

HEALTHY KIDS COLLABORATIVE CASE REPORT

Nash and Edgecombe Counties, North Carolina

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2009 to June 2014



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BACKGROUND

Healthy Kids, Healthy Communities National Program

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

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

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

Figure 1: Map of Healthy Kids, Healthy Communities Partnerships



Evaluation of Healthy Kids, Healthy Communities

Transtria LLC and Washington University Institute for Public Health received funding from the Robert Wood Johnson Foundation to evaluate the HKHC national program. They tracked plans, processes, strategies, and results related to active living and healthy eating policy, system, and environmental changes as well as influences associated with partnership and community capacity and broader social determinants of health.

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

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

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

Healthy Kids Collaborative (HKC) of Nash and Edgecombe Counties

In December 2009, the *Healthy Kids Collaborative (HKC) of Nash and Edgecombe Counties Healthy Kids* received a four-year, \$360,000 grant as part of the HKHC national program. The Down East Partnership for Children (DEPC) was the lead agency.

The partnership and capacity building strategies of the partnership included:

- **Park Partners Program:** This program was launched by the City of Rocky Mount’s Department of Parks and Recreation. HKC partners encouraged local faith-based organizations to adopt parks, allowing them to help in maintaining park conditions and to play an active role in the long-term park improvement planning process.
- **Capacity-Building in Healthcare Settings:** Informational resources on obesity prevention strategies were developed and distributed to families with children at risk of or already obese. In addition, patients and their families from pediatric clinics were referred to the DEPC Family Support Group. Finally, a Childhood Obesity Screening toolkit was developed that contained local resources, educational material, self assessments, and tips for physicians on communicating with patients about obesity.
- **Healthy Kids, Healthy Communities Summits:** The HKC held summits in 2010 and 2012 to share results of food and park assessments, engage community stakeholders and decision-makers, and promote innovative local, state, and national policies to combat childhood obesity.

See Appendix A: Healthy Kids Collaborative Evaluation Logic Model and Appendix B: Partnership and Community Capacity Survey Results for additional information.

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

The healthy eating and active living strategies of the HKHC partnership included:

- **Parks and Play Spaces:** HKC partners collaborated with groups from diverse sectors to transform a park into a model outdoor learning environment, renovate a park in a rural town, and establish a joint use agreement between Edgecombe County and Edgecombe County Public Schools.
- **Farmers’ Markets:** Farmers’ markets became more accessible to disadvantaged communities through efforts of the HKC. Three produce stands were opened and a bus route was re-located to the Rocky Mount farmers’ market.
- **Nutrition and Physical Activity Standards in Child Care:** New nutrition and physical activity policies and practices were established in 16 Nash and Edgecombe County child care centers and homes.
- **Community Gardens:** HKC efforts led to three new community gardens, as well as the adoption of a city policy that supported community gardens in Rocky Mount.
- **Healthy Eating and Physical Activity Policies in Faith-Based Settings:** As a result of the HKC efforts, seven faith-based organizations adopted healthy eating and/or physical activity policies.

COMMUNITY DEMOGRAPHICS

The HKC focused on children and families living in Nash and Edgecombe Counties, North Carolina. These counties, located in eastern North Carolina, are largely comprised of small towns and rural areas. The HKC worked at the county level, as well as in specific cities and towns, including Rocky Mount, Pinetops, Red Oak, Nashville, and Spring Hope. The City of Rocky Mount straddles the county line and serves residents from both counties. While this provides a central location for many agencies and organizations, it also creates multiple systems to connect, such as county government with city government.

Nash and Edgecombe counties are largely comprised of low-income, minority families. Edgecombe County has a higher percentage of African-American and lower-income residents than Nash County. The demographic characteristics of the two counties are presented in Table 1. Nash and Edgecombe Counties, like the rest of North Carolina, are experiencing a fast-growing Latino population. The region is burdened by high unemployment rates, as well as limited access to nutritious food options and recreational resources.

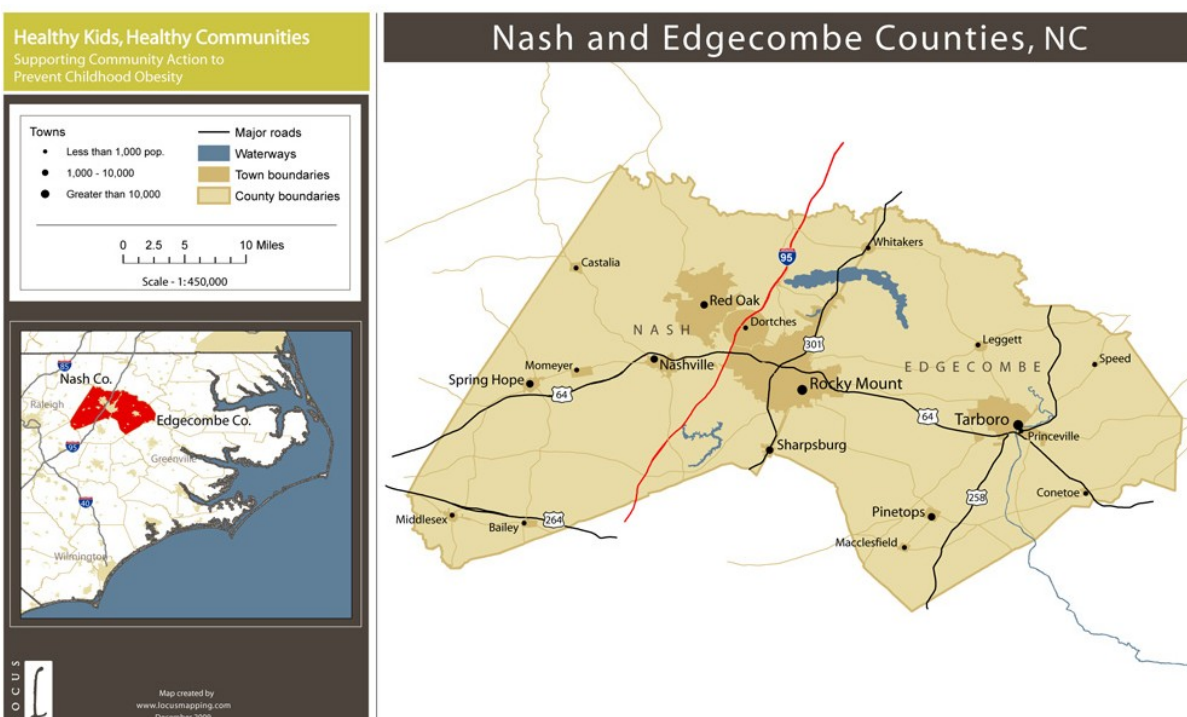
Trends in Overweight/Obesity

Early onset of obesity is a growing problem in Nash and Edgecombe counties: Thirty-three percent of Nash County children and 27% of Edgecombe County children between the ages of 2-4 are overweight or obese.² Nash and Edgecombe counties also face the highest adult obesity rate in the state. Nash and Edgecombe counties are two of the five counties in North Carolina comprising the Area L AHEC (Adult Health Education Center). The prevalence of overweight/obesity in this region is 72%.³

Table 1: Demographic Characteristics of Nash and Edgecombe Counties, North Carolina^{4,5}

	Population	White	African-American	Hispanic/Latino	Below Poverty	Per Capita Income	Median Household Income
Nash County	95,840	56%	37%	6%	16%	\$23,602	\$45,052
Edgecombe County	56,552	39%	57%	4%	23%	\$17,808	\$34,198

Figure 2: Map of Nash and Edgecombe Counties, North Carolina



INFLUENCE OF SOCIAL DETERMINANTS

County Tensions

Partners reported that some tension exists between Nash and Edgecombe Counties, as expressed by residents, county governments, and the medical community. DEPC was one of the first agencies that was successful in working in both counties effectively. DEPC understands the somewhat strained relationship between counties, but makes it its mission to provide services to children in both counties. DEPC acted as a neutral party and intentionally chose to have its office in Rocky Mount on the Edgecombe County side because the partnership wanted to be close to the community it served. In addition, it was fitting to be located in a city that spans both counties.

In 1999, Hurricane Floyd hit both Nash and Edgecombe Counties. Although both counties were affected, Edgecombe County had more devastating flooding. Many people left Edgecombe County and did not return. The relationship between the two counties improved during and after Hurricane Floyd because agencies and people from both counties had to work together in the disaster. After the hurricane, however, more redevelopment occurred in Nash County.

Health Departments in Different Regions

Many systems in North Carolina are set up as regional partnerships. For example, Nash and Edgecombe Counties each have their own health departments, but they are in different regions within the state. HKC partners noted that if Nash and Edgecombe Counties were in the same region, it is likely that they would be better positioned to receive funding.

Public Transportation and Walkability

The small towns and rural areas of Nash and Edgecombe counties have limited access to resources, specifically transportation. Lack of transportation creates a barrier to children participating in parks and recreation programs. Rocky Mount has a city transit system, but it is very limited. The transit authority is short-staffed and lacks routes that take people near parks and recreation facilities. Moreover, the streets around many schools in the counties are not walkable. Rocky Mount inner city schools are the exception. There is a higher percentage of students at these schools that walk to school, and crossing guards are present to ensure children's safety.

Crime and Safety

The HKC observed that community residents have concerns about safety with some of the parks, creating another barrier to physical activity. In addition, HKC staff noted that some areas of Rocky Mount in Edgecombe County have issues with high levels of crime and gang activity.



Source: Transtria LLC

HEALTHY KIDS COLLABORATIVE

Lead Agency and Leadership Teams

With a planning grant from the Kate B. Reynolds Charitable Trust, the DEPC convened health leaders and other key partners in May 2008 to examine health issues. Out of that group came the core mission of the HKC – to reduce childhood obesity for children aged 2-4 so that they enter kindergarten healthy and ready to succeed.

The lead agency for the HKC was the DEPC, a non-profit organization founded in 1993 that sought to equip every child in Nash and Edgecombe counties to be a life-long learner by the end of third grade. Its mission was “to build a strong foundation for children and families by advocating and supporting both high quality early care and education and a coordinated system of community resources.” DEPC worked in collaboration with community partners to develop and implement initiatives to better serve children, birth to age 8, and their families and to create long-term change in the early care, education, and health and human service systems.

“So a group came together and looked at all the health problems, and obesity was the root of most of the health problems. So that’s how [health as a focal area] came to be, [it] is a way to work on the whole child, it was the missing link.” -Staff

The DEPC was seen as a leader throughout the state for its work. Some of its key activities included:

- implementing innovative services for children, families and child care providers;
- facilitating collaborative planning with diverse stakeholders to develop strategies and allocate resources;
- providing direct services for families including referrals to help families locate quality child care, a scholarship program to help low-income families access high quality early care and education, family support services, and parent-child interactive playgroups for young children;
- providing quality improvement training, technical assistance, and grants to early childhood education professionals to build their capacity to improve outcomes for children, families, and the community;
- investing funding resources received from the government and foundations to fund approximately 14 programs in 10 partnering agencies and organizations in Nash and Edgecombe counties;
- advocating for children and families; and
- developing grassroots leaders to effect change (e.g., through its Community Fellows program).

More than 30 people were on staff at DEPC. It was governed by a 31-member Board of Directors that oversaw all administrative, financial and program activities.

DEPC was able to work across political agendas and territorial considerations by rallying the two-county area around the success of children and families. DEPC was successful in bringing together people from the two-county area and securing funding. This led to DEPC being a model partnership in North Carolina. Some of this success was attributed to the Executive Director’s dedication to DEPC and having key people from the area on the Board of the partnership.



Organization and Collaboration

The HKC was established in 2008 when DEPC saw a need for health to become a priority area for the organization. DEPC saw that health was connected to its overall mission of getting children ready for school. The Kate B. Reynolds Foundation, a major funder and partner of DEPC, also pointed out that health would be a good focus area for the organization.

The HKC was comprised of 70 members from 50 agencies including community agencies, organizations, local government officials, and other leaders that wanted to help children and families lead healthier, more active lives.³ The HKC established subgroups to help guide the work of specific targeted strategies. Each subgroup had a community member who served as leader of the subgroup. Subgroups met as needed to discuss strategies and develop action plans for their area of focus. Subgroups reported to the larger HKC at quarterly meetings. The five subgroups included:

- Faith-based initiatives
- Medical/health care
- Child care
- Access to healthy foods (i.e., farmers' markets)
- Policy (i.e., joint-use, community gardens, park adoption)



“This project really brings all of those people together in one room for one goal working together...leaders and community members all working towards the same goal.” -Staff

Staff from the DEPC managed the HKC, including a Project Director, Project Coordinator, and Specialist. The Project Director was the Director of Research and Development at DEPC and worked with the HKHC budget and supported the policy work. The Project Coordinator coordinated the subgroups, worked with policymakers on policy changes, and handled long-term budget planning. The Specialist focused her efforts on working more directly with subgroups and individuals in the community to implement the programs and services. The Executive Director of DEPC provided general leadership and ensured that HKC efforts were strategically integrated with other DEPC activities. Although there was some turnover with respect to Project Directors, stability of the partnership and its efforts was maintained by other staff on the project.

The HKC partnership had representation from various government staff and elected officials (municipal and county) and community members. The Mayor of Rocky Mount was very supportive of the HKC initiative. In addition, community members participated, including a retired physician, community advocate, head of a neighborhood association, and local farmer. HKC leaders reported that collaboration with volunteers was important for implementing policy and environmental changes.

See Appendix C for a list of all partners.

“We've [been able to] use a lot of volunteers in this. That's another thing that worked, bringing people in as volunteers and letting them see how they could take the work and do it in their environments, whether their church, their own backyard, the child care home, so that you start to really create a movement and a different way of looking at community health.” —Staff

PARTNERSHIP FUNDING

HKHC grantees were expected to secure a cash and/or in-kind match equal to at least 50% of the RWJF over the entire grant period. In addition to the matching funds, the HKC was successful in leveraging additional funds. The RWJF grant supported the HKC's policy and environmental efforts, while other funds supported complementary programmatic efforts.

- Kate B. Reynolds Charitable Trust funded the general coordination of programmatic strategies (e.g., cooking classes, social marketing) of the HKC and related expenses.
- North Carolina Partnership for Children (NCPC) funding supported the Nutrition and Physical Activity Self-Assessment in Child Care (NAPSACC) program that worked on policies and practices within child care centers.
- Nash County Health Department provided in-kind support for NAPSACC.
- Shape NC from NCPC and Blue Cross Blue Shield funds supported work on outdoor learning environments at child care centers and their influence on the health of young children. While Shape NC supported work in Nash and Edgecombe Counties, this funding also supported the regional hub providing technical assistance to other counties.
- ConAgra Foods awarded funds to address access to fresh produce and health education for families in Nash and Edgecombe Counties. These funds supported the three produce stands located strategically throughout the two counties.
- Region 9 Community Transformation Grant Project funding supported work around access to places for physical activity. This funding specifically supported the development of a joint use agreement between Edgecombe County Public Schools and Edgecombe County Government and established community support for the use of school playgrounds as community parks.

See Appendix D: Sources and Amounts of Funding Leveraged.

“RWJ has allowed us to show other funders our successes and give us that track record so that they would invest to scale up the initiatives” -Staff

COMMUNITY ASSESSMENT

HKC partners conducted several observational assessments within Nash and Edgecombe counties to understand barriers and resources to healthy eating and active living. They also used surveys to assess parents' perceptions of parks and play spaces, food shopping habits (e.g., use of farmers' markets and gardens), and healthcare resources for healthy living. They presented this information at a local Healthy Kids, Healthy Communities Summit and at partnership meetings to guide planning and priorities. A summary of all of the reported assessment activities is summarized in Table 2.

Highlights from selected assessment are presented below.

Parks and Play Spaces

Audits of 32 parks in the two-county region showed the following:

- The most common play features were play equipment (72%), baseball fields (62%), and basketball courts (47%).
- Maintenance and improvements were needed on 42% of parks with play equipment, 40% of baseball fields, and 23% of basketball courts.
- Parks had signs of litter (47%), broken glass (30%), graffiti/tagging (26%), auditory annoyance (25%), alcohol use (19%), and vandalism (13%).
- No funding was dedicated for maintenance (e.g., playground improvements, resurfacing basketball courts) in the City of Rocky Mount with 53 facilities.

Parent survey findings revealed the following:

- Two-thirds of citizens surveyed responded that parks and recreational facilities were important to economic development and quality of life.
- Sixty-four percent of respondents would support a special fundraising campaign, and only 34% would support user fees for community physical activity resources.

Access to Healthy Foods

Audits of 120 corner and grocery stores showed the following:

- A greater proportion of stores in Nash County sold fruits and/or vegetables (44%) than in Edgecombe County (27%).
- The average cost of products was generally higher in corner stores than in grocery stores.
- The average cost of products was generally lower in stores in Nash County than in Edgecombe County.

Parent surveys revealed the following:

- The majority of survey respondents were interested in buying directly from local farmers, with 46% having already shopped at a farmers' market and 45% interested in shopping at a farmers' market. Only 9% of families would not shop at a farmers' market. See Figure 3 for location of farmers' markets
- Fewer respondents (14%) were familiar with community-supported agriculture (CSA) boxes, but of those familiar with CSA boxes, 96% would consider buying into a program if it was affordable or accessible to them.
- While 36% of families were familiar with community gardens, only 49% of those would be interested in having their own space within the garden.

Figure 3: Local Farmers' Markets

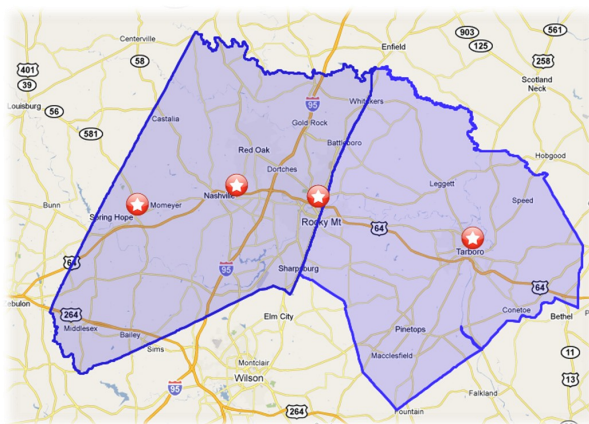


Table 2: Summary of Community Assessments*

Method	Year	Topics	Data Collectors	Units of Data Collection	Dissemination
Healthy Eating					
Audit	2010	Availability and affordability of healthy foods in corner stores and grocery stores using adapted Nutrition Environment Measurement Measures Survey (NEMS)	DEPC	96 corner stores and 24 grocery stores in two counties (mainly rural and low-income areas)	Presentation at summit
Maps	2010	Community-supported agriculture options	DEPC	Two counties	Presentation at summit
Survey	2010	Incentives and barriers associated with participation in USDA Food Program	DEPC	Six participating and four non-participating (two center-based, two home-based) child care centers	Unknown
Survey	2010	Shopping habits (type of foods purchased, food location, common method of payment, types of fruits and vegetables purchased)	DEPC	185 parents (n=104 Nash County, n=81 Edgecombe County) from child care providers, cooking classes, DEPC family resource groups, DEPC staff members, DEPC e-blast subscribers, and faith-based forum participants	Report Presentation at partnership meeting
Survey	2011	Usage of farmers' markets, nutrition and physical activity practices of children	DEPC	Families	Report
Active Living					
Audit	2010	Location, features, and conditions of parks using the Physical Activity Resources Assessment (PARA) tool	Volunteers and other partners	32 parks in 2 counties	Presentation at summit Map
Survey	2010	Needs and barriers regarding physical activity resources	DEPC	Parents	Unknown
Audit	2013	Outdoor environments at child care centers using the Preschool Outdoor Environments Measurement Scale (POEMS) tool	DEPC	Ten child care centers	Shared with individual centers to support action planning
Healthy Eating and Active Living					
Survey	2010	Effectiveness of current strategies and families' needs for additional information, education, and/or support from their healthcare provider about healthy weight, physical activity and nutrition	DEPC and local child care centers	Parents at family workshops, parent support groups, and the health department WIC office	Report Presentation at partnership meeting

* May be incomplete; assessments and products listed include those reported in Dashboard and narrative reports as of 12/31/2013.

PLANNING AND ADVOCACY EFFORTS

Planning and Community Engagement

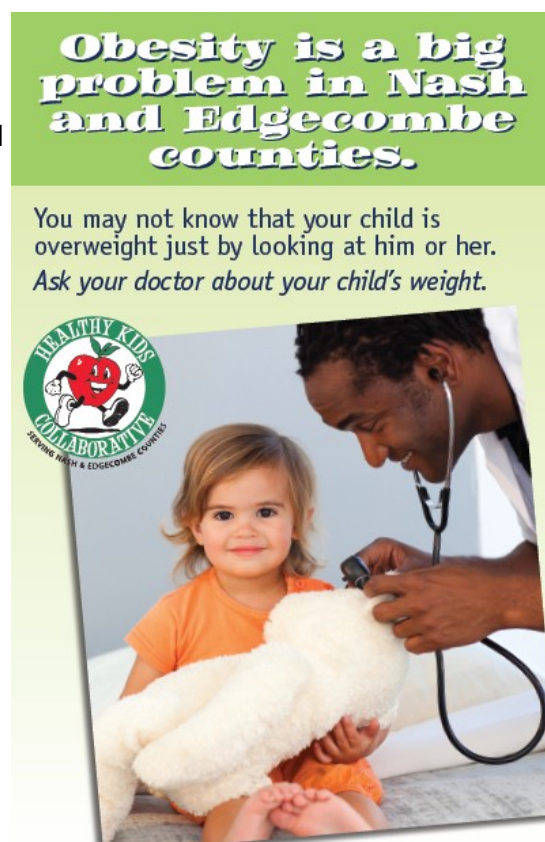
Healthy Kids, Healthy Communities Summits: The HKC held two summits, in July 2010 and March 2012. The first summit featured results of the food and park assessments. It brought together schools, county, and city governments along with community organizers. In particular, the summit sparked the Town of Nashville to make a request to be involved in HKC and to invite HKC representatives to serve on town committees. The second summit focused on policy efforts and brought together over 50 policymakers and community members. Participants learned about innovative local, state, and national work taking place to combat childhood obesity.

Master Planning: Several long-range planning efforts were underway in both Nash and Edgecombe Counties which involved HKC partners and staff including:

- Edgecombe County finished and the county adopted in June 2014 a long-range land use plan that contained recommendations related to healthy living.
- The City of Rocky Mount created a draft [30-year transportation plan](#) and distributed a survey to gather community input on the plan.
- The City of Rocky Mount is working on a parks and recreation master plan which will incorporate some of the work from the outdoor learning environments and joint use agreements into the planning products.
- Nash County is planning to gather community input on a long-range parks and recreation plan starting late in 2014.

Programs/Promotions

Capacity-Building and Outreach in Healthcare Settings: In response to medical providers requesting additional resources for families of children at risk or already obese, the Medical Subgroup of the HKC developed a packet of information containing helpful information on obesity prevention strategies and resources. “Lunch and Learn” sessions were held at two area pediatric clinics and, as a result, one clinic referred patients and their families to the DEPC Family Support Group and distributed patient packets and other nutrition information. Another clinic also participated in the distribution of health and wellness to patients and their families. Finally, a Childhood Obesity Screening toolkit was developed that contained local resources, education material, self-assessments, and tips for doctors on communication.



Source: HKC Partnership

PARKS AND PLAY SPACES

The HKC partners bridged relationships with diverse sectors and groups to increase access to parks and play spaces throughout the two-county region. Many of the towns in Nash and Edgecombe Counties lacked parks; therefore the HKC was dedicated to promoting joint use agreements with area schools.

Policy, Practice, and Environmental Changes

Across the Nash and Edgecombe counties, the following policy and environmental changes were implemented:

- Discovery Play and Learning Park was transformed into a model outdoor learning environment that could be replicated, in part, at child care facilities and used by other communities in the area as a guide for best practice outdoor learning environments.
- Abundant Life Ministries updated and opened a playground to the community. It added pieces to its preschool playground and renovated its basketball courts. Opening the park was the result of an internal policy, not a formal joint use agreement.
- A park in the Town of Spring Hope was renovated.
- A joint use agreement was established between Edgecombe County and Edgecombe County Public Schools and implemented at three elementary schools.
- Five communities (two in Nash County and three in Edgecombe County) entered agreements to develop plans for outdoor learning environment modeled after the Discovery Play and Learning Park and open to community use.

“[The redesign of Discovery Park] has gotten a lot of folks excited about what the possibilities are, and certainly it's been tied to revitalization of this low-income neighborhood in a way that I don't think we ever foresaw happening in the beginning part of the plan.” -Staff

Complementary Programs/Promotions

Park Partners

Rocky Mount Parks and Recreation launched the “Park Partners” program in Spring 2012. Through partnerships with the HKC and faith-based community, Bread of Life Church formally adopted the Holly Street Park. By adopting the park, the church agreed to support maintenance and overall park conditions and to play an active role in the long-term park improvement planning process. In addition, several churches adopted the playground at Carver Elementary School in Pinetops. Money was being raised for playground upgrades with the anticipation that the playground would serve as the town’s main public park.

Places to Grow and Play Map

Much of the work around parks and play spaces was dedicated to designing a map called “Places to Grow and Play.” HKC leadership collected information on existing community resources and created a map that included public play spaces, farmers’ markets, and other recreational facilities (including county, city, and town facilities) across the two-county area. Part of the process of creating the map involved working with organizations to open their playgrounds. For example, Safe Place Communities opened its play space for community use, and this was added to the park map. The map included healthy living tips and was widely distributed and in demand.

Implementation

Discovery Play and Learning Park

The Discovery Play and Learning Park was located in a low-income neighborhood of Rocky Mount in Edgecombe County, across from the DEPC building.



Source: HKC Partnership

Through the financial support of Shape NC, the Natural Learning Initiative (NLI) of North Carolina State University was contracted to redesign the park for \$10,000. As part of the planning process, NLI facilitated a stakeholders' meeting that included representatives from the community, area child care providers, community colleges, and local policy-makers. Input from this meeting was infused into the final design of the park. There were plans to allow the community college early education classes to utilize the play space as a way to learn how to teach children in an outdoor environment. Partners noted that the investment in NLI was vital to taking the design for Discovery Park from "good" to "great."

Spring Hope Playground

The process of renovating the park in the Town of Spring Hope began in 2009 and was spearheaded by a local community member and advocate. HKC was instrumental in forming collaborations between the community supporter and Nash County Department of Parks and Recreation. A committee was eventually formed that participated in community meetings, conducted surveys, and gave multiple presentations before the Town Council. Based on community feedback, the top priorities of the community for upgrades to the park were a new playground, upgraded walking trail, and basketball courts. The committee drafted its ideas for the upgrades to the park and presented it to the Town Council. The original proposed upgrades exceeded the town budget. Once scaled back, the proposed park project budget was \$110,000. Two years after beginning work on the project, the town received funding from the PARTF (Parks and Recreation Trust Fund). The PARTF was a 50/50 matching grant whereby the town paid for the project up-front, and the grant reimbursed the town for half of the cost. The Town Council, after some hesitation, accepted the grant and then found matching funds through various means, including selling a dump truck and collaborating with Middlesex, a neighboring community. The park will be maintained by the Town of Spring Hope. Additional renovations (e.g., restrooms) will be addressed as funds become available.

Population Reach

- The Discovery Play and Learning Park will benefit everyone who visits the park from both Nash and Edgecombe Counties, as well as surrounding counties. In addition, it will benefit the residents living in this lower-income African American neighborhood.
- Opening and renovating the playground at Abundant Life Ministry will benefit the residents living in the surrounding lower-income, African American neighborhood.
- Renovation to the Spring Hope park will affect the residents living in the rural town of Spring Hope and neighboring rural communities. This area had a higher concentration of Hispanic families.
- The joint use agreement will have a positive impact on residents throughout Edgecombe County.

Population Impact

Some unintended benefits of the partnership and this work included:

- The negotiations surrounding the joint use agreement between Edgecombe County Public Schools (ECPS) and Edgecombe County government allowed DEPC to leverage funding opportunities for capital improvements in five elementary school playgrounds—three in the ECPS district and two in the Nash Rocky Mount School district. Planning and construction of the playgrounds began in 2013. The Project Coordinator facilitated community forums to gather input on construction plans and garnered support for usage of facilities by the community. Community members were recruited to take leadership roles within the school parks through park watch groups. Walkability studies, funded through the Community Transformation Grant, were also conducted, and the results were presented to school and community stakeholders.

Challenges

Discovery Play and Learning Park

DEPC talked with the neighborhood association about establishing a park watch group for Discovery Park. There was one instance of vandalism at the park, but DEPC believed a park watch group would help to deter issues. The bathroom and water were locked at night. DEPC planned to put up a sign indicating the park closed at night and install lights for visibility.

Spring Hope Park

Nash County Parks and Recreation was unable to contribute to funding the park improvements; rather, it helped the committee to apply for the PARTF grant and provided some technical assistance. Nash County Parks and Recreation was unique, because it did not own any parks; it utilized municipality-owned parks for its programs. To offset expenses, Nash County Parks and Recreation waived the fees that Spring Hope normally paid to have parks and recreation programs for the next few years.

Joint Use

HKC partners noted that one barrier to implementing joint use agreements was that schools and organizations felt there was risk involved in opening their facilities to the community.

Sustainability

HKC leaders viewed most of the changes related to parks and play spaces as permanent or strict policy changes. Therefore, these changes were considered self-sustaining, environmental changes that would last. Moreover, because most of the work was community-driven, the changes would be sustained. In addition, HKC staff credit the work done to educate policymakers as furthering to sustain their efforts with regards to parks and play spaces. They believed policymakers could see the low-cost, high-impact returns on their investment and recognized that economic development does not have to cost much to yield a positive return for community engagement, appreciation, and further economic development.

In addition, HKC will continue to bolster its efforts on the building-out of the elementary school playgrounds. The partnership will use the teams that already exist within each school. For example, there is an existing initiative called Ready Schools that has developed school community teams, and these teams will be responsible for the planning process, generating community involvement, and eliciting community support through in-kind contributions, volunteers, financial donations, and the actual build-out of the playgrounds. The HKC leaders have a 'checklist' of whom they would like to serve on these teams, such as faith-based organizations, businesses, higher education institutions, and community members.

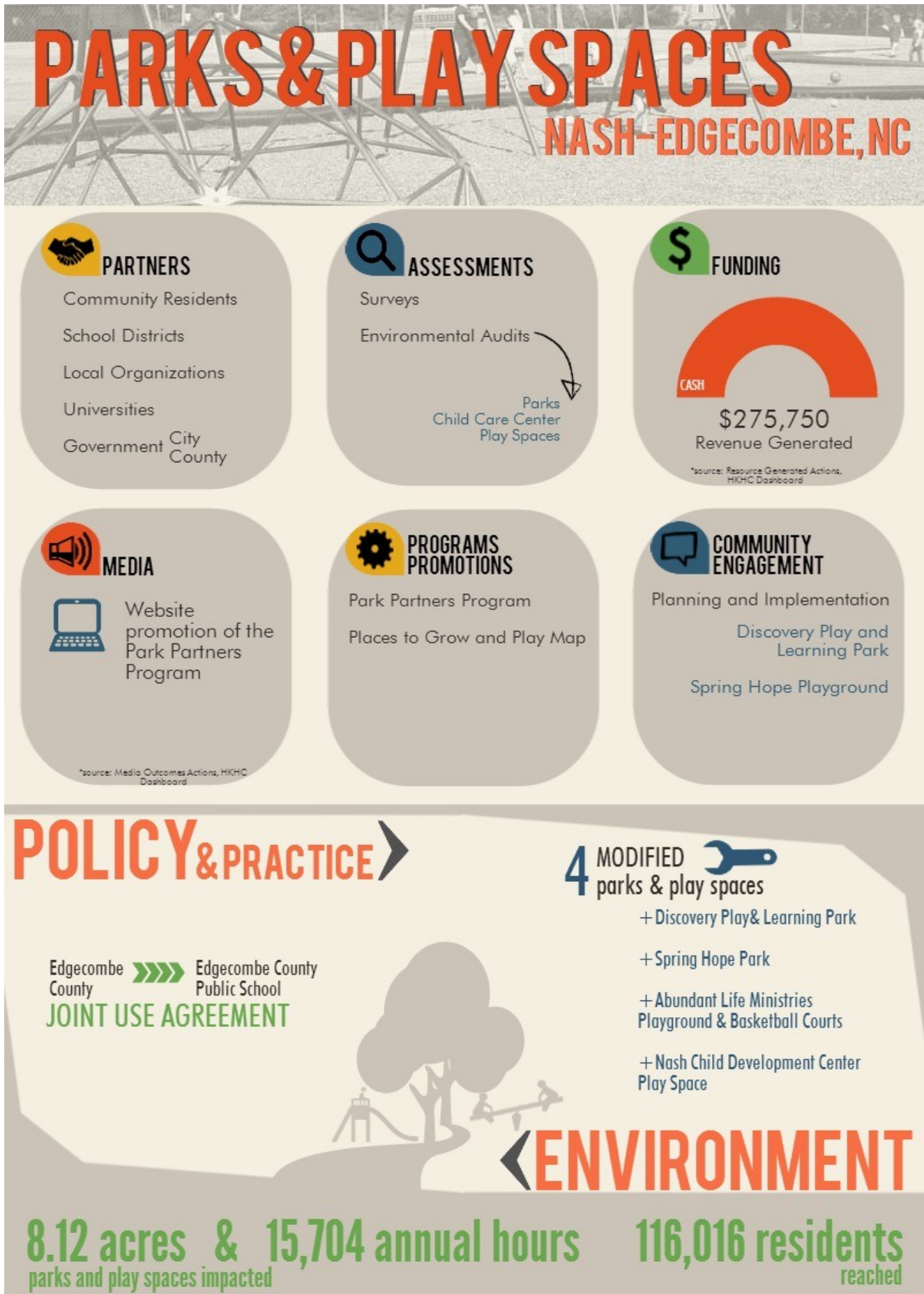
Future efforts will continue to focus on expanding outdoor learning environments into five communities and exploring expanding language for the joint use agreements to include more language on recreation use for the community.

See Figure 4, Parks and Play Spaces Infographic for additional information.



Source: Transtria LLC

Figure 4: Parks and Play Spaces Infographic



FARMERS' MARKETS

HKC improved access to existing farmers' markets and created produce stands in the rural, more disadvantaged areas of Nash and Edgecombe Counties.

Policy, Practice, and Environmental Changes

HKC achieved the following:

- Three new produce stands were started in the following locations: Discovery Park, Nash Community College Child Care Center, and Town of Pinetops.
- Bear Tooth Farms began accepting Supplemental Nutrition Assistance Program (SNAP) benefits. This farmer operated a farm stand in Nashville, sold produce at Discovery Park and Rocky Mount markets, and ran a CSA program.
- A new bus route to the Rocky Mount farmers' market was created.

Complementary Programs/Promotions

DEPC and the health department used programs and promotions to increase participation at farmers' markets:

- During the farmers' market at Discovery Park, DEPC hosted "Produce and Play" days—organized play events for children.
- DEPC held nutrition education classes for its scholarship families. The classes taught families how to shop at farmers' markets and how to prepare healthy fruits and vegetables. The classes encouraged families to feel comfortable navigating successfully through the farmers' markets. Approximately 20-30 participants regularly attended the 9-week classes. Child care was paid for and provided to the scholarship families for approximately 250 children a year using non-HKHC funds. The partnership hoped that participating families would become voters who selected candidates and policymakers that support active living by design and healthy places.
- A Women, Infants, and Children (WIC) voucher program was available in Nash and Edgecombe Counties that allowed WIC recipients to purchase fresh fruits and vegetables from farmers' markets. In order to receive the WIC farmers' market vouchers, participants were required to attend nutrition counseling by a WIC nutritionist.
- When the Discovery Park market opened in May 2011, a special "fun and free" event was held to draw in families. Activities at the event included a story time by the local library, food-tasting by the health department, "how to shop at a farmers market" education by cooperative extension, and a farm animal petting area. Other agencies/organizations (health department, library, parks and recreation, senior centers) helped promote the market through advertising on an ongoing basis.



**Discovery Park's
Produce & Play Days**

**Mondays from 3:30 to 5:30 pm at
The Down East Partnership for Children's Discovery Park.
Starts May 14, 2012.**

Local farmers will be selling fruits and vegetables and there will be free family activities every week.
More information is available on the DEPC Facebook page and website or call Melissa Lowry, Healthy Kids
Coordinator at 985-4300.

Find us on
facebook
www.facebook.com/downeastpartnershipforchildren
www.depc.org

Everyone is welcome!

the
Down East Partnership
for Children
215 Lexington Street • Rocky Mount, NC 27882
(252) 985-4300 • info@depc.org

Implementation

Begun in May 2011, the Discovery Park market provided a food resource for families in the community, as well as for two local child care centers, which sent staff to purchase food for the center on a weekly basis. The hours of operation and number of vendors for this and the other produce stands are presented in Table 3. In July 2011, the Nash Community College Child Development Center started a market with funding from ConAgra Foods Foundation. Because of the late start, this market had only one vendor, yet served a greater number of community members than expected. It quickly became a vibrant market that sold out on most days. Later, a produce stand was opened in the rural town of Pinetops in Summer 2012. Unfortunately, this produce stand only operated for one season due to low participation.

Costs associated with implementing and advertising the farmers’ markets, as well as paying for the machine to accept SNAP/EBT benefits, were covered by non-HKHC funds. The Nash Community College market established its market without charging a fee for the location or space. HKHC funds primarily supported staff time which involved researching farmers’ markets and learning from others.

Overall, the community was very involved in implementing the farmers’ markets by helping communicate the plans for the farmers’ markets and contributing input on locations, times, and other important considerations for opening the markets. One of the City Council members in Rocky Mount was instrumental in the bus stop relocation to Rocky Mount farmers’ market.

Population Reach

The produce stands served different populations. The Discovery Park market, located on the Edgecombe County side of Rocky Mount, served low-income families (70% African American) and staff at DEPC along with neighborhood residents. The Nash Community College Child Care Center market served students, faculty, and parents of children in the Center, as well as residents in western Nash County, primarily the rural towns of Red Oak (population in 2010=3,430) and Nashville (population in 2010=5,352). The Pinetops market served residents of the town, with a population of 1,374 in 2010.

Table 3: Select Characteristics of Produce Stands

Produce Stand	Days/Hours of Operation (Months)*	# of Vendors
Discovery Park	Wednesdays, 3:30-5:00 pm (May-August 2011 to present)	1-2
Nash Community College Child Care Center	Tuesdays, 3:00 pm-5:30 pm (June-August 2011 to present)	3
Pinetops	Fridays, 3-5 pm (June-August, operated for one season in 2012)	1
*Times of operation vary each season based on other programming and farmer availability.		

Challenges

Partners identified several challenges in implementing accessible farmers’ markets in rural areas:

- Lack of transportation made getting to the farmers’ markets a challenge for some residents. If they did not have a car, the only transit system was in Rocky Mount, and it did not operate in the other counties.
- Recruiting vendors to the markets was challenging because many of the farmers sold their produce in other areas, such as Virginia Beach, Raleigh, and Greenville, where they could make a higher profit.
- Although the partnership was not successful at implementing SNAP/EBT acceptance at a market level, the Project Coordinator provided workshops to educate farmers on how to individually be approved to accept SNAP/EBT benefits, and one farmer received approval to accept them. Future efforts will continue to address policies and practices to create access to SNAP/EBT benefits market-wide.

Sustainability

The farmers’ markets in Discovery Park and Nash Community College Child Care Center will continue to operate. DEPC will continue the “Produce and Play Days” at the Discovery Park market. This market has become well established, making recruitment and scheduling of farmers each year manageable. The community college took over responsibility of the farmers’ market at the Nash Community College Child Care Center. This market will continue to be supported and operated through the community college’s resources. Edgecombe County is currently using Community Transformation Grant funds to identify strategies for farmers’ markets in its area given the lack of success at the Pinetops market in 2012.

Efforts regarding improving access to existing farmers’ markets have also been underway. The HKC partnership is actively involved in conversations about sidewalk repair and planning, particularly regarding improving walkability to the farmers’ markets. For example, DEPC hopes to connect Discovery Park with Rocky Mount’s downtown development plan and is working with city planners to ensure there will be walkable sidewalks. One of the DEPC staff members is currently serving on the Pedestrian and Transportation Committee, which promotes walkability in the City of Rocky Mount. Currently, funding is pending for building the new sidewalks. However, the sidewalks are in the top five funding priorities for the city.

NUTRITION AND PHYSICAL ACTIVITY STANDARDS IN CHILD CARE SETTINGS

HKC partners prioritized in-home child care settings in their efforts to establish policy and practice changes concerning nutrition and physical activity. They chose to target child care homes, because they found much of the work and projects done in North Carolina were targeting child care centers and because in-home child care facilities were frequently used for child care in rural communities.

Policy, Practice, and Environmental Changes

In conjunction with Shape NC efforts (funded by Blue Cross Blue Shield), new nutrition and physical activity policies and practices were established in 16 Nash and Edgecombe County child care centers and homes in 2013. In addition, a pathway was installed in the outdoor learning environment at Nash County Community College Child Care Center. Details about the policies and facilities are presented in Table 4.

Table 4: Nutrition and Physical Activity Policies at Child Care Facilities

Child Care Facility	# of Children	# of Staff	Physical Activity (PA) and/or Nutrition (N) Policy
A Place for Kids	8	1	PA: Staff are always encouraged to be active and join the children in active play. Parents are offered physical activity education at least twice a year. N: Fruits offered three times a day and are always fresh, frozen or canned in juice. High fiber, whole grain foods are offered at least two times per day. High-fat meats are offered less than once a week. Sweets and salty foods are offered less than once a week or never.
Step by Step	8	1	PA: Staff are encouraged to be active and join the children in active play. Fixed and portable play equipment is provided and available for all children to use. N: Fruits and vegetables are offered to children at least twice a day. High-fat meats are offered less than once a week. Beans and lean meats are offered at least once a day. Staff join the children at the table for meal time.
Home Away from Home	8	1	N: Fried potatoes are offered less than once per week.
Barbara's Buzy Bees			N: Fruit is always fresh, frozen, or canned in juice (never syrup). Drinking water is available inside and outside, where it is visible and freely available.
TweetyMom and Friends	42	6	N: Vegetables are offered two times per day. Fried meats and fish are served once a week or less. Healthy Guidelines for Celebrations were established, written and distributed to parents.
A Place to Grow	75	8	N: Beans or lean meats are offered 3-4 times per week.
Nash Community College CDC	42	8	N: Fruit is always fresh, frozen, or canned in juice (never syrup). Children are offered a variety of vegetables 3-4 times per week.
Good Shepherd	50	10+	PA: Shade is provided, and children take part in seasonal activities outside at least once a month. N: Children are offered fruit that is fresh, frozen, or canned in juice (never syrup).
The Growing Patch	61	10+	PA: Staff participate in active play with the children all the time. N: A fruit and/or vegetable is served at every meal.
The Kids Place	25	7	PA: Gardening practices are modeled by staff, and children are encouraged to participate. N: Meals are served family-style some of the time. Fruit and/or vegetable is served at every meal.
Angela's Family Child Care Home	5	1	N: Fruit is offered at least two times per day. High-fat meats are offered once a week or less.
No Place Like Home	8	1	N: Fruit juice is offered no more than 4-6 ounces per day. Fried or pre-fried potatoes are offered once a week or less.
Learning Stones	89	9	PA: Loose parts are available on the outdoor learning environment for children to use at any time.
Think and Grow	99	10+	PA: Loose parts are available and science is integrated into the outdoor learning environment.
All Smiles	94	10+	PA: Loose parts are freely available to children. Staff is always encouraged to be active and join the children in active play.
Precious Ones #2	12	1	PA: The center's outdoor learning environment hosts 4-5 different natural materials that children are allowed to play with freely to support active play engagement. N: Fruit is always fresh, frozen, or canned in juice (never syrup).

Implementation

Assessments and education accompanied the policy changes to foster buy-in, policy uptake, and policy adherence. Evidence for implementing the policy changes was taken directly from resources provided through Michelle Obama's *Let's Move* campaign, which were based off the NAPSACC self-assessment for child care centers. Over a 2-3 month time period, the Project Coordinator worked with the child care staff to meet the unique goals of each child care home and center.

Lessons Learned

The HKC partners observed that there was a form of "social" learning around policy changes, in which some facilities adopted policy change earlier than others. Often when a policy was proposed, child care staff were not ready for the change. The DEPC worked on helping child care managers to be ready to make small changes (e.g., changing from whole milk to 2% milk), so that down the road they would be able to make larger, more long-term changes.

Education about the rules and regulations was an important part of the process in helping child care facilities make policy changes. For example, many of the child care homes misinterpreted some of the rules and regulations about nutrition and thought they were required to serve juice.

"We've always pushed for healthier food options, and now more than ever, we are doing that. Basically what we're trying to do is give the children healthier options when it comes to eating and nutrition. We're trying to stay away from a lot of sweets, canned foods, we're trying to do a lot of fresh fruit, vegetables, of course frozen vegetables as well." - Manager at a child care facility

Sustainability

HKC partners anticipate their efforts around promoting nutrition and physical activity standards in child care settings will be sustained. For one, Shape NC will continue, and there will be a new health specialist to continue the work done on nutrition and physical activity standards in child care settings. In addition, DEPC has integrated health into its services, such as technical assistance. Each DEPC staff member is trained to address health and promote best practices to improve nutrition and physical activity when working with child care centers and in-home child care facilities.



Outdoor Learning Environment at The Growing Patch; Source: Transtria LLC



COMMUNITY GARDENS

The major components of HKC's community garden strategy involved determining whether existing city or county policies existed and, where policies were not established, helping the city or county establish garden policies. HKC leaders focused on the City of Rocky Mount because it had already allowed different residents to operate community gardens throughout the city. However, there was not a formal agreement with the City and the residents around community gardens. HKC partners worked with the City of Rocky Mount to establish a formal policy that specified what the city would allow for community gardens and the role the city would play in supporting the gardens.

Policy, Practice, and Environmental Changes

The following policy and environmental changes occurred as a result of HKC's efforts:

- A community garden policy was established in the City of Rocky Mount based on the work of the HKC Policy Subgroup, Rocky Mount Assistant City Manager, and the Director of the Department of Parks and Recreation. The policy is found in Appendix E.
- An informal policy was established that supported use of land purchased through the "buyout plan" for community gardens. Approximately ten years ago, a flood in Rocky Mount resulted in the removal of many houses and buildings, which left vacant land. This policy stated that parties interested in using the land for a community garden would be able to do so.
- Three community gardens were established in the following locations: (1) Edgecombe County Side of Rocky Mount; (2) land owned by the Down East Homeowners Association; and (3) Conetoe Baptist Church.

Implementation

Achievements around community gardens were attributed to networking, as well as efforts by the Down East Neighborhood Association and HKC Policy Subgroup.

Rocky Mount Community Garden Policy

HKC acknowledged that one of the strengths of the community garden policy was that a fee of \$15 would be charged to participants to use a garden. Previously, the city charged only \$1. The higher fee enabled the city to fund the garden itself, including providing access to water. Partners believed that provision of city services would increase the likelihood of sustaining the garden. Additionally, having spent more money to participate in the garden, gardeners may be more likely to invest effort in maintaining the garden.

Factors that contributed to the success of the policy included:

- Researching and evaluating evidence concerning best practice approaches for implementing community gardens.
- Holding an outdoor learning symposium and policy summit that educated the community and policymakers on best practices for establishing community gardens.
- Involving the community. The HKHC staff made sure policies were in place and the community residents were directly involved with the implementation.

Sustainability

HKC leaders reported that the sustainability of their community garden efforts would be sustained because a formal policy was in place. Community gardens have been integrated into Rocky Mount's operating system, which was one of the goals for the garden initiative. The HKC leaders felt that if the policy should be challenged in the future, they had sufficient political support to defend and uphold the policy.

HEALTHY EATING AND ACTIVE LIVING POLICIES IN FAITH-BASED SETTINGS

HKC's efforts around healthy eating and active living policies in faith-based organizations mostly involved encouraging health policies within these ministries, such as healthy food policies, opening playgrounds, and adopting parks.

Policy, Practice, and Environmental Changes

Seven faith-based organizations adopted healthy eating and/or physical activity policies:

- North End Baptist Church (250 members, predominantly African American)
- Good Shepherd Church (300 members, predominantly White)
- Lakeside Baptist Church (500 members, predominantly White)
- New Freedom Church (200 members, predominantly African American)
- Abundant Life Ministries (750 members, predominantly African American)
- Project STEP (25 members, predominantly African American)
- Ray of Hope Christian Center (300 members, predominantly African American)

For example, Abundant Life Ministries opened its playground to the community. Also, Ray of Hope Christian Center supported increased physical activity by having a "dress down service" so that members would feel comfortable and encouraged to exercise after the service. Another church passed a healthy food policy to encourage members to bring healthy dishes at church gatherings.

Complementary Programs/Promotions

Examples of complementary health promotion programs offered by faith-based organizations included:

- Abundant Life Ministries hosted information sessions for its members and the community to learn about the work of HKC.
- Ray of Hope Christian Center provided exercise classes after services and held fundraisers to purchase exercise equipment for low-income families/individuals.

Implementation and Sustainability

Adoption of the healthy eating and active living policies was attributed to HKC staff taking the initiative to meet individually or in groups with religious leaders and congregations. Sustainability of the policies and HKC's efforts will depend on each organization's ability to implement and enforce its policies.



Ray of Hope Christian Center;
Source: Ray of Hope Christian Center Facebook Page

SUSTAINABILITY OF THE PARTNERSHIP AND INITIATIVE

The HKC will continue after the HKHC funding ends. The HKC redesigned their partnership structure into four subgroups to inform future direction for their healthy eating and active living work: policy (nutrition and physical activity), childcare, outdoor learning environments, and medical.

Through Shape NC funds, HKC partners will be convening to revise their Healthy Kids plan for Nash and Edgecombe Counties using the “ABLE Change Framework.”⁶ This is a conceptual and methodological framework for promoting systems changes. The model addresses the content and process of community change efforts.⁶ As a part of their planning meetings, HKC partners will consider new policy and environmental targets and funding opportunities. Increasing access to healthy foods and physical activity in child care facilities will be a key component of the plan.

Funding

Current Funding:

Current funding is available to continue the HKHC work from the following sources:

- Child care Development Block grant, to integrate the best practices and policy changes to help support overall quality improvement in child care centers, giving attention to healthy eating and physical activity policies and environments.
- Kate B. Reynolds to fund general coordination of programmatic strategies of the HKC and related expenses and an additional capital grant to design and build 5 new outdoor learning environments at elementary schools.
- Blue Cross Blue Shield of North Carolina Foundation for Shape NC to enhance community engagement and regional work. A portion of these funds support a three year Community Engagement Specialist position to work on sustainability of policy initiatives including joint use agreements and other opportunities to increase healthy eating and active living.
- Community Transformation Grants to continue community-level efforts related to active living and healthy eating through September 2014.

“We’ve done a lot of work in the last couple of years around system building and building out systems. We consciously used that in building out this system to make sure that we were being very clear about using evidence-based practices and components, connecting every way we could to the different components together to get enough synergy and enough critical mass to get policy practice change.” -Staff

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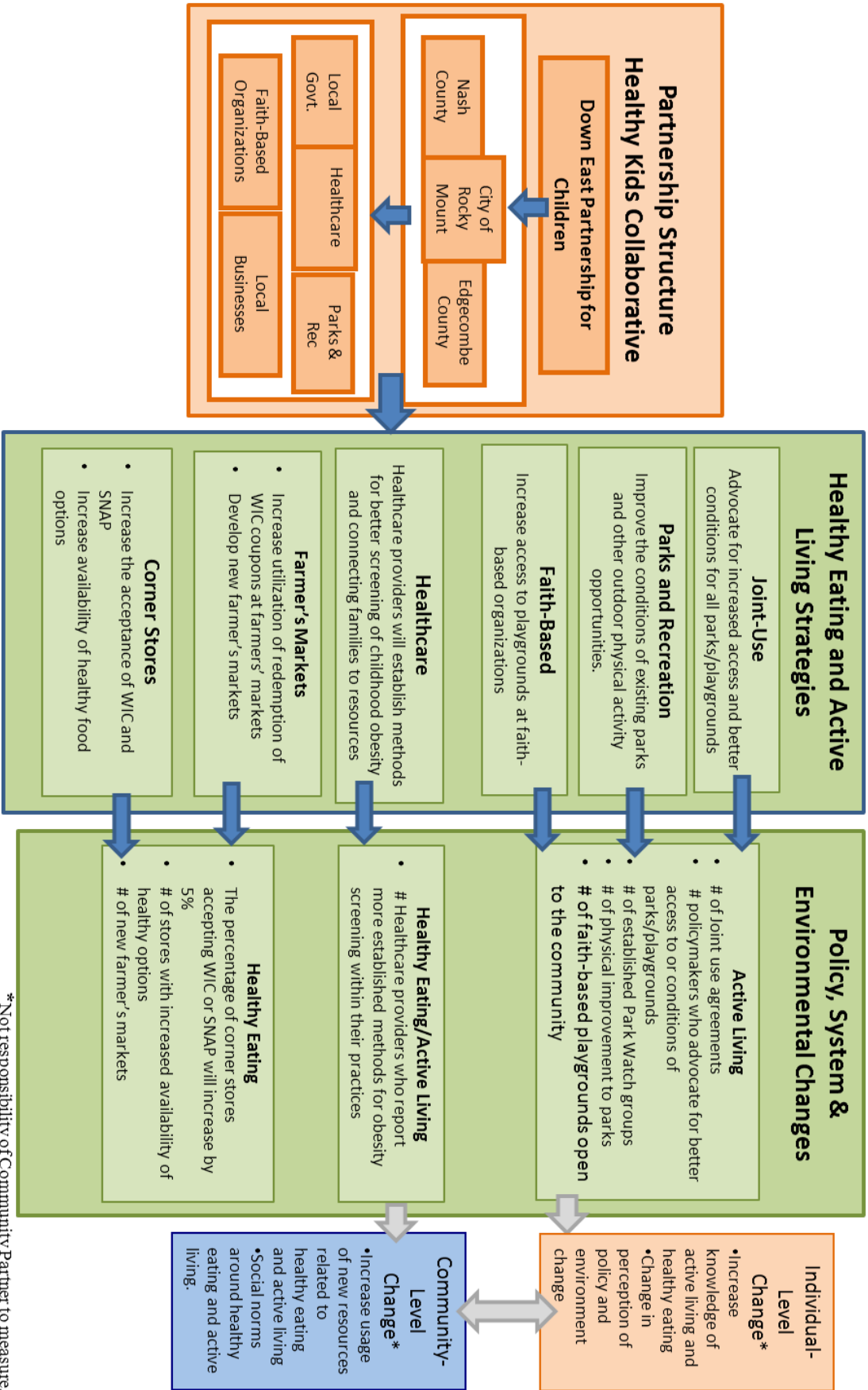
APPENDIX A: HEALTHY KIDS COLLABORATIVE EVALUATION LOGIC MODEL

In the first year of the grant, this evaluation logic model identified short-term, intermediate, and long-term community and system changes for a comprehensive evaluation to demonstrate the impact of the strategies to be implemented in the community. This model provided a basis for the evaluation team to collaborate with the Healthy Kids Collaborative 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 Healthy Kids Collaborative partnership included:

- *Parks and Play Spaces*: HKC partners collaborated with groups from diverse sectors to transform a park into a model outdoor learning environment, renovate a park in a rural town, and establish a joint use agreement between Edgecombe County and Edgecombe County Public Schools.
- *Farmers' Markets*: Farmers' markets became more accessible to disadvantaged communities through efforts of the HKC. Three produce stands were opened and a bus route was re-located to the Rocky Mount farmers' market.
- *Nutrition and Physical Activity Standards in Child Care*: New nutrition and physical activity policies and practices were established in 16 Nash and Edgecombe County child care centers and homes.
- *Community Gardens*: HKC efforts led to three new community gardens, as well as the adoption of a city policy that supported community gardens in Rocky Mount.
- *Healthy Food Policies in Faith-Based Settings*: As a result of the HKC efforts, seven faith-based organizations adopted healthy eating and/or physical activity policies.

Nash-Edgecombe Counties, NC HKHC Logic Model
Down East Partnership for Children



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 Healthy Kids Collaborative 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, a 82-item partnership capacity survey solicited perspectives of the members of the Healthy Kids Collaborative 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 Healthy Kids Collaborative in the following areas: partnership capacity and functioning, purpose of 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

Nine of the project staff and key partners involved with Healthy Kids Collaborative completed the survey. See Partnership and Community Capacity Survey Results starting on page 29.

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Partnership and Community Capacity Survey Respondent Summary

Community Partnership

Nash/Edgecombe Countie

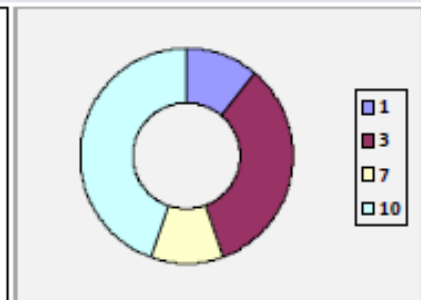
Respondents (n= 9)

Respondent Characteristics

Gender		Identified Race/Ethnicity				Identified Role	
Female	7	American Indian or Alaskan Native	0	Hispanic or Latino	0	Community Partnership Lead	3
Male	2	Asian	0	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	1	Refused to identify ethnicity	0	Community Member	2
18-25	0	Pacific Islander/ Native Hawaiian	0	Other ethnicity	0	Public Official	0
26-45	6					Other role	0
46-65	2						
66+	1						
No response	0						

Type of Affiliated Organization

Faith- or Community Based Organization	1	11.1%	(1)
School (district, elementary, middle, high)	0	0.0%	(2)
Local Government Agency (city, county)	3	33.3%	(3)
University or Research/Evaluation Organization	0	0.0%	(4)
Neighborhood Organization	0	0.0%	(5)
Advocacy Organization	0	0.0%	(6)
Health Care Organization	1	11.1%	(7)
Child Care or Afterschool Organization	0	0.0%	(8)
Other	4	44.4%	(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	58.02%	Strongly disagree	0.00%
Agree	27.16%	I don't know	4.94%
Disagree	9.88%	No response	0.00%

Partner skills and communication

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

Strongly agree	68.69%	Strongly disagree	0.00%
Agree	30.30%	I don't know	0.00%
Disagree	0.00%	No response	1.01%

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

Community Partnership

Community and community members			
Participants provided level of agreement to statements suggesting the communities are good places to live, and that community members are helpful, can be trusted, and share the same goals or values.			
Strongly agree	21.21%	Strongly disagree	0.00%
Agree	64.65%	I don't know	7.07%
Disagree	7.07%	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	68.89%	Strongly disagree	0.00%
Agree	28.89%	I don't know	2.22%
Disagree	0.00%	No response	0.00%
Partner and partnership development			
Participants provided level of agreement to statements suggesting the partnership and its partners seek ways learn, develop, and enhance sustainability.			
Strongly agree	11.11%	Strongly disagree	0.00%
Agree	55.56%	I don't know	15.56%
Disagree	17.78%	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	48.15%	Strongly disagree	0.00%
Agree	37.04%	I don't know	12.96%
Disagree	1.85%	No response	0.00%
Relationship between partners and leadership			
Participants provided level of agreement to statements indicating the leadership and partners trust and support each other.			
Strongly agree	88.89%	Strongly disagree	0.00%
Agree	11.11%	I don't know	0.00%
Disagree	0.00%	No response	0.00%
Community members intervene			
Participants provided level of agreement to statements indicating that community members can be counted on intervene in instances where someone is disrespectful, disruptive, or harmful to another community member.			
Strongly agree	22.22%	Strongly disagree	7.41%
Agree	51.85%	I don't know	3.70%
Disagree	14.81%	No response	0.00%
Leadership motivation			

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

Community Partnership

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

Strongly agree	77.78%	Strongly disagree	0.00%
Agree	22.22%	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	55.56%	Strongly disagree	0.00%
Agree	44.44%	I don't know	0.00%
Disagree	0.00%	No response	0.00%

Involvement in other communities

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

Strongly agree	72.22%	Strongly disagree	0.00%
Agree	19.44%	I don't know	5.56%
Disagree	0.00%	No response	2.78%

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	61.11%	Strongly disagree	0.00%
Agree	36.11%	I don't know	0.00%
Disagree	2.78%	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	94.44%	Strongly disagree	0.00%
Agree	5.56%	I don't know	0.00%
Disagree	0.00%	No response	0.00%

Partner motivation

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

Strongly agree	3.70%	Strongly disagree	3.70%
Agree	77.78%	I don't know	7.41%
Disagree	7.41%	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	55.56%	Strongly disagree	0.00%
Agree	33.33%	I don't know	11.11%
Disagree	0.00%	No response	0.00%

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

Community Partnership

Leadership lives in the community			
Participants provided level of agreement to a statement indicating that at least one member of the leadership resides within the community.			
Strongly agree	77.78%	Strongly disagree	0.00%
Agree	11.11%	I don't know	0.00%
Disagree	11.11%	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	77.78%	Strongly disagree	0.00%
Agree	22.22%	I don't know	0.00%
Disagree	0.00%	No response	0.00%
Community partnership initiatives are known			
Participants provided level of agreement to a statement suggesting that community members are aware of the partnership's initiatives and activities.			
Strongly agree	66.67%	Strongly disagree	0.00%
Agree	33.33%	I don't know	0.00%
Disagree	0.00%	No response	0.00%
Division of resources			
Participants provided level of agreement to a statements suggesting that resources are equally divided among different community groups (e.g., racial/ethnic, lower income).			
Strongly agree	11.11%	Strongly disagree	0.00%
Agree	55.56%	I don't know	0.00%
Disagree	33.33%	No response	0.00%

APPENDIX C: HEALTHY KIDS COLLABORATIVE PARTNER LIST

The HKC partnership was comprised of 70 members from 50 agencies including community agencies, organizations, local government officials, and other leaders that wanted to help children and families lead healthier, more active lives.³ The list below includes key partners.

Healthy Kids Collaborative	
Organization/Institution	Partner
Youth Organization	Down East Partnership for Children*
Government Organizations	City of Rocky Mount Chamber of Commerce City of Rocky Mount Transportation Planning Department City of Rocky Mount Planning Department Edgecombe County Health Department Edgecombe County Planning Department Edgecombe County WIC Program Nash County Health Department Nash County Parks and Recreation Department Nash County Planning Department Braswell Memorial Library City Council members (e.g., Rocky Mount) Edgecombe County Farmers' Market Nash County Farmers' Market
Civic Organizations	Down East Neighborhood Association
Business/Industry/Commercial	Boice-Willis Pediatrics
School	Nash Rocky Mount School District Edgecombe County Public Schools
Colleges/Universities	Edgecombe County Cooperative Extension Nash County Cooperative Extension North Carolina Cooperative Extension North Caroline State University
Foundations	Kate B. Reynolds Charitable Trust North Carolina Community Foundation
Other Community-Based Organizations	Area L AHEC (Area Health Education Center) Quigless Natural Health Center of Tarboro Local Churches Williford Family Resource Center Peace Makers
Policy/Advocacy Organizations	Smart Start
Community Members	Local Farmer Physician Head of a Neighborhood Association Child Care Providers Advocates

* Lead agency

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Sources of Revenue			
Community Partnership	Nash/Edgecombe Counties		
Resource source		Amount	Status
Business	Year		
	Matching funds		
	2013		Annual total
		\$84,905.00	Accrued
Sum of revenue generated by resource source		\$84,905.00	
Local government	Year		
	Matching funds		
	2010		Annual total
		\$2,756.00	Accrued
	2011		Annual total
		\$4,200.00	Accrued
	2012		Annual total
		\$2,598.00	Accrued
	2013		Annual total
		\$2,931.00	Accrued
Sum of revenue generated by resource source		\$12,485.00	
National government	Year		
	Matching funds		
	2013		Annual total
		\$8,450.00	Accrued
		\$10,800.00	Accrued
Sum of revenue generated by resource source		\$19,250.00	
Foundation	Year		
	HKHC funds		
	2009		Annual total
		\$802.00	Accrued
		\$656.00	Accrued
		\$1,138.00	Accrued
		\$6,957.00	Accrued
		\$55,380.00	Accrued
	2010		Annual total
			\$99,477.00

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Nash/Edgecombe Counties		
Resource source		Amount	Status
		\$166.00	Accrued
		\$38.00	Accrued
		\$1,999.00	Accrued
		\$86,616.00	Accrued
		\$10,658.00	Accrued
	2011		Annual total \$93,813.00
		\$81,103.00	Accrued
		\$1,214.00	Accrued
		\$1,189.00	Accrued
		\$216.00	Accrued
		\$10,091.00	Accrued
	2012		Annual total \$101,778.00
		\$86,960.00	Accrued
		\$10,905.00	Accrued
		\$1,975.00	Accrued
		\$1,050.00	Accrued
		\$600.00	Accrued
		\$288.00	Accrued
	Matching funds		
	2010		Annual total \$51,202.00
		\$51,202.00	Accrued
	2011		Annual total \$94,550.00
		\$35,000.00	Accrued
		\$59,550.00	Accrued
	2012		Annual total \$113,219.00
		\$41,396.00	Accrued
		\$71,823.00	Accrued
	2013		Annual total \$595,016.00
		\$70,482.00	Accrued
		\$24,534.00	Accrued
		\$500,000.00	Accrued
	Sum of revenue generated by resource source		\$1,213,988.00

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership		Nash/Edgecombe Counties	
Resource source		Amount	Status
Non-profit organization	Year		
Matching funds	2010		Annual total \$61,780.00
		\$61,780.00	Accrued
	2011		Annual total \$57,997.00
		\$57,997.00	Accrued
	2012		Annual total \$166,136.00
		\$107,339.00	Accrued
		\$58,797.00	Accrued
	2013		Annual total \$58,620.00
		\$58,620.00	Accrued
Sum of revenue generated by resource source		\$344,533.00	
Grand Total			\$1,675,161.00

COMMUNITY GARDEN AGREEMENT

THIS AGREEMENT is made and entered into this ____ day of _____, 2013, by and between _____, Neighborhood Association (the "Association") and the City of Rocky Mount, a North Carolina municipal corporation located in Nash and Edgecombe Counties, North Carolina (the "City").

In support of the Healthy Kids Collaborative at the Down East Partnership for Children, the City of Rocky Mount offers its services for the development of community gardens in accordance with the following terms:

THE CITY AGREES:

1. The City agrees to make City-owned land available for community gardens where requested by neighborhood associations, churches, or civic groups who demonstrate interest.
2. The City agrees to plow community garden parcels once in the spring each year to prepare the soil for tilling and planting.
3. The City agrees to furnish mulch for soil amendment and a wood based mulch for use in making garden pathways to facilitate access to individual plots.
4. The City agrees to install water taps, set meters, and extend piping for hose bibs at no cost to the Association.
5. The City agrees to disc the soil in the fall after the final harvest.
6. The City agrees to provide these services at no cost except for an annual fee of \$15 per plot which is defined as an area of up to 200 square feet cultivated by one person.

COMMUNITY GARDENERS AGREE:

1. Association agrees to pay an annual fee of \$15 per plot to the City.
2. Association agrees to plant something in assigned plots by May 15 and keep it planted all summer long.
3. Association agrees to keep weeds down and to maintain the areas immediately adjacent to assigned plots.
4. Association agrees to allow the City to re-assign or till in a plot that has not been planted or has become unsightly and has not been cleaned up after issuance of a one week notice.
5. Association agrees to pick up and remove trash and litter from the plot and from the adjacent pathways.
6. Association agrees to assist in the fall clean up of the garden.
7. Association agrees to harvest produce from the assigned plot and not from other plots unless specifically permitted.
8. Association agrees to leave pets at home while tending the garden.

APPENDIX E: COMMUNITY GARDEN AGREEMENT, cont.

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- 9. Association agrees to sign a waiver holding the City harmless from any claim for injury or loss resulting from use of the community garden and to require individual plot gardeners to sign such waivers also (see waiver attached).
- 10. Association agrees to reimburse City for water based on meter readings.
- 11. Association agrees that the City reserves the right to terminate the agreement at their discretion.

IN WITNESS WHEREOF, the Association and the City have executed this Agreement as of the year and date first written above.

CITY OF ROCKY MOUNT

By: _____
David W. Combs, Mayor

ATTEST:

Jean M. Bailey, City Clerk

_____ NEIGHBORHOOD ASSOCIATION

By: _____

CITY OF ROCKY MOUNT

RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in **gardening at the Community Garden** (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) **RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE** the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) **INDEMNIFY, DEFEND and HOLD HARMLESS** the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation

APPENDIX E: COMMUNITY GARDEN AGREEMENT, cont.

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in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

Date: _____

(Seal) _____
Signature of Participant Name (print)

(Seal) _____
Signature of Parent if Participant is a Minor Name (print)

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