parents voiced concern about their children's safety while walking to school, and vandalism around basketball courts and play areas and assaults near transportation systems establish barriers to active living. Much of the crime and vandalism is attributed to youth in the housing authority and surrounding areas, many of whom are involved in gangs. Housing authorities are working to provide supervision to youth, enhance campus security, and involve police to maintain public safety. Security guards are often covering entire neighborhoods, though, which makes enforcement difficult. At NewHolly, a code of conduct for youth was developed with input from parents, youth, youth services providers, and the community builder. Unfortunately, the code has only one severe punishment (eviction of family), so enforcement is rare. The community builder supported residents in forming block watches and block parties for neighborhood security. Residents volunteer to speak with neighbors, but language barriers make communication difficult.

Infrastructure

With an established government infrastructure, Seattle receives most of the human services allocated in King County, which leaves less funding for surrounding rural and suburban areas. In turn, those areas struggle to maintain facilities and services.

“Whereas Seattle and the city of Kent still have funding for their parks department, in King County their funding is really [scarce]... and so they’ve talked about just closing the parks.”—Partner

Transportation

King County has a strong pedestrian/bicycling infrastructure as well as an established Metro Transit system with buses and light rail. While price may not be a barrier for use, knowing how to purchase tickets or an ORCA card (transit card) may be difficult for low-income and limited English-proficient residents. Additionally, the light rail is currently only in South Seattle. Moreover, plans to expand service do not extend the rail system to the area that includes High Point (West Seattle). Pedestrian and bicycling infrastructure is established in Seattle; however, some of the surrounding King County areas lack similar resources.

Weather

The weather is sometimes a barrier to residents partaking in outdoor physical activities. Cultural misconceptions about weather and allowing children to play outside in cold or rain hinder efforts to engage youth in physical activity. HKHC has created some messaging around kids being outside, no matter the weather, as long as they are dressed appropriately.

KING COUNTY SEATTLE HEALTHY KIDS, HEALTHY COMMUNITIES PARTNERSHIP

Lead Agency and Leadership Team

King County Housing Authority (KCHA) was established in 1939 to provide affordable housing opportunities to residents in King County. The housing authority seeks to support residents with education, job training, and social services. As lead agency, KCHA sought to promote improved nutrition and physical activity within Seattle and across King County.

KCHA joined forces with Public Health-Seattle & King County (PHSKC) and Seattle Housing Authority (SHA) to develop the King County Seattle Healthy Kids, Healthy Communities partnership. The initial reason for the partnership was to develop breathe-easy homes (making it easier for children with asthma to reduce symptoms). “Health” has always been in the mission statement of the housing authority, but more focused on safety, stability, and self-sufficiency, not as much on healthy eating active living

The housing authorities had a long-standing, collaborative relationship, and staff worked to coordinate efforts and learn from each other’s achievements.

Project staff

The leadership team consisted of representatives from the three main collaborating organizations:

- The King County Housing Authority Project Director and Project Coordinators from KCHA and SHA were funded through HKHC, and both coordinators worked with HKHC from the grant onset. Coordinators headed the steering committees and project management meetings and attended monthly community meetings to stay informed about resident priorities and concerns related to HKHC initiatives.
- Seattle Housing Authority Director of Community Services worked closely with Neighborhood House and other local organizations to build relationships and grow the partnership.
- At PHSKC, Chief of the Chronic Disease Prevention and Injury Control Services and the Manager of the Healthy Eating and Active Living Program played key roles in partnership initiatives.

These three organizations developed a Project Management Team that met regularly to guide and oversee implementation of prioritized strategies.

Key representatives from the lead agency and partnering organizations ensured the support of strategic efforts:

- The Community Garden Coordinator from P-Patch provided management and oversight of community gardens at all SHA sites.
- HKHC resources also supported Community Builders located onsite at each property to assist with implementation, maintain projects, and enforce policies. Community Builders worked with residents to identify and prioritize needs of the community, developed or helped support leadership development with residents, coordinated with and offered support to contract providers, and organized community meetings and events. Community Builders also helped create and foster resident groups at the housing authority sites.

Key Partners

In addition to its core partnerships with SHA and PHSKC, King County Seattle Healthy Kids, Healthy Communities partnered individually with housing authority neighborhoods to understand the needs of each community. Community representatives participated in strategy-specific efforts (e.g., master gardeners from the community assisted with community gardens). The partnership also aligned with local, regional, and national organizations and foundations to address food access (e.g., P-Patch played an integral role with community gardens), healthy retail (e.g., King County Food and Fitness Initiative), and active living (e.g., Windermere Foundation and KaBoom! built a new playground). Local schools, Parks and Recreation, and Boys and Girls Club worked with partners to implement policy, system, and environmental changes. Relationships built with city departments, such as Seattle Public Utilities



and Parks and Recreation, also allowed partners to have influence with development and maintenance of neighborhoods. Existing organizations located on the housing authority sites provided access to and resources for residents.

See Appendix A for a list of all partners.

Organization and Collaboration

In support of partnership efforts, partners worked with established community and neighborhood associations in each of the four housing authorities, as well as joint committees across all sites. Neighborhood Associations were crucial to getting resident participation and in-kind contributions. Members were a combination of home owners and tenants, and they were influential in determining priority areas.

- **Low-Income Public Housing-Joint Policy Action Committee (LIPH-JPAC)**—comprised of representatives from each public housing building.
- **Healthy Vending Committee**—included an SHA coordinator, contract specialist, two community builders, representatives from PHSKC, and low-income public housing building residents.
- **High Point Neighborhood Association**—residents from each block within High Point (both homeowners and residents) were elected to participate in the neighborhood association. The association focused on social, educational, and cultural community-building activities.
- **High Point Healthy Living Committee**—committee formed in 2010 to improve access to fresh fruits and vegetables. This group surveyed residents to understand individual needs and subsequently asked Walgreens to participate in healthy food access efforts.
- **High Point Open Space Association**—committee was responsible for parks and open spaces within the High Point community, as well as maintenance of the built environment (i.e., sidewalks, natural drainage system) and aesthetic elements (e.g., trees).
- **Resident Advisory Committees**—established at SHA and KCHA sites, meeting on a regular basis to discuss priority areas, such as gardening or pedestrian safety. NewHolly boasted multiple resident committees, including a **Multicultural Committee**, a **Parents Committee** (currently focused on women's exercise classes), and a **Traffic, Parks, and Safety Committee**. The Traffic, Parks, and Safety Committee was very established and had a good relationship with Parks and Recreation and the Department of Transportation. The committee's members were active and had the capacity to apply for additional grant funding. Greenbridge developed a Healthy Food Workgroup to address access to fresh fruits and vegetables.
- Partners joined with **White Center CDA Healthy Food Retail Group** to promote access to fruits and vegetables instead of creating a duplicate Healthy Food Group in the community.

Partners established several committees specific to HKHC to target efforts toward identified priorities:

- **King County Seattle Healthy Kids, Healthy Communities Steering Committee**—Composed of representatives from 34 partner organizations, the steering committee met quarterly to discuss goals and community engagement strategies, and provided guidance and support with development and implementation. The committee had 10-12 members, including 8 from key partner organizations. Seven of the members agreed to continue after the conclusion of HKHC.
- **Resident Advisory Committees** were established at both SHA and KCHA. The groups met on a regular basis to discuss concerns at each site (e.g., gardening issues, pedestrian improvements).

Resident participation drove many of the policy, practice, and environmental changes made by KCHA and other partner organizations.

PARTNERSHIP FUNDING

General Funding

HKHC funding supported three staff members associated with King County Seattle Healthy Kids, Healthy Communities. Additional in-kind support was provided by the SHA in the form of computers and time (e.g., steering committee contributed time). Federal funds also provided support for housing authority sites; however, this funding has declined.

Partners of King County Seattle Healthy Kids, Healthy Communities received funding in support of healthy eating and active living initiatives, including NIH grants (Neighborhood House), Communities Putting Prevention to Work (CPPW) grant, and a Kellogg grant, which allowed collaborative approaches on overlapping strategies. The partnership intentionally diagrammed the objectives of each grant and synchronized data collection for overlapping goals (e.g., focus groups or survey residents) to avoid duplication and reduce the burden on community members. CPPW funding allocated to KCHA supported both healthy eating/active living strategies and tobacco initiatives. SHA's funding from CPPW only addressed tobacco initiatives. Although the state received CTG funding, none of it had trickled down to support HKHC efforts.

Strategy-Specific Funding

Lack of funding in King County posed challenges in completing some environmental changes, and the parks department lacked the resources to change the built environment. Fortunately, several partners played key roles in supporting active living and healthy eating changes to the built environment. Windermere Foundation and KaBoom! Foundation contributed an estimated \$40,000 in technical assistance, volunteers, playground equipment, and park amenities to SHA to build the park and playground at High Point. Using momentum built through the HKHC initiative, \$50,000 in CPPW funds were also allocated toward this project. Relationships with PHSKC may have played a role in the allocation of CPPW funds to active living changes.

Funding for community allotment gardens streamed primarily from the city's general fund to cover P-Patch staff members, fertilizer, compost, tools, and other necessities. Garden costs were also subsidized by fees assessed for resident participation to cover costs associated with access to water (base fee for \$25 plus \$12 per 100 ft²) and funding from KCHA and SHA (for gardens on SHA properties). Market gardens were fairly self-sufficient. Sixty percent of the revenue was paid to market gardeners, and the remainder continued to fund the market garden. SHA funds also provided supplemental support, as did P-Patch Trust, a parallel nonprofit organization that raised money from gardeners and other organizations to provide scholarships to gardeners who could not afford the fees. P-Patch also assisted gardeners with individual fundraising efforts, applications for grant funding, and matching funds from the Department of Neighborhoods.

Loan assistance for corner store owners to purchase requisite equipment was provided through seed capital at SHA (supported by CPPW's Healthy Food Here), where SHA paid 80% of costs, up to \$7500, and stores paid 20%. Any remaining costs were covered by loans from community lenders, who worked with SHA to reduce associated fees.

Much of the burden of sustainability for child care strategies was transferred to the state. State Health employees conducted focus groups and key informant interviews to understand provider needs around nutrition, physical activity, and screen time training, with subsequent trainings provided by the state. Another opportunity for funding was identified through the American Heart Association.

For a complete list of funding, see Appendix D.

COMMUNITY ASSESSMENT

King County Seattle Healthy Kids, Healthy Communities conducted general and strategy-specific assessments with residents, housing authority staff, and local organizations to evaluate resident concerns, interests, and needs related to access to healthy foods, recreational opportunities, and active transportation. Community members were highly engaged in assessments through focus groups and surveys, and identified strategies were highly dependent on resident priorities. KCHA also used existing survey data from partner organizations to triangulate residents' priorities and needs.

- Partners mapped each site's proximity to food retail, transportation, and recreational resources using geographic information systems (GIS) mapping tools.
- Lead agency staff conducted interviews and listening sessions with housing authority staff, resident groups, and community-based organizations to obtain an in-depth understanding of site-specific needs.
- Partners collaborated with service providers to do youth listening sessions, which helped to describe youth physical activity and food activities and interests.
- KCHA staff has also worked with youth, conducting environmental audits and digital story telling with KCHA residents.
- A University of Washington Public Health graduate student was funded to conduct assessments of housing authorities' policies, practices, and systems as they related to Healthy Eating Active Living (HEAL). This report helped identify potential changes and strategies to address in the 2011 workplan.

At Yesler Terrace, partners completed a Food and Fitness Survey detailing environments around healthy retail, farmers' markets, transportation, growing food, exercise, aesthetics, walkability concerns, school and physical activity. The survey was translated into five languages to reach multi-lingual residents and was ultimately completed by 309 of 483 households. Survey data was analyzed and shared with key experts (PHSKC, UW School of Urban Planning and Design, Property Manager, and SHA development team) for feedback and recommendations to be incorporated into the Yesler Terrace Development manual to ensure accommodations for healthy eating, active living, and the built environment.

Strategy-Specific Assessments

Based on the outcomes of general assessments, partners identified the need for improved access to affordable healthy foods on-site, improved communication infrastructure for child care physical activity and nutrition resources and policies, and focus on active transportation, specifically related to pedestrian/bicycle safety and parks and play spaces.

Child Care Physical Activity and Nutrition Standards—KCHA completed interviews with child care and youth service providers in January 2010 to determine where children spent time after school. Interviewees also discussed methods of and barriers to implementation of healthy eating and active living programs for youth.

Healthy Vending—Sixty healthy vending surveys were completed at five SHA sites in January 2012 to determine resident interest and willingness to purchase items, and price point for sale. In March 2012, over 250 people participated in taste tests to market unfamiliar vending products and determine what items were most popular. Items included in the taste test could be supplied at an affordable price.

Healthy Retail (Corner Stores, Grocery Stores)—Partners conducted a Healthy Food Survey to understand perceptions of healthy retail and received 52 responses. Walking audits in each community determined access to schools and grocery stores, most of which included residents, youth, and housing authority staff.

Active Transportation and Pedestrian Safety—Residents participated in a walking audit in January 2010 to identify an intersection for improvement. Coordinators conducted interviews and compiled other existing assessments with the baseline assessment to determine the communities' priorities around active transportation. Audit data suggested a focus on pedestrian safety and infrastructure.

Parks and Play Spaces—KCHA staff and seven youth from Kent Youth & Family Services at Birch Creek conducted a walking audit of Springwood Park and associated walking paths in April 2011. Three concerns mentioned by the youth were litter, lack of lighting, and graffiti.

PLANNING AND ADVOCACY EFFORTS

Advocacy

Although some housing authority inhabitants were refugees who could not vote, most KCHA residents were citizens. Yet, engagement in the political process among housing authority residents in general remained low. Since KCHA was funded through the government, direct advocacy work was restricted. Fortunately, most of the policy and system changes implemented were done so within the housing authority itself and did not require leveraging local politician support. This model reinforced the need for residents to actively engage and participate in the advocacy process. A service provider working with KCHA sites provided trainings to build resident capacity in this area.

Much of the resident advocacy efforts focused around active transportation. Armed with data from the environmental audit, residents addressed the community council and met with King County Department of Transportation (DOT) to advocate for street improvements related to pedestrian safety, specifically around crossing the light rail tracks. DOT did outreach around this issue. Residents of KCHA advocated for posted speed limit signs on 4th Avenue because of the high rate of speed vehicles drove.

In addition to active transportation efforts, residents at High Point also advocated for women-only exercise classes. Efforts of residents at this housing authority to create this type of programming site also engendered similar classes at SHA sites.

Recognizing the importance of access to healthy foods and places for physical activity, the KCHA Board of Commissioners adopted a resolution to consider U.S. Department of Housing and Urban Development (HUD) Opportunity Neighborhood indicators like access to food, parks, and transportation when acquiring new properties, allocating subsidies, and developing programs.

Community Outreach and Engagement

Partners actively engaged community members throughout the assessment and implementation processes at each housing authority site. Established neighborhood committees joined the lead agency and other partner organizations in identifying community needs and priorities.

The NewHolly Traffic, Parks and Safety Committee met monthly to organize Block Watches (and block parties during the summer) and to get updates from security and community police officers. The NewHolly Youth Cluster is holding a "Campus Safety Meeting for Youth and Families" to discuss campus safety, and creating new rules for the campus.

Programs/Promotions

Lead agency staff and other partners participated in several local events to promote healthy eating and active living. HKHC staff participated on the planning committee for Music on the Plaza (an annual event at Greenbridge) to improve food options at the event, and collaborated on the Greenbridge Health Fair and the Boys & Girls Club Recycling/Healthy Living Day at Greenbridge. Partners also held a field day at Birch Creek where youth from the housing authority and surrounding Kent County were invited to learn about healthy eating and active living.

Residents of KCHA properties were very interested in implementing programs in support of healthy eating and active living (e.g., walking groups, cooking classes, etc). At Greenbridge, weekly exercise classes were implemented in 2011. With help from Be Active Together, residents in High Point actively promoted female-only exercise classes, which were subsequently provided there and at NewHolly by SHA and Parks and Recreation. In some SHA locations, Neighborhood House provided programming for neighborhood youth. SHA paid for a recreation center to continue additional youth programming, although it lacked the implementation capacity. Overall, HKHC staff found it challenging to balance the prioritization of grant initiatives with the programmatic needs and priorities of residents.

Partners developed toolkits for child care nutrition and physical activity guidelines and healthy vending implementation.

[King County Healthy Vending Toolkit](#)—Building on lessons learned from SHA's healthy vending pilot, Public Health Seattle/King County (PHSKC) developed a King County Implementation Healthy Vending Toolkit to go

along with the King County Healthy Vending Guidelines. In addition, PHSKC was working with partners across the state and nationally on healthy vending standards and procurement policies.

Child Care Nutrition and Physical Activity Toolkit—Based on KCHA’s work to develop and implement nutrition and physical activity policy standards in on-site family home child care providers, KCHA developed a toolkit to help support the expansion and successful implementation of these policies in other family home child care settings.

Training and Capacity Building

Capacity building and training efforts in Seattle/King County were targeted toward staff and residents. Using a Train-the-Trainer model, lead agency staff participated in educational sessions on pre-school and school-aged children, which facilitated the draft of child care physical activity and nutrition standards for both on-site family home providers and external youth programs on housing authority property. Training and technical assistance on healthy eating, physical activity, screen time, and food safety best practice was provided to child care providers using a Train-the-Trainer Model. In addition, several large-scale trainings were hosted by the City of Seattle Child Care Resources, including one specifically targeting the Somali refugee population, to introduce new standards and provide one-on-one technical assistance.

Community gardens and farm stands were supported largely through efforts by P-Patch, which helped train students from the interdisciplinary Program of the Environment at Washington University. Undergraduate students functioned as interns at P-Patch and assisted in the implementation and maintenance of local gardens.

Kent Youth and Family Services provided opportunities for youth to gain knowledge on gardening and nutrition through the Youth Gardening Mentor program.

CHILD CARE NUTRITION AND PHYSICAL ACTIVITY STANDARDS

Capitalizing on the healthy eating and active living focus in the current political environment (i.e., Michelle Obama's Let's Move! Campaign), HKHC staff focused on creating synergy between HKHC strategies and other like-minded projects, namely regarding child care nutrition and physical activity standards. Housing authorities struggled with un-licensed in-home child care providers, which were often underreported and unknown to the housing authority staff. Therefore, partners identified a need to improve standards around nutrition and physical activity in child care settings and promote additional monitoring.

Policy, Practice, and Environmental Changes

- In the first year of the grant, KCHA changed reporting requirements for on-site youth providers funded by KCHA to gather data on physical activity and nutrition in on-site youth programs.
- In collaboration with child care providers and child nutrition consultants during the third year of grant funding, partners developed, piloted, and implemented new healthy eating and physical activity standards at ten in-home child care sites in Birch Creek and Greenbridge for child care providers and nutrition consultants.
- In 2012, SHA adopted KCHA standards and guidelines for its summer youth programming contracts.

See the Child Care Physical Activity and Nutrition Standards Infographic (Figure 3).

Complementary Programs/Promotions

The partnership implemented several programs and promotions to increase exposure to the importance of nutrition and physical activity in child care settings. It also worked with local organizations to capitalize on existing resources:

- In 2009, SHA worked with the High Point Neighborhood Association to fund summer programming in the parks, including programs with the youth-based Food Empowerment Education Sustainability Team (FEEST), which provided the opportunity for youth to cook and discuss issues related to food justice.
- Washington State Department of Agriculture created an addition to its farm-to-school website that offered recipes for the child care providers using local produce. The recipes and website were created to meet the child care program meal pattern and had portion sizes appropriate for young children.
- To assist child care providers and those implementing the new requirements, partners created a physical activity and nutrition child care fact sheet.
- In October 2011, in-home child care providers at Birch Creek and Greenbridge were invited to attend a Kickoff Meeting for the new nutritional standards, which included key partners (Puget Sound Food Network, Child Care Resources, and the City of Seattle Child Care Nutrition Program). Providers in attendance were given the opportunity to discuss resources and review the draft policies.

As an incentive for participating in the Nutrition Guidelines pilot, KCHA provided in-home child care providers with a "Healthy Kids Box" through the Farm to Table Partnership—a Community Supported Agriculture (CSA) delivery for eight weeks, which was customized for home child care to include a higher ratio of fruits to vegetables and provided access to locally, mostly organically grown foods. All participants were female and of East African descent. While providers were pleased with the Healthy Kids Box, some mentioned a preference of determining the contents themselves instead of receiving the seasonal variety. Feedback at the conclusion of the incentive period indicated the biggest concern was the price of the box. Because of the cost, only one of ten child care providers will continue to offer the CSA box after the pilot. Residents were also given the opportunity to sign up for CSA deliveries.

Implementation

In-Home Child Care

With assessment data collected through surveys and interviews with child care providers and train-the-trainer sessions, KCHA moved toward the development of improved standards around child care nutrition, physical activity, and screen time. Other community-based organizations were enlisted to partner with the lead agency

Figure 3: Child Care Physical Activity and Nutrition Standards Infographic

CHILD CARE PHYSICAL ACTIVITY & NUTRITION STANDARDS SEATTLE/KING COUNTY, WA



PARTNERS

- Housing Authorities
- Government
- In-home and Afterschool Child Care Providers
- Community Residents
- Community-based Organizations



ASSESSMENTS

- Surveys
- Interviews **10** child care providers
- Policy Assessment
 - Comparison to National standards



TRAINING

- Train the Trainer Model: Best practices training
- Training on new standards: the city of Seattle and Childcare Resources
- Technical assistance from a registered Nutritionist



MEDIA

- National recognition from CDC for Farm to Table Partnership providing CSA to child care centers

*source: Media Generated Actions, HKHC Dashboard



PROGRAMS PROMOTIONS

- Physical activity and nutrition fact sheet
- Recipes specific to child care settings
- 8** weeks of CSA deliveries for child care
- Healthy Kids Box



ADVOCACY

- ORGANIZATION**
- Advocated for changing and implementing new standards for child care providers.
- KCHA
- Engagement with Child and Adult Care Food Program.

POLICY & PRACTICE

Housing Authority Adopted

New Child Care Physical Activity and Nutrition Standards

for in-home, after school, and summer youth programs

changed KCHA's

REPORTING REQUIREMENTS

for on-site youth providers



10 in-home child care providers
IMPLEMENTED NEW HEALTHY EATING AND PHYSICAL ACTIVITY STANDARDS

14 After school and summer youth programs



SHA adopted similar physical activity and nutrition standards for summer programming

10 providers. 125 properties. 42,600 hours. 1079 children
in-home of operation served

with the hope of synergistically magnifying the impact of their combined efforts. Policy guidelines generated by KCHA were based on standards from the National Resource Center's "Caring for Our Children", which was created by the American Academy of Pediatrics, the American Health Association, and the National Child Care Resource Association (NCCRA).

During implementation of the newly developed standards, partners identified the need for assistance with child care licensure, education, and technical assistance for service providers, monitoring of implemented changes, and funding for sustainability. In-home child care providers required licensure by the state and approval from KCHA prior to providing services. In order to obtain a license, the state mandated in-home providers obtain a high school diploma or GED, which created a barrier to refugees and immigrants who did not meet this requirement. Since the pathway to self-sufficiency for immigrants and refugees was often owning their own business (e.g., child care program), it was important that they were assisted in getting their educational requirement.

Implementation of new child care standards required additional training and support for in-home providers. In July, 2010, KCHA modified its contract with Child Care Resources to provide training in addition to technical assistance to in-home childcare businesses on nutrition and physical activity standards. The nutritionist with the King County Department of Health also provided guidance and education on nutrition standards for all of King County.

In-home child care providers were tenants of the housing authority and, since they were paid directly by participating families, were difficult to monitor. Lease terminology included standards for child care physical activity and nutrition, and KCHA had an interest in maintaining child care on-site to facilitate the implementation and enforcement of new standards. When lease terms expired, KCHA added an addendum to the lease at renewal and discussed the change with lessees in person. Staff at KCHA developed a protocol to check in with providers twice a year to monitor standards and provide resources. Monitoring efforts strove to work with providers to identify and educate those who did not follow updated standards. The housing authority's only recourse was eviction (KCHA could not revoke licensure since it was provided by the state), which it did not want to do. Instead, KCHA focused more on working with residents to improve implementation. Child care licensing was only federally regulated for Head Start programs.

Many child care providers in KCHA properties were licensed in-home providers who served families that received child care subsidies. Parents paid a co-pay to the providers and the state paid the difference. However, the state cut the reimbursement rate to child care providers by 50% forcing many providers to close and parents to not be able to afford care. Low-income families may qualify for the city of Seattle's child care subsidy program, and KCHA worked to improve application rates to the federal Child and Adult Care Food Program (CACFP)⁷. CACFP was a federal program that provided reimbursement for children's meals and snacks on a sliding scale based on income. Child care providers had the responsibility of determining a family's income and completing the required paperwork to receive subsidies. With several barriers to participation (e.g., families not willing to disclose income, complicated paperwork and application process, varying levels of subsidy), no child care providers were participating in the program. However, in-home providers at the housing authority would likely qualify for full reimbursement for all children (e.g., Greenbridge and Birch Creek both fit the requirements), and CACFP was changing its paperwork which may facilitate the application process. Partners were interested in aligning with CACFP for two reasons. First, standards in the program were stricter than those in the licensing guidelines; and second, CACFP programs were federally funded and monitored.

After-School Programs

KCHA funded after-school programs and instituted the improved nutrition and physical activity standards in those programs. Standards were also implemented by Kent Youth and Family Services at Birch Creek Youth Center. KCHA aligned with partners to utilize existing resources for technical assistance in order to implement the nutrition and physical activity standards for child care. Even so, the lead agency determined monitoring of after-school programs was more straight-forward in programs that received KCHA funding.

Population Reach

All ten participating in-home child care providers, the children who attended the programs, and the parents were all exposed to the intervention. KCHA staff estimated that the Birch Creek after-school program served

about 60 children and youth per day. Newly changed standards will affect all child care facilities in King County Housing Authority sites.

Population Impact

Based on the successes seen at Birch Creek and Greenbridge, KCHA changed nutrition and physical activity standards at all of its housing authority sites.

Some unintended benefits of the partnership and this work included:

In 2012, the Boys & Girls Clubs of King County (in alignment with the Department of Public Health of Seattle and King County and University of Washington Department of Education) adopted the Alliance for a Healthier Generation's guidelines for beverages in their clubs during program hours, which included procedures that ensured youth would not have access to beverages that did not meet the AHG guidelines.

Also in 2012, the Centers for Disease Control and Prevention recognized the Farm to Table Partnership, which allowed KCHA to provide the Healthy Kids Box to child care centers without charge for its effort to address inequities and improve health in King County.

Challenges

Cultural and religious beliefs created challenges during development and implementation of physical activity and nutrition guidelines. For example, parents expressed concern about children consuming red food because it looked like blood, while others wanted providers to sit with the kids when they were eating and eat with them, if possible. Misconceptions about the origin of disease and transmission of colds inhibited some parents from allowing children to play outside.

Lack of nutrition education also created complications. Residents had difficulty understanding that fruit juice had a higher sugar content than whole fruit and was not a healthy choice. Disparities existed between providers' capacity to prepare nutritious foods. While some had experience cooking from scratch, others were interested in serving pre-made meals since they lacked culinary skills.

Many in-home providers were unionized. Due to Negotiated Rule Making, the union required approval of additional costs or requirements. Yet, closed meetings made it difficult for KCHA to discuss potential changes and receive input/feedback. Updating policies at non-union school or center-based child care facilities would likely be easier. At the same time, partners realized the need to limit regulations for small businesses to continue encouraging their growth.

Staffing constraints limited the ability to provide adequate technical assistance and education. The Department of Public Health only employed one nutritionist for the whole county, and the workload exceeded staffing capacity.

Sustainability

Washington State licensing regulations are weak in the area of child care. The standards for home child care were revised but did not include any of the suggested guidelines provided by the KCHA. Partners hope that the revision process for center and school-aged codes will potentially include KCHA suggestions.

See infographic, Figure 4 for more information on child care physical activity and nutrition standards.

HEALTHY VENDING

Healthy Vending policy and practice changes targeted SHA sites to improve access to healthy snack options and reduce resident exposure to unhealthy advertising.

Policy, Practice, and Environmental Changes

- NewHolly Condo Association approved the proposal for healthy vending machines on campus in March 2010.
- King County Board of Health unanimously passed Healthy Vending Guidelines in April 2011.
- In April 2011, SHA implemented healthy vending machines with 25% healthy vending products as a pilot at six locations.
- The City of Seattle passed a Healthy Vending Ordinance in February 2013 that required a minimum of 50% healthy vending in administrative buildings.
- In March 2013, the Seattle City Council voted 9 to 0 to adopt the King County healthy vending guidelines (see Appendix E), which will govern which proposals are selected for vending contracts.



Photo source: Fresh! Healthy Vending Blog⁸

- Marketing posters were generated in August 2012 to raise awareness about New Healthy Vending Guidelines.

Complementary Programs/Promotions

Information about the 100% healthy vending contract at NewHolly was disseminated at the NewHolly Campus Association meeting to gain resident support and enhance interest.

Implementation

In March 2010, SHA approached the NewHolly Condo Association to implement healthy vending machines and, after receiving approval, worked with the Nutrition Guidelines workgroup at PHSKC to identify model vending policies and language.

In September 2010, SHA used KCHA's vending guidelines to draft language for healthy vending at housing authority sites. Drafted guidelines were presented to the King County Board of Health Healthy Eating Active Living subcommittee, which recommended nutrition guidelines for both vending and meals/snacks served at public and private buildings in King County. SHA also provided feedback to PHSKC on the draft and agreed to serve to pilot new guidelines. In April 2011, Healthy Vending guidelines were approved by the Board of Health.

SHA determined pilot location based on community demand and resident interest. In July 2011, Public Health gave a presentation to the SHA low-income public housing JPAC (joint policy advisory council) on healthy vending guidelines. Resident leaders from ten buildings voiced interest, and ultimately, staff identified six low-income public buildings at NewHolly for implementation. Contents and pricing for vending options were based on taste tests and surveys completed with residents by PHSKC staff (see strategy-specific assessments). Price increases were already scheduled for vending machines, so staff included a delay for implementing new items to ensure individuals did not associate elevated prices with healthier options.

Results from the survey were shared with the vendor to discuss the implementation of 25-30% healthy snack and beverage vending machines. Ultimately, SHA implemented 25% healthy vending in six low-income public housing buildings and was working toward 100% healthy vending products on the NewHolly campus.

SHA contracted with a property management company to oversee the NewHolly campus and negotiate a healthy vending contract. Contract renewals were due in March 2013, so execution of the next contract coincided with the implementation of healthy vending. In a Request for Proposals (RFP) issued by SHA in

2013 for a vending concessionaire, SHA required vendors to place a minimum of 50% healthy vending snacks and beverages in all its sites.

Marketing for Healthy Vending included SHA-driven messaging as well as limits on external advertisements. Messaging on posters was designed with input from residents and focused on reinforcing positive decisions (i.e., “Choice Plus”) rather than discouraging unhealthy behaviors. Information about tiered healthy options offered in the vending machines was provided as well. In addition to regulations around products offered in the vending machine, the SHA resolution also prohibited the display of advertisements for foods that did not meet the “healthier” and “healthiest” designations.

In February 2013, Resident Joint Policy Action Council reviewed the healthy vending proposal, and residents were supportive.

Population Reach

The healthy vending resolution passed by SHA reached 550 SHA employees and the individuals living in 5,000 low-income Seattle Housing Authority public housing units.

Population Impact

An evaluation of the 25% healthy vending pilot was completed in March 2013. Results from the evaluation suggested a 10% increase in healthy snack purchases (3-13%), while healthy beverage sales remained the same. Overall sales did not change.

Some unintended benefits of the partnership and this work included:

Public Health Seattle King County representatives were working in-state (in Spokane) and at the national level (with the Center for Public Health Interest) to promote healthy vending.

Challenges

Through the research and interview process, SHA found that vending machine vendors were reticent to install 100% healthy vending machines. Vending machines with this amount of healthy products were not as profitable as standard vending machines.

After agreements were reached with vendors to supply at least 25% healthy vending products in the pilot buildings, stocking employees did not initially follow these guidelines, instead stocking with “balanced choices” based on vendor guidelines (as compared to “healthier” and “healthiest” classifications made by KCHA). However, partners performed monitoring three times daily and conveyed concerns back to the vendor. Stocking improved after addressing issues with the vendors.

Lessons Learned

Furthermore, successes and lessons learned from SHA’s healthy vending pilot helped inform Public Health-Seattle/King County’s development of the King County Healthy Vending Implementation Toolkit.

Sustainability

A representative from Public Health Seattle King County will serve on the Healthy Vending RFP Evaluation Committee since the HKHC Coordinator will no longer be there.

Since instituting this policy, SHA has led the process of converting to healthy vending at the state and national level. Staff shared experiences related to monitoring and compliance, as well as the need for marketing, and evaluation, and SHA is looking for ways to fund these pieces into the future.

HEALTHY RETAIL: CORNER STORES AND GROCERY STORES

Distance to grocery stores and corner stores offering fruits, vegetables, and healthier food options varied by housing authority site. While some locations have small, ethnic-focused corner stores (i.e., Greenbridge, NewHolly), residents of High Point were forced to commute for access to affordable options. Partners focused on healthy retail to improve availability of fresh fruits and vegetables, particularly in High Point, by encouraging local retailers to carry convenient, affordable, and culturally-relevant produce.

Policy, Practice, and Environmental Changes

- The auto shop owner had an empty storage space which he converted into High Point Mini Market. The store owner worked with the city to change zoning restrictions and opened in November 2010. The same month it opened, High Point Mini Market started offering fresh produce to patrons.
- In July 2010, Walgreens began stocking and selling fresh produce in its High Point location.
- High Point Mini Market and Walgreens began accepting EBT in January 2011 and November 2011, respectively. Women, Infants, and Children (WIC) certification came shortly thereafter in March 2011.
- Healthy labeling signs were placed around the corner stores to promote the purchase and consumption of healthy foods, and a larger sign outside directed traffic to the store. Housing Authority staff designed the labels.

Complementary Programs/Promotions

“Healthy Foods Here” Walk at High Point (as part of the Health Summit) helped to market healthy foods available at Walgreens and High Point Mini Market (in addition to farm stands; see Farm Stand section). After distributing 300 pedometers and 50 “Healthy Foods Here” t-shirts, about 60 people went on the healthy foods walk. Youth from High Point and the Delridge area participated in the Flash Mob at Walgreens. West Seattle Blog helped provide media coverage of the event, as did the West Seattle Herald.

Walgreens sponsored a table at the High Point Health Summit to promote its fresh produce, and created a brochure on its fresh produce. Company representatives gave away bananas and raffled off a fruit basket.

Partners used flyers as a low-cost method to market the corner stores.

Implementation

At the start of the grant period, High Point Housing Authority lacked availability to local stores offering affordable produce. Grocery stores, such as Costco, were 30 minutes away and required transportation arrangements (e.g., carpooling, bus); others were too expensive to patronize. Located in Delridge, High Ridge is situated in one of the few food deserts in Seattle.

Residents at High Point needed a store within walking distance to accommodate seniors and those with transportation limitations.

Based on a determination that a housing authority-based store was not a good business decision, in addition to lack of support from the surrounding community, partners supported efforts to get local businesses to offer healthy food options within walking distance of High Point. The High Point Community Leaders Group prioritized access to fresh produce at High Point and led efforts of the Fresh Fruit and Vegetable Group. In collaboration with Neighborhood House/Be Active Together, community partners surveyed community members and shared the data with local food retailers. While some did not show interest, Walgreens agreed to work with partners to introduce produce in its store.

A business person interested in opening an East African market and deli also agreed to participate. The



corner store owner signed a three-year lease in an auto shop and obtained signatures from residents and neighbors to change building codes to allow development of High Point Mini-Market. The health department inspected the store and trained employees on handling perishable foods. The store opened for business from 9:00 a.m. to 9:00 p.m. every day. However, without



appropriate equipment, the store had difficulty storing fresh produce. High Point Mini-Market received loan assistance (see Funding) to purchase two new energy-efficient freezers to store produce and a security camera system to increase safety. Installation of cameras was successful in maintaining safety and deterring crime, and five additional stores also implemented these deterrents.

Walgreens and High Point Mini-Market were connected to Healthy Foods Here (funded through Communities Putting Prevention to Work) in 2011, which provided technical assistance and helped the stores qualify to accept both Supplemental Nutrition Assistance Program Electronic Benefits Transfer (EBT) cards and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).⁸

Photo courtesy of <http://westseattleblog.com>

HKHC partners did marketing and outreach to the community about these new changes.

Historically, stores purchased produce from Costco and incurred costs associated to travel (i.e., staff time, gas). In order to get fresh produce to the small corner stores/grocers, partners initiated a direct service delivery program. Orders were small to eliminate waste and provided high-quality produce. Direct-service delivery of produce occurred every five days, and a sales person worked with the store to determine what products to order based on customer needs. The focus on customer-driven inventory provided benefits for both store owners (i.e., stores reduced waste and had higher revenue) and customers (i.e., able to purchase desired items at convenient locations). Herbs and tomatoes were top sellers.

Walgreens and High Point Mini-Market reported consistent profits for the past few years. While customers did not complete all their grocery shopping at the stores, steady business prompted owners to consider expanding in the future.

Success at High Point and the surrounding area reinforced the need to be involved with UW Urban Planning and Design in the Yesler Terrace redevelopment. With only 25,000 square feet of retail space available for a grocery store at Yesler Terrace, options for grocery stores and corner stores needed to be creative and flexible. Planners suggested smaller foot-print stores, a satellite store associated to a larger grocery store, or potentially creating a bricks and mortar Amazon store for pick-up of Amazon Fresh orders.

Population Reach

Changes made at Walgreens and High Point Mini Mart impacted 3,000 residents at High Point Housing Authority, as well as residents in the surrounding community. Customers in High Point were mostly Somali immigrants and adults; yet, non-SHA residents were attracted to the halal meats and the short travel distance to frequent the store.

Population Impact

Walgreens was successful in carrying fruit and vegetables in the store. Due to these successes, seven different Walgreens stores in King County began offering produce. In addition, positive profit margins and resident approval suggested the need to expand efforts in this area.

Partners also disseminated information about their corner store efforts. HKHC staff met with King County Food and Fitness Initiative "Healthy Retail Team" to discuss efforts in High Point in 2010 to increase access to fresh produce through Walgreens and the opening of the High Point Mini-Market.

Challenges

Space in small stores was a limitation to their ability to offer a wide variety of goods. Large refrigeration units took up space and were expensive to purchase.

Maintaining certification to provide EBT and WIC benefits also posed challenges to participating stores.

Federal—At the federal level, regulations to accept food stamps were strict, and stores could lose their certification with one violation (e.g., selling a non-food product in exchange). Stores that were caught incurred a \$10,000 fee, which had to be paid within 30 days and was unaffordable to small stores. Many stores received federal violations before they began working with the SHA and did not understand the contents of the letter. Even if a store commits this violation from here forward, it is more likely to have help in resolving the issue or at least responding in 30 days.

State—Partners lamented that Washington State’s guidelines were targeted toward working with supermarkets, not smaller-sized stores. This made it more challenging for stores like High Point Mini-Market and Walgreens to keep WIC certification. Stores were required to carry a variety of ten fruits and vegetables. Stores were also limited on the amount of WIC inventory that could be sold, with totals per week required to stay under 50% WIC-sponsored. There was no limit for EBT purchases. If a store was small enough, it could obtain EBT machines for free. This was also dictated by the state. Stores were also required to carry up to five fresh or frozen meat items, even though they were not on the WIC list⁹, to ensure that the stores were full-service grocery stores. The state went through the rule change process in fall of 2010, and Urban Food Link encouraged community partners to write letters: Walgreens, mini-market, public health department director, community organizations, other retailers, but the state made no changes to the rule.



Lessons Learned

Partners felt High Point stores were successful for several reasons. Foremost, the store manager strongly supported the initiative from the beginning, and the community demand for local fresh produce was strong. CPPW Healthy Food Here technical assistance created the opportunity for produce handling training, assistance applying for WIC, and funds to help purchase necessary supplies.

Sustainability

There are no further future plans to develop more retail stores at SHA sites due to difficulty securing a developer during these economic times. In addition, Healthy Foods Here is no longer accepting stores because its funding ended April 2012.

The High Point Mini-Market owner reported that sales are stable. He is now looking for space and financing to open a healthy halal restaurant near Yesler Terrace.

PEDESTRIAN SAFETY AND ACTIVE TRANSPORTATION

Residents identified safe places to walk and be active as a high priority. However, the combination of unsupervised youth and dangerous streets (due to high speed limits, no traffic-calming devices) created an atmosphere where parents were cautious to let their children actively play outside or commute to school. In addition, while housing authorities in King County had sidewalks, unincorporated King county (in general) did not. Residents and HKHC partners completed a walking audit of each site to identify focal areas. In Birch Creek, Greenbridge, and High Point, residents identified pedestrian safety and infrastructure, while NewHolly focused directly on public safety.

Policy, Practice, and Environmental Changes

Improvements were made for safer walking and playing outside within these communities:

- Crossing flags were implemented on 4th Avenue to assist in pedestrian safety.
- Changes to intersections and street signals (i.e., “no turn on red” and “stop here for red” signs).
- To address resident concerns about safety in a parking lot in SHA, lighting was installed. A fence was planned; however, it would have been on City Light Rail property, which created multiple barriers and prohibited installation.
- A new “Code of Respect” was created in NewHolly in July 2011 and hung in key locations on campus to educate the community. In addition, providers on campus were asked to discuss the new code with youth and families at the housing authority site.
- Working with Active Together, KCHA developed walking trails on the campus that connected the entire property and promoted active living and active transportation.



Photo courtesy of Washington State Government¹²

Streets were initially narrowed for traffic calming, but the bus did not have enough room to make right turns. Cars and pedestrians had to use more caution at the intersections as a result.

Complementary Programs/Promotions

- In October 2010, partners co-sponsored a Walk-To-School event with King County Food and Fitness Initiative and King County executive Dow Constantine.
- Women from NewHolly started a Walking Group Challenge on the walking trail in 2011 to promote activity. Five to six walkers participated in the first few weeks. While interest was high, many women did not have walking shoes. SHA attempted to find funds for and solicit donations with little success.
- NewHolly hosted the Community Safety Fair in November 2011 to educate residents on personal, home, vehicle, and community safety. The Community Builder organized the fair to bridge cultural and language barriers hindering social networking at the site in an effort to reduce crime.
- SHA community builders organized a Safety Walk & Rally in February 2012 after several robberies and assaults near the Light Rail station. Over 100 people participated by carrying signs and walking a frequently used path to heighten exposure. The rally was highlighted on local news¹⁰ and on Facebook¹¹.
- KCHA identified Safe Routes to School initiatives as a high priority for its sites. KCHA partnered with the school, residents, and other groups to focus on these issues.
- The Traffic, Parks and Safety Committee, supported by the SHA Community Builder and attended by the HKHC SHA Coordinator, promoted connectivity between neighbors and encouraged residents to actively improve neighborhood safety.



Implementation

The 2010 Master Plan focused on pedestrian safety, improving walkability, and maintaining the pedestrian system in Seattle through complete streets, vibrant public spaces, and promoting walking.

King County Seattle Healthy Kids, Healthy Communities collaborated with Be Active Together on addressing pedestrian safety at High Point in March 2010. Be Active Together's community action team became the basis of the community's working group. Armed with data from walking audits and resident feedback, the action team compiled a list of walkability/pedestrian safety concerns and coordinated a meeting with High Point stakeholders interested in promoting safety and walkability.

In February 2012, HKHC staff and community members attended a Pedestrian Safety Meeting at White Center Heights Elementary in Greenbridge. Discussion focused on observations of pedestrian safety at and around White Center Heights Elementary, which were conducted by volunteers and Feet First. Possible solutions to help increase pedestrian safety were also discussed at the meeting, including a four-way stop at a busy intersection and utilizing walking school buses in the morning.

Fourth Avenue Crossing Flags

To increase the safety of crossing the street at an intersection, KCHA installed buckets with crossing flags. Pedestrian crossing flags were hand-held flags used by pedestrians to be more visible to approaching traffic. Crossing flags were originally piloted in 2008 by the Department of Transportation (DOT); however, the pilot was discontinued due to ongoing costs (i.e., missing flags) and low visibility. Since DOT allowed residents to continue implementation and maintenance of the flags, KCHA residents informed KCHA if the flags were stolen or missing for replacement. Other safe street design included narrowing the street and widening the sidewalks. The partnership had intentions to work on street calming in KCHA (e.g., stop signs or narrowing the road), but the county did not assist with the efforts.

Trail Design

HKHC Staff completed a walking audit with residents in October 2011 to determine if walkability signage was appropriate for the walking trail on the housing authority site. The Greenbridge Community Builder and residents showed partners the common trails they used for active transportation to facilitate markings and maps.

Walking trails were also created on KCHA sites. In 2008, the city of Seattle created the Chief Sealth Trail¹⁴, which ran through NewHolly and led the housing authority site to downtown, in an effort to reduce pedestrian traffic on main streets. KCHA was interested in installing way-finding signs in multiple languages to promote use. Additionally, partners were looking to add these signs to the trail development policy.

Population Reach

Residents in KCHA and SHA housing authorities benefitted from changes made in pedestrian safety and active transportation.

Challenges

King County has an established bus and transportation system. Yet, knowing how to purchase tickets or an ORCA card (transit card) barred low-income and limited English-proficient residents from using the transit system. Also, Light Rail service was only an option for certain areas (i.e., South Seattle). NewHolly residents lived near the light rail station (about a quarter mile); yet, high levels of crime in and around the light rail created barriers to use. KCHA also lobbied DOT several times for additional intersection crosswalks, but King County determined there was not enough traffic to do so and had not yet provided approval.

Sustainability

Crossing flags have become the responsibility of residents and the housing authority staff. Seattle Department of Transportation will no longer provide replacement flags. To ensure flags are maintained, sites have a designated resident who identifies when a bucket is empty and notifies KCHA staff to replace them.

COMMUNITY AND HOUSEHOLD GARDENS AND MARKET FARM STANDS

Partners identified the need to create greater access to healthy food options for residents in housing authorities. Working with local partners, HKHC staff, and residents, the partnership was able to support the development of community gardens, market gardens, and farm stands.

Policy, Practice, and Environmental Changes

- At KCHA's Birch Creek and Greenbridge communities, over 70 community garden plots were either newly developed or supported through environmental and policy changes.
- Eight 10x10 plots at Hillcrest Park were designated for Greenbridge residents.
- In March 2013, SHA built 11 backyard gardens for High Point low-income residents and 3 community gardens serving 200 residents that lived in low-income public housing buildings.
- HKHC staff worked with Kent Youth & Family Services to start a youth gardening plot.
- Gardeners at NewHolly Market Stand received a \$1,000 small sparks grant in July 2010 to purchase feather flags to make their stand more visible.
- KCHA created a raised bed system in the Birch Creek and Greenbridge gardens and installed a new bamboo fence with assistance from the Home Owners Associations.
- In 2011, HKHC partners helped P-Patch markets receive Supplemental Nutrition Assistance Program (EBT) reimbursement at farm stands.



Photo courtesy of Seattle Tilth Blog

Complementary Programs/Promotions

Programs

In collaboration with White Center Community Development Association (CDA), KCHA hosted an on-site event in May 2010 to prepare gardens for the season and advertise the availability of community gardens.

The Youth Gardening Mentoring program began at Birch Creek in March 2011 to educate youth on gardening and nutrition. Youth were mentored by Kent Youth & Family Services and KCHA.

Promotions

Partners developed flyers over the course of the grant in promotion of \$2 coupons and P-Patch farm stands at NewHolly and High Point. Flyers also promoted container gardens in Greenbridge.

HKHC staff partnered with Market Gardeners to Table at the Health Summit at High Point in August 2010 to promote their farm stand, display vegetables, and distribute produce to community members.

KCHA's Community Builder hosted a community gardeners potluck at Greenbridge in June 2011 to celebrate gardening accomplishments and encourage continued efforts. Approximately fifteen community members attended, bringing dishes prepared with items from their gardens.

In early 2011, KCHA partnered with Kent4Health (City of Kent) and Kent Youth And Family Services and was awarded the six-week series of classes, which was held at Birch Creek in July and August 2011. The classes were free and taught by a chef and nutritionist, and offered an instructional book, recipes, and a free bag of groceries at the end of each class.

The High Point Health Summit and Healthy Foods Here Walk jointly took place in July 2011 to promote healthy eating in Seattle and King County.

KCHA hosted community events to raise interest in the gardens and build community, including garden clean-up days and educational opportunities with master gardeners.

Implementation

Several partners were key in implementing gardens and farm stands at both KCHA and SHA, including AmeriCorps, master gardeners from the community, and Cedar Grove Compost. Cedar Grove Compost provided the compost for the gardens for a fee, and also connected KCHA to other organizations, like Lettuce Link.

Most notably, P-Patch Community Gardening Program, through the Seattle Department of Neighborhoods, facilitated many of the gardens in SHA and some in KCHA. P-Patch had three models of gardening: allotment, large track, and market garden. Individuals/households received a plot for gardening, either in community gardens (allotment) or at Marra Farms (large track) to make their own market garden. Market gardens, in contrast, worked with communities to assist with income, reduce food security, and build community. Gardeners were educated on gardening and market creation through mentoring, and P-Patch assisted with financial book-keeping and securing economic resources. Since P-Patch was part of a government agency, it could assist in the creation of gardens on both public and private land; however, produce could not be sold on P-Patch property.

P-Patch gardens were on both private and public properties. Because P-Patch was part of a government agency, it was easy for it to create memorandums of agreement or use to use public properties as public community gardens.

Market Gardens

Immigrant and refugee gardeners who lived within the High Point and NewHolly community grew and sold climate-appropriate vegetables in the Market Gardens that were coordinated by the City of Seattle. P-Patch recruited participants for the Market Gardens through multi-lingual outreach; however, the majority already participated in other gardening efforts. Plots at community gardens were assigned by waitlist, with preference given to under-represented ethnic populations. P-Patch worked to adjust gardening techniques to allow for the production of ethnic foods.

Tools were provided to gardeners, as needed, through the P-Patch sign-out tool bank. Tools were replenished or purchased yearly through the P-Patch Trust. Garden plots were renewed yearly and vacant plots given to new gardeners. Gardeners were assigned small tasks to maintain functionality of the garden and create a sense of ownership and community in the garden. In comparison to NewHolly, High Point's garden was more established and gardeners showed greater willingness to participate in community events.

Good Food Bag Program

After receiving feedback about the child care model being too expensive to sustain, KCHA began to work on making produce more affordable through a cooperative-food buying model, the Good Food Bag.

Based on resident feedback, KCHA started Good Food Bag at Greenbridge, a program to introduce community-supported agriculture (CSA) at the housing sites. Both the contents and prices of bags were driven by resident input to ensure affordability (approximately \$5-8 per bag) and consumption (since residents were interested in receiving food items with which they were familiar). Partners established relationships with local farms to provide the produce. Residents could receive a Good Food Bag at wholesale price through this bulk buying model. Good Food Bag recipients were able to get high quality, mostly organic produce, at an affordable price.



KCHA, Educare, and Puget Sound Food Network (PSFN) collaborated to continue the Good Food Bag partnership at Greenbridge. PSFN worked to secure funding from Not Yet Foundation to purchase produce for the Good Food Bag and hoped that the bags would be priced at \$3 a bag. Educare enrolled about 134 low-income families (Spanish, Arabic, Vietnamese, and Somali thought to be the top languages), well exceeding the target of 20 to 40 participating families. Partners hoped to start the next round of Good Food Bags in late June or early July of 2013 with seven deliveries leading up to Thanksgiving.



In November 2012, High Point decision-makers and representatives from Just Garden agreed to build backyard gardens for 12 High Point renters and at Calugas, Stewart Manor, and Westwood Heights low-income public housing buildings. Some of the garden beds were stacked to accommodate the elderly and those with disabilities.¹³

Farm Stand

In 2009, market gardeners started selling produce at a weekly farm stand on-site, which provided educational opportunities about food origins. Starting in 2010, the collaborative focused on outreach and advertising using multi-lingual flyer coupons and increased signage. In addition, NewHolly market garden was rebuilt to increase visibility with flags.

In 2011, HKHC partners helped P-Patch markets apply for and receive Supplemental Nutrition Assistance Program (EBT) reimbursement at farm stands through a federal program to increase EBT machines at farmers' markets. (The market gardens did not accept WIC, because they were too small of an operation.) An intern translated a how-to sheet for the EBT machine into a variety of languages commonly used by gardeners to increase the likelihood of its use. Use of EBT cards was greater at the High Point farm stand than NewHolly, with East Afrikaners representing the greatest proportion of users. As a result of coupons, West Seattle Food Bank vouchers, and EBT acceptance, farm stand revenue more than doubled at High Point and tripled at NewHolly over the grant period.



To minimize food loss, the farm stands were open the day prior to CSA-scheduled pick-up to ensure residual harvest was not lost. Food remaining after the CSA pick-up was given to gardeners in need or a food bank. Participation and types of responsibilities in the garden helped to dictate profit for gardeners. Over a year, participants could make between two hundred and several thousand dollars.

Community Gardens

KCHA maintained community gardens for residents at Birch Creek and Greenbridge. Four community gardens were developed at Greenbridge as part of the housing redevelopment (elderly container gardens, raised beds, and indoor gardens), Birch Creek's gardens provided plots to youth and families interested in growing produce. Gardens at KCHA contained 8x8 plots, which were allocated through a sign-up and lottery process. Herbs and vegetables were most commonly grown in the gardens. Gardeners consumed their own crops and shared them with other gardeners and residents. The gardens were not subsidized businesses; the intention was that they would pay for themselves.

KCHA created a formal process with rules, regulations, and a contract surrounding use of community gardens. Each year residents went through renewal by signing the contract and going over rules and regulations. Rules included what kinds of products (like chemicals) could be used in the gardens, keeping the garden clean, the number of flower or vegetable pots allowed in a plot, and limiting water overuse. There were no fees for residents to participate in the community gardens on KCHA properties. Gardeners maintained a key to the tool shed and water spouts, which helped to prevent theft and overuse of water supplies. Having fostered an environment of support rather than punishment, KCHA did not experience any violations.

Generally, KCHA and AmeriCorps staff managed gardens at each site, including building fences and raised beds, transporting soil and mixing soil, weeding, creating pathways, and cleaning, without assistance from P-Patch (which was run by the City and worked with SHA sites only). However, KCHA staff and Greenbridge residents attended planning meetings for gardens at Hillcrest Park and were able to secure eight 10x10 plots for Greenbridge residents at the garden. KCHA was exploring the idea of having more youth involvement at the Hillcrest Park P-Patch by allowing groups from the Boys and Girls Club to have a plot in the garden.

Developers of the housing authority sites commissioned artwork to ensure gardens were aesthetically pleasing, which created added benefits for seniors and local child care centers where residents could view

the garden and walk around it.

Community-Supported Agriculture (CSA)

Both NewHolly and High Point sold produce from their market gardens as part of a CSA. Participants bought either half or whole shares (10 weeks for \$300 or 20 weeks for \$500, respectively) of produce, and picked up produce at market gardens or two local churches. Participation in CSA benefitted market gardeners, who took risks with produce that would not otherwise sell.

Population Reach

Efforts to improve access to fresh fruits and vegetables created opportunities for more than 5,000 low-income residents at SHA properties to afford fresh, organic produce grown within their own community, by their own neighbors. Backyard gardens at High Point served 200 residents that lived in participating buildings.

Population Impact

Some unintended benefits of the partnership and this work included national recognition by the Centers for Disease Control and Prevention for KCHA's involvement with the Farm to Table Partnership and its efforts to distribute fresh produce to local child care centers and residents in low-income areas.

Challenges

Market gardeners did not sell their produce at any farmers' market for several reasons. Transportation of produce to the market was difficult or unavailable, farmers stood to lose produce if harvested vegetables were not sold, and physical labor requirements were difficult for middle-aged or elderly farmers.

While working with P-Patch provided much needed assistance, it also provided its challenges. Lack of staffing within the organization made scheduling meetings difficult. The presence of multiple languages created communication barriers during implementation. Some community members were confused about the role that P-Patch played and were disappointed with the length of time to start a garden. Theft and loss required constant replacement of tools, which taxed already lean funds.

While P-Patch had agreements to use public and private land, it was not allowed to sell produce on these properties. Partners found it more difficult to find property that would allow P-Patch gardeners to sell produce than it was to identify space for gardening. On a limited basis, the city also allowed gardening and selling on parking strips, the area between the sidewalk and the street. Workgroups were established to change legislation around this issue.

For residents, time requirements and income from market gardens made some residents hesitant to participate. Earnings from the garden were included in income, and significant earnings could affect social security benefits, while length of commitment and level of responsibility associated with becoming a master gardener dissuaded participation.

Lessons Learned

Partners found that, above all, it was important to have a contract with gardeners to create accountability and foster engagement. Community events also built community among the gardeners and developed interest in the gardens.

From observations with the child care model, organizers of the Good Food Bag found that it was easier to have residents prepay for bags, to have staff divide the produce evenly among the bags prior to the pickup time, and to tailor the bags to fit the audience as much as possible.

Sustainability

During the last year of HKHC, P-Patch began preparing to transition without HKHC participation. The lead agency hopes to continue Good Food Bag at the housing authority site, incorporating education (e.g., food preparation, nutrition) and resident feedback to track outcomes and improve the program. KCHA also collaborated with partners from City of Seattle and Seattle Tilth, who received Community Transformation Grant funding for a Good Food Bag toolkit, to share information on successes and challenges.

PARKS AND PLAY SPACES

Policy, Practice, and Environmental Changes

- KaBOOM! and Windermere Foundation helped SHA and residents build a new playground in High Point at Bataan Park in 2011.
- In 2012, KaBOOM! provided additional funding to High Point Community for eight pieces of outdoor exercise equipment at Bataan Park Playground.
- A fitness center was opened in 2013 in Greenbridge mixed-retail space to provide residents convenient access to fitness opportunities at an affordable price.
- In May 2012, nutrition and physical activity guidelines were added to the contracts between SHA and Parks and Recreation for NewHolly and High Point summer youth programming.



Complementary Programs/Promotions

SHA and High Point Neighborhood Association supported summer programming in NewHolly and High Point parks, run by Parks and Recreation. SHA also supported Food Empowerment, Education, and Sustainability Team (FEEST) with KCFFI at High Point.

In August 2012, Be Active Together held a grand opening to promote the addition of fitness equipment at Bataan Park and provided classes on their use. Fifty residents attended the festivities.

Based on feedback from residents at Birch Creek and High Point, Be Active Together and HKHC staff coordinated with Parks and Recreation to establish fitness classes in community centers and area gyms, specifically women-only classes. Residents also requested fitness equipment, and Be Active Together placed a treadmill and bike at Neighborhood House Center as a pilot program in March 2011.

Implementation

In May 2011, HKHC staff at SHA met with High Point decision-makers to determine how residents wanted to see the development of SHA-owned parks. Data collected during this meeting led Neighborhood House, in collaboration with Open Space Association and SHA, to apply for a KaBoom! playground for Bataan Park in High Point. In August 2011, 70 youth and 75 residents met with KaBoom! to design the playground space. In September 2011, over 200 volunteers from the community, Windermere Foundation, SHA, and Neighborhood House helped build the new play space. To promote use by residents of all ages (14 and older), High Point received an alumni grant from KaBoom! in 2012 for \$15,000 to add fitness equipment to Bataan Park. Open Space Association installed eight pieces of equipment to provide access to aerobic and strength training.

Population Reach

More than 600 kids gained access to a new playground in their neighborhood in High Point.

Population Impact

Efforts targeting Bataan park aimed at creating an intergenerational atmosphere where children, adults, and seniors could interact.

Challenges

Safety and maintenance issues limited use of parks near housing authority sites. Springwood Park in Birch Creek lacked lighting, and had uneven walkways, litter, and graffiti. John C. Little Park in NewHolly had some exercise equipment; however, illegal activity made the park feel unsafe to residents.

Management of parks differed based on site. Parks in High Point were managed by OSA, while NewHolly parks were managed by Seattle Parks and Recreation. This mix of management also created barriers for partners trying to create the Ribbon of Parks—a trail connecting three parks in NewHolly.

SUSTAINABILITY OF THE PARTNERSHIP AND INITIATIVE

Partnership Sustainability

In the final year of the grant, partners worked together to create system and policy changes at the Housing Authority, community, and organizational levels by meeting with other local healthy eating and active living partners to discuss collaboration to sustain work. Specifically, the leadership team convened meetings on specific priority areas to apply the sustainability framework and develop next steps for sustainability.

The partnership between PHSKC, KCHA, and SHA deepened through HKHC, which will help to enforce and sustain project efforts after the grant period, specifically in child care nutrition and physical activity guidelines, community gardens, healthy retail, and parks and recreation. However, sustainability of implemented changes will depend on additional funding as well consistent community participation and volunteers. Partners hope community builders at each location will help to maintain volunteer participation and continue to enforce the changes already put into place. Partners also intend to document processes and best practices within each strategy to facilitate dissemination to and replication in other sites or housing authorities.

Experience in HKHC provided KCHA staff and coordinators valuable skills related to healthy eating and active living in order to work specifically on HKHC; yet, these skills will translate to future work as well.

Future Funding

Sustainability of the partnership and its initiatives heavily relies on continued funding from external sources. After HKHC funding ends, the part-time public health coordinator position created for HKHC will dissolve, and the coordinators at KCHA and SHA will resume other projects. Funding cuts from HUD will make it even more difficult for SHA/KCHA to sustain their roles after HKHC.

KCHA applied for children's educational grants such as the Robert Wood Johnson Community Roadmaps Grant which have the potential to aid in sustainability of the child care physical activity and nutrition programs. KCHA has received mini-grants for some garden supplies; however, lack of staff time creates difficulties to applying for further funding. KCHA hopes to continue applying for additional funding opportunities in addition to focusing on collaboration to sustain current efforts.

Partner organizations with grant funding (Kellogg and CPPW) have to submit applications for continued funding. Without it, programming and initiatives supported by these funding mechanisms will likely cease if continued funding is not obtained.

Lessons Learned

Partners found the dynamics of working in four different communities to be difficult both in terms of engagement and staff capacity to coordinate strategies. The KCHA Coordinator suggested a more effective method would have been to choose two communities (one SHA, one KCHA) to focus the work of HKHC.

In reflecting on the grant duration, partners were able to identify recommendations for future projects. Members of the leadership team suggested that sustainability should be considered at the beginning of the initiative. They also identified the importance of community input to the success of the partnership.



REFERENCES

1. King County Seattle, Washington. Healthy Kids, Healthy Communities. (2009). <http://www.healthykidshealthycommunities.org/communities/king-countyseattle-wa>
2. Full Proposal Narrative. Healthy Kids, Healthy Communities Grant Proposal. 2008.
3. US Census Data. www.census.gov
4. King County Government Website. <http://www.kingcounty.gov/>
5. Seattle Government Website. https://www.seattle.gov/html/citizen/city_officials.htm
6. Crime data. Office of Financial Management. <http://www.ofm.wa.gov/>
7. United States Department of Agriculture, Food and Nutrition Service. <http://www.fns.usda.gov/cnd/care/CACFP/aboutcacfp.htm>.
8. Fresh! Healthy Vending Blog. <http://freshhealthyvending.com/franchising/healthy-franchises/washington-state-eyes-new-guidelines-to-support-healthy-vending/>
9. WIC Foods. Washington State Department of Health. <http://www.doh.wa.gov/YouandYourFamily/WIC/WICFoods.aspx>
10. "Marching for a Safer Neighborhood." King5 News Website. Posted February 3, 2012. <http://www.king5.com/news/local/Marching-for-a-safer-neighborhood-138697464.html>
11. "Take Back Our Streets". Photos of Walk and Rally. Seattle Neighborhood Group. February 2, 2012. <https://www.facebook.com/media/set/?set=a.375790425769049.104445.212901148724645&type=1>
12. Pedestrian Crossing Flags. Department of Transportation, Seattle Government Website. http://www.seattle.gov/transportation/pedpolicy_pedcrossingflags.htm
13. Just Garden Project. <http://justgarden.org/>
14. Chief Sealth Trail. Department of Transportation, Seattle Government Website. <http://www.seattle.gov/transportation/chiefsealthtrail.htm>

APPENDIX A: LOGIC MODEL—HEALTHY EATING AND ACTIVE LIVING STRATEGIES

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 King County Seattle Healthy Kids, Healthy Communities partnership 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).

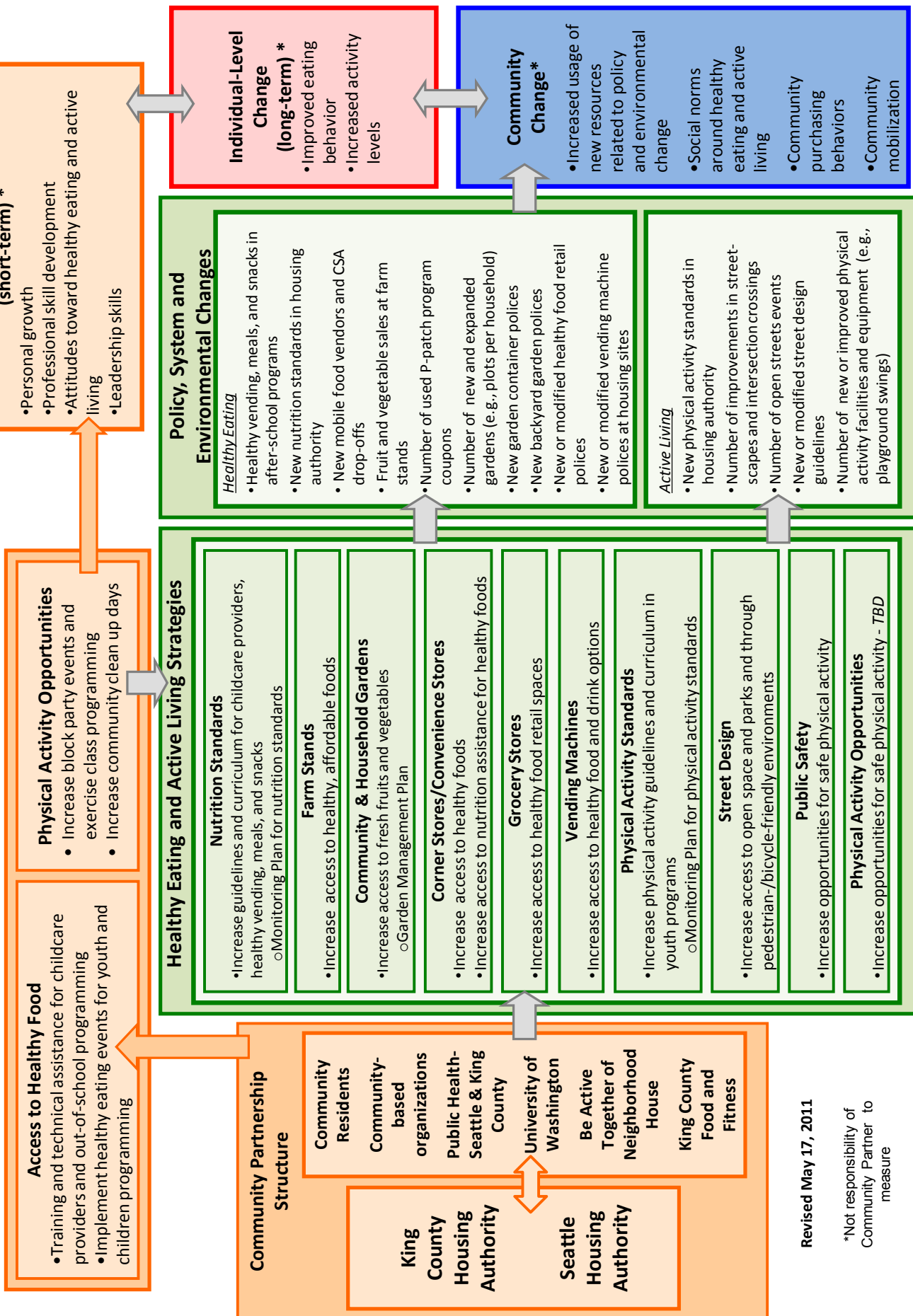
The healthy eating and active living strategies of the King County Seattle Healthy Kids, Healthy Communities partnership included:

- *Child Care Nutrition Standards and Physical Activity*—Partners worked to create and implement changes in healthy eating and active living standards at on-site youth providers and in-home child care centers.
- *Healthy Vending*—SHA sites developed and implemented Healthy Vending policies and guidelines to reduce consumption of unhealthy foods from vending machines.
- *Healthy Retail*—Working with local businesses, the partnership increased resident access to fresh fruits and vegetables. Partners also facilitated applications for Electronic Benefit Transfer (EBT) acceptance at local corner stores.
- *Pedestrian Safety and Active Transportation*—Environmental changes were made to street intersections to promote pedestrian safety and active commuting to schools.
- *Community and Household Gardens and Market Farm Stands*—Working with a local gardening organization, partners facilitated the development of multiple community gardens and farm stands.
- *Parks and Play Spaces*—Availability of recreational facilities was heightened by HKHC efforts through the addition of playground and fitness equipment at one site and a fitness center at another.

APPENDIX A: LOGIC MODEL—HEALTHY EATING AND ACTIVE LIVING STRATEGIES

King County/Seattle, WA HKHC Logic Model

King County Housing Authority and Seattle Housing Authority



Revised May 17, 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 Creciendo en Salud 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 Creciendo en Salud 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 Creciendo en Salud 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 20 individuals responded from Creciendo en Salud partnership. Of the sample, 13 were female (65%) and 7 were male (35%). The majority of respondents were all between the ages of 26-45 (10, or 50%) or 46-65 (8, or 40%). One respondent was between 18-25, and one was 66 or older. 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/Native Alaskan, 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. Fifty three percent of respondents selected White and 47% chose Hispanic or Latino as a response. No other races or ethnicities were identified.

Respondents were asked to identify their role(s) in the partnership or community. Of the 30 identified roles, five were representative of the Community Partnership Lead (17%) and nine were Community Partnership Partners (30%). Four respondents self-identified as Community Partnership Leaders (13%) and eight as Community Members (27%). The remaining four roles were identified as Public Officials (13%). Individuals participating in the survey also identified their organizational affiliation. Forty percent of respondents (n=8) indicated affiliation to a local government agency (city or county), while three claimed affiliation to schools/school districts (15%) and three were associated to a faith- or community-based organization (15%). Two respondents identified themselves with neighborhood organizations (10%), while university or research/evaluation organizations and advocacy organizations each had one affiliation (5% each). No respondents

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

were affiliated to child care or afterschool organizations or health care organizations.

Leadership (n=8 items)

Overall, the majority of responses showed agreement or strong agreement (92% 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 strongly agreed (74%) or agreed (16%) that leaders worked to motivate others, work with diverse groups, and strived to follow through on initiative promises. Responses to the survey showed believed at least one member of the leadership team lived in the community (95% agree/strongly agree), and leaders were perceived to have shown compassion to the community members with whom they worked (90% agree/strongly agree).

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% of respondents did not support the idea or were unsure (5% disagree, 5% 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 (61% agree/strongly agree). Yet, 22% of respondents felt unsure provision of space and equipment was sufficient. Most (77%) also agreed that the partnership has processes in place for dealing with conflict, organizing meetings, and structuring goals, although 10% responded “I don’t know”, indicating a lack of familiarity in this area, and 8% felt these processes were not established. 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 (84%), though 6% did not agree with these claims and 10% did not know.

Though the majority (71%) of respondents indicated agreement with statements about the partnership’s effectiveness in seeking learning opportunities, developing the partnership, and planning for sustainability, 15% of responses disagreed, and 9% were not aware of partnership activities specific to development and sustainability, and 5% did not provide a response.

Relationship with Partners (n=4 items)

Eighty-eight percent of responses to statements about leadership and partner relationships were positive (agree or 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 (89% 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, 83% 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.

Political Influence of Partnership (n=2 items)

Respondents felt that the leadership is visible within the community, with 88% 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 83% of survey responses, while 14% of respondents indicated a lack of knowledge about these community attributes. Respondents also strongly supported suggestions that community members help their neighbors, though respondents also agreed that some community members may take advantage of others if given the chance. Respondents were less convinced that community members would intervene on behalf of another individual in their community in cases of disrespect, disruptive behavior,

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

or harmful behavior. While 57% agreed or strongly agreed, 25% disagreed/strongly disagreed. The remaining 18% of responses indicated that some respondents did not know how community members would act in these situations.

Most survey participants (85%) felt community members were aware of the partnership's initiatives and activities; however, 10% of those responding to the survey disagreed with these statements and 5% strongly felt community members were not aware. Ninety percent of respondents agreed that the partnership equally divides resources among different community groups in need (e.g., racial/ethnic minorities, lower income), though 10% disagreed and felt resources were not equally distributed.

Overall, respondents agreed or strongly agreed that partners and members of the community maintained active involvement in partnership decisions and activities (87%), and have the opportunity to function in leadership roles and participate in the group decision-making process (92%).

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

Seattle/King County

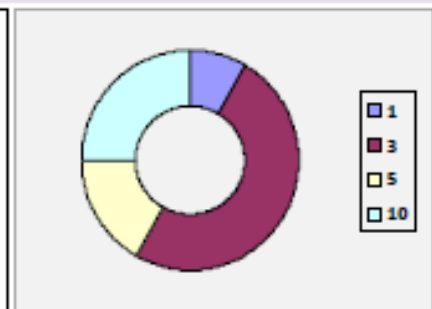
Respondents (n= 12)

Respondent Characteristics

Gender		Identified Race/Ethnicity				Identified Role	
Female	11	American Indian or Alaskan Native	2	Hispanic or Latino	0	Community Partnership Lead	7
Male	1	Asian	3	Not Hispanic or Latino	0	Community Partnership Partner	4
No response	0	White	8	Don't know/ Unsure ethnicity	0	Community Leader	1
Age Range		African American/ Black	0	Refused to identify ethnicity	1	Community Member	1
18-25	0	Pacific Islander/ Native Hawaiian	0	Other ethnicity	0	Public Official	0
26-45	7					Other role	0
46-65	5						
66+	0						
No response	0						

Type of Affiliated Organization

Faith- or Community Based Organization	1	8.3%	(1)
School (district, elementary, middle, high)	0	0.0%	(2)
Local Government Agency (city, county)	6	50.0%	(3)
University or Research/Evaluation Organization	0	0.0%	(4)
Neighborhood Organization	2	16.7%	(5)
Advocacy Organization	0	0.0%	(6)
Health Care Organization	0	0.0%	(7)
Child Care or Afterschool Organization	0	0.0%	(8)
Other	3	25.0%	(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	31.48%	Strongly disagree	0.00%
Agree	41.67%	I don't know	22.22%
Disagree	3.70%	No response	0.93%

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	28.79%	Strongly disagree	0.00%
Agree	65.91%	I don't know	4.55%
Disagree	0.00%	No response	0.76%

APPENDIX B—PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, Table

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	15.91%	Strongly disagree	0.00%
Agree	62.88%	I don't know	16.67%
Disagree	4.55%	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	25.00%	Strongly disagree	0.00%
Agree	70.00%	I don't know	1.67%
Disagree	3.33%	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	15.00%	Strongly disagree	3.33%
Agree	46.67%	I don't know	23.33%
Disagree	11.67%	No response	0.00%
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	25.00%	Strongly disagree	1.39%
Agree	54.17%	I don't know	12.50%
Disagree	5.56%	No response	1.39%
Relationship between partners and leadership			
Participants provided level of agreement to statements indicating the leadership and partners trust and support each other.			
Strongly agree	33.33%	Strongly disagree	0.00%
Agree	60.42%	I don't know	4.17%
Disagree	0.00%	No response	2.08%
Community members intervene			
Participants provided level of agreement to statements indicating that community members can be counted on to intervene in instances where someone is disrespectful, disruptive, or harmful to another community member.			
Strongly agree	8.33%	Strongly disagree	22.22%
Agree	36.11%	I don't know	13.89%
Disagree	19.44%	No response	0.00%
Leadership motivation			

APPENDIX B—PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, Table

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	58.33%	Strongly disagree	0.00%
Agree	41.67%	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	22.22%	Strongly disagree	0.00%
Agree	55.56%	I don't know	8.33%
Disagree	8.33%	No response	5.56%

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	20.83%	Strongly disagree	0.00%
Agree	72.92%	I don't know	4.17%
Disagree	2.08%	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	12.50%	Strongly disagree	0.00%
Agree	79.17%	I don't know	4.17%
Disagree	4.17%	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	41.67%	Strongly disagree	0.00%
Agree	50.00%	I don't know	8.33%
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	11.11%	Strongly disagree	0.00%
Agree	80.56%	I don't know	8.33%
Disagree	0.00%	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	12.50%	Strongly disagree	0.00%
Agree	70.83%	I don't know	16.67%
Disagree	0.00%	No response	0.00%

APPENDIX B—PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, Table

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	8.33%	Strongly disagree	8.33%
Agree	16.67%	I don't know	50.00%
Disagree	16.67%	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	25.00%	Strongly disagree	0.00%
Agree	41.67%	I don't know	8.33%
Disagree	8.33%	No response	16.67%
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	8.33%	Strongly disagree	0.00%
Agree	66.67%	I don't know	8.33%
Disagree	16.67%	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	8.33%	Strongly disagree	0.00%
Agree	83.33%	I don't know	0.00%
Disagree	8.33%	No response	0.00%

APPENDIX C—PARTNER LIST

Partners of King County Seattle Healthy Kids, Healthy Communities	
Organization/Institution	Partner
Business/Industry/Commercial	Children’s Hospital and Regional Medical Center
	Full Circle Farm
	KaBoom!
	Puget Sound Food Network
Civic Organizations	AmeriCorps
	Southwest Boys and Girls Club
	West Seattle Food Bank
Community Residents/ Representatives	Greenbridge Community Council
	High Point Neighborhood Association
	White Center Community Development Association
Government	King County Housing Authority*
	Public Health Seattle King County
	Seattle Department of Transportation
	Seattle Housing Authority
	Seattle Parks and Recreation
Other Community-Based Organizations	Bikeworks
	Cascade Bicycle Club
	Community Harvest
	Community Kitchens NW
	East African Community Coalition
	Feet First
	The Good Food Truck
	King County Food & Fitness Initiative
	Just Garden
	Kent Youth and Family Services
	Kent4Heath
	Neighborhood Farmers’ Market Alliance
	Neighborhood House
	P-Patch
Solid Ground	
Foundation	Windermere Foundation
Schools	Highline School District
	Open Space Association
	Seattle Public School Nutrition Services
	University of Washington, Urban Planning

* Denotes lead agency

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Annual Funding, by Type				
Community Partnership	Seattle/King County			
Type of Funding	Revenue Generated Year	Sum of Annual Funding	Amount of Revenue Generated	Date
HKHC funds			Sum of funding by type	\$390,849.69
	2008	\$62,180.35		
			\$59,054.54	12/1/2008
			\$120.46	12/1/2008
			\$638.01	12/1/2008
			\$458.17	12/1/2008
			\$1,909.17	12/1/2008
	2009	\$100,000.00		
			\$83,161.00	12/1/2009
			\$16,839.00	12/1/2009
	2010	\$99,764.97		
			\$3,940.45	12/1/2010
			\$1,939.02	12/1/2010
			\$3,540.14	12/1/2010
			\$1,182.08	12/1/2010
			\$88,108.29	12/1/2010
			\$1,054.99	12/1/2010
	2011	\$100,000.37		
			\$90,295.42	12/1/2011
			\$1,346.54	12/1/2011
			\$2,500.00	12/1/2011
			\$4,332.00	12/1/2011
			\$1,212.32	12/1/2011
			\$269.14	12/1/2011
			\$44.95	12/1/2011
	2012	\$28,904.00		
			\$590.00	12/1/2012
			\$100.00	12/1/2012
			\$27,814.00	12/1/2012
			\$100.00	12/1/2012
			\$300.00	12/1/2012
Matching funds			Sum of funding by type	\$4,022,645.72
	2010	\$65,590.00		
			\$18,638.00	1/22/2010
			\$6,025.00	1/22/2010
			\$40,927.00	1/22/2010
	2011	\$1,547,232.00		
			\$19,181.00	1/1/2011
			\$7,319.00	1/1/2011

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

Community Partnership		Seattle/King County			
Type of Funding	Revenue Generated Year	Sum of Annual Funding	Amount of Revenue Generated	Date	
			\$50,296.00	1/1/2011	
			\$50,000.00	9/22/2011	
			\$586,000.00	9/22/2011	
			\$750,000.00	9/22/2011	
			\$9,482.00	9/30/2011	
			\$32,200.00	9/30/2011	
			\$31,062.00	9/30/2011	
			\$11,692.00	9/30/2011	
	2012	\$2,409,823.72			
			\$100,000.00	1/1/2012	
			\$200,000.00	1/1/2012	
			\$2,047,420.00	1/1/2012	
			\$9,481.00	9/27/2012	
			\$31,200.00	9/27/2012	
			\$9,967.00	9/27/2012	
			\$11,755.72	9/27/2012	
Other			Sum of funding by type	\$112,100.00	
	2010	\$63,000.00			
			\$63,000.00	6/30/2010	
	2011	\$100.00			
			\$100.00	4/12/2011	
	2012	\$38,000.00			
			\$15,000.00	4/26/2012	
			\$23,000.00	8/22/2012	
	2013	\$11,000.00			
			\$11,000.00	3/20/2013	
Sum of CP revenue generated		\$4,525,595.41			

APPENDIX E: NEWHOLLY HEALTHY VENDING SPECIFICATIONS

SNACKS

Criteria	Healthiest	Healthier	Excluded
	≤ 250 calories/serving No added fat No added sugar, with exception of ≤ 6g of sugar per serving for grains ≤ 150mg of sodium/serving	≤ 250 calories/serving ≤ 35% calories from total fat with exception of nuts and seeds; ≤ 10% calories from saturated fat; zero trans fat ≤ 35% of weight from total sugars; ≤ 10g of sugar per serving for grains ≤ 360mg of sodium/serving	Foods that exceed the levels of calories, fat, sugar, and/or sodium listed in the healthier category
Vegetables	Dehydrated and freeze-dried vegetables	Baked and popped potato chips; corn nuts	Regular chips; fried vegetables
Fruit	Dried and freeze-dried fruit; fruit packed in its own juice	Dried fruit with added salt, sugar, or fat; fruit in “lite” syrup	Fruit in heavy syrup; imitation fruit snacks and gummies
Grains	100% whole grain crackers, pretzels, popcorn, cereal bars, and rice cakes	Whole-grain crackers, pretzels, corn chips, soy crisps, granola bars, cereal bars, and fig bars; “light” popcorn	Refined grain crackers, cereals, and cereal bars; buttered popcorn
Nuts & seeds	Unsalted and unsweetened nuts, seeds, trail mix, and fruit and nut bars	Low-sodium salted nuts, seeds, trail mix, and fruit and nut bars	Salted nuts and seeds; trail mix and bars that included candy
Meat	Low-sodium dried meat (jerky) or tuna		Full-sodium dried meat (jerky) and tuna

BEVERAGES

Criteria	Healthiest	Healthier	Excluded
	Sugar-free and caffeine free	Artificially sweetened, low calorie (≤ 10 calories per 8 ounces), and caffeine free	Caffeinated and sugary beverages
Water & Other	Plain water; plain carbonated water (seltzer)	Zero or low-calorie beverages flavored water, vitamin water, and sport drinks (≤ 10 calories per 8 ounces)	Caffeinated drinks – sodas, diet sodas, coffees, teas
Juice		100% fruit juice with no added sweeteners (≤ 10 ounces)	Calorically sweetened beverages ≥ 10 calories per 8 ounces
Milk	Unflavored fat-free or 1% milk	Fat-free or 1% flavored milk (≤ 22g sugar per 8 ounces)	Whole milk – flavored or unflavored

Healthy Vending Specifications based on the King County Healthy Vending Guidelines*

Added sugars included, sucrose, fructose, glucose, corn syrup, high fructose corn syrup, honey, agave syrup, maple syrup, molasses, evaporated cane juice, and fruit or fruit juice concentrates.

Whole Grain At least 51% of the grain ingredients were whole grains. The first two grain ingredients on the ingredient label should be whole grains. Whole grains included whole corn, stone ground whole corn, whole wheat, 100% whole wheat, whole rye, amaranth, brown rice, buckwheat, bulgur, millet, oats, rolled oats, steel cut oats, popcorn, quinoa, sorghum, teff, wheat berries, and wild rice.

*<http://www.kingcounty.gov/healthservices/health/~/media/health/publichealth/documents/nutrition/>