

**Healthy Eating Active Communities
Logic Model for Community Collaboratives**

INTERVENTION	TARGET POPULATION	EXPECTED CHANGE	EVIDENCE OF CHANGE
<i>What are you trying to do?</i>	<i>Who are you trying to affect?</i>	<i>What do you think will happen as a result of your intervention?</i>	<i>How do you know the change has happened?</i>

Schools

GOAL: To increase children's opportunities for healthy eating and physical activity during the school day

1) <u>Nutrition: Improve access to and availability of healthy foods on public school campuses for all students.</u>			
<p>1A) During the school day, a la carte* food and beverage standards as identified in SB 19/ SB 677 and SB 12/ 965 will be implemented and enforced district wide, grades K through 12.</p> <p>* A la carte items are foods and beverages sold as individual items, not as part of the school meal program.</p>	<p>School boards School administrators PTA School business officials School business leaders School food service Teachers Students Parents</p>	<p>1A) All a la carte foods and beverages sold adhere to the following standards: <u>Foods: Grades K - 12</u> A la carte foods sold shall adhere to the following nutrient standards: No more than 35% calories from fat No more than 10% calories from saturated fat No more than 35% total weight from sugar Beverages: Only the following a la carte beverages are allowed: <u>Grades K - 6:</u> Water Milk 100% fruit juices Fruit based drinks with at least 50% fruit juice and no added sweeteners <u>Grades 7 - 12:</u> Water Milk 100% fruit juices Fruit based drinks with at least 50% fruit juice and no added sweeteners Electrolyte replacement beverages (sports drinks) with no more than 42 grams sweetener per 20 ounces</p>	<p>1A) Nutrient analysis of a la carte foods shows that they adhere to specified standards</p>

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Schools

1B)	Improve quality of the school meal program and increase participation in school meal programs		1B) The percentage of the student body participating in the school meal program increases. School meals are healthier-lower fat, more fruits and vegetables. School meals are more appealing to students.	1B) CDE data shows increased participation in meal programs. Nutrient analysis of meals shows improved quality: lower fat content and more fruits and vegetables. Mechanisms in place to measure food quality from food service and students' perspectives.
1C)	Eliminate advertising and marketing of unhealthy foods and beverages in schools		1C) Advertisements and marketing for foods not adhering to SB19 standards removed.	1C) Environmental assessments of school campuses do not find any advertisements or marketing of unhealthy foods.
2)	<u>Improve the availability and quality of opportunities for physical education and physical activity on public school campuses for all students.</u>			
2A)	Develop, adopt and implement comprehensive new policies that augment current CDE PE mandates to ensure students are more physically active during the school day.	School boards School administrators PTA School business officials School business leaders School food service Teachers Students Parents	2A) District-wide policies in place that create institutional changes that assure students are more physically active during the school day. Adhere to current CDE PE mandates: Grades 1-6: 200 minutes of PE every 10 days Grades 7-12: 400 minutes of PE every 10 days	2A) Policy tracking shows policies have been developed and adopted. Environmental assessment shows changes to physical structures or manner in which PE/PA provided. Physical activity assessment demonstrates adherence to current standards and increase in student activity.
2B)	Expand PE standards to require 4 years of PE in high school.		2B) High school students required to take 4 years of PE.	2B) Policy tracking shows proliferations of state and local PA policies that require 4 years of high school PE.

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Schools

<p>2C) Assure adequate PE/PA resources in schools: trained PE teachers, adequate equipment and facilities, opportunities for non-competitive physical activity outside of PE class</p>		<p>2C) All schools have certified PE teachers and assistants</p> <p>Equipment can accommodate the number of children participating in a class or recess period</p> <p>Schools provide non-competitive PA programs (dancing, exercise class) before school, during lunch or after school</p>	
<p>2D) <u>Advocacy: Engage parents, youth and families to become stronger advocates for school level change through:</u></p> <p>a) <u>Training on assessing school food and physic activity environments</u></p> <p>b) <u>Engagement as spokespersons to present assessment findings to opinion leaders and policy makers</u></p> <p>c) <u>Involvement in the strategy and solution development process</u></p> <p>d) <u>Active engagement in policy and program implementation and evaluation</u></p>		<p>3A) Leadership development curriculum utilized to train a cadre of family leaders.</p> <p>3B) Children and their families are engaged as leaders and advocates around the issues.</p> <p>Community members/families participate in legislative process</p> <p>3C) Parents play a key role in strategy and policy formulation</p> <p>Decision making power shifted to include parents, youth and families</p>	<p>3A) Leadership development curriculum developed for this issue for training parents and staff</p> <p>Grantee reporting data shows curriculum utilized to train parents and students</p> <p>3B) Stakeholder surveys show that parents are presenting findings</p> <p>3C) Stakeholder surveys show that parents are represented on committees and are active in developing strategies and policies</p>

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<p>3) Develop, adopt and implement district wide wellness policies that, at a minimum include language on:</p> <ol style="list-style-type: none"> 1. Nutrient standards for competitive foods 2. Adherence to mandatory # P.E. minutes 3. Improving quality of P.E. 4. Mechanism for monitoring and enforcement 	<p>School boards School Administrators PTA School business officials School business leaders School food service Teachers Students Parents</p>	<p>3A) All schools in district adhere to policy 3B) Reports on policy adherence provided to school community 3C) Steps taken to enforce policy when monitoring reveals non-adherence</p>	<p>3A) Policy language developed 3B) Policy adopted 3C) Monitoring plan clearly developed and implemented 3D) Enforcement plan in place</p>

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After School

GOAL: To increase children's opportunities for healthy eating and physical activity in after school programs

1) <u>Nutrition: Improve access to and availability of healthy foods in after school programs</u>			
1A) Create, adopt, and implement policies to address healthy eating at each after school site such as: 1) Expand school wellness policy nutrition standards to after school programs 2) Adopt and implement SB12 and 965 or Child and Adult Care Food Program standards, and/or daily serving of fresh fruits/vegetables 3) Implement and monitor city/county nutrition policies in city/county funded programs 4) Develop and implement nutrition standards for Prop 49 funded after school programs	After school program Participants Administrators Staff Parents Schools Community Partners After school associated organizations	1A) After school programs create adopt and implement policies that promote healthy eating and make healthy foods accessible in their site. Foods served at after school programs are more likely to meet federal, state or city/county standards	1A) Policy tracking shows higher proliferation of food policies for after school program Surveys and environmental assessments show that policies implemented and healthier foods are available in after school settings
1B) Institutionalize training and technical assistance to after school programs around implementing policies that address healthy eating.		1B) Policies, procedures, and curricula in place to provide training and technical assistance for implementing healthy eating policies. After school staff trained on implementing policies that address healthy eating.	1B) Policies, procedures, and curricula developed. After school staff participate in training and technical assistance for implementing healthy eating policies.

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After School

2)	<u>Physical Activity: Improve access to and availability of opportunities for physical activity in after school programs</u>		
2A)	<p>Create, adopt, and implement comprehensive new policies to address physical activity at each after school site such as:</p> <ol style="list-style-type: none"> 1) Require 10 minutes of physical activity for every 50 minutes of after school programming 2) Develop formal agreements between after school programs and Parks/Rec departments, YMCA or other community based organizations to increase access to physical activity opportunities 3) Implement and monitor city/county physical activity policies in city/county funded after school programs 4) Develop and implement physical activity standards for Prop 49 funded after school programs 	<p>After school program Participants Administrators Staff Parents Community Partners Schools After school associated organizations</p>	<p>2A) After school programs create, adopt and implement policies that promote physical activity and engage children in moderate to vigorous physical activity on a regular basis in their site.</p> <p>Students are more physically active during after school programs</p>
			<p>2A) Policy tracking shows higher proliferation of PA policies for after school program</p> <p>Surveys and environmental assessments show policies implemented</p> <p>Physical activity assessments demonstrate an increase in physical activity among program participants</p>
2B)	Provide training and technical assistance to after school programs around implementing physical activity standards.	<p>2B) PA training curriculum available for after school programs</p> <p>After school program staff trained on providing quality PA</p>	<p>2B) After school PA training curriculum developed</p> <p>After school staff participate in training</p>
2C)	Foster collaborations between after school programs and recreation-oriented organizations such as Parks and Recreation departments and YMCAs.	2C) After school programs utilize PA resources provided by local recreation organizations.	

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3) <u>Advocacy: Engage parents, youth and families to become stronger advocates for environmental change in after school programs</u>		3) Parents and families advocate for healthier food and more opportunities for physical activity in after school programs	3) Stakeholder surveys show that parents instigate/support environmental changes to after school programs.

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Neighborhood

GOAL: To increase children's and families opportunities for healthy eating and physical activity in neighborhoods

1) Nutrition: Improve access to and availability of healthy food in underserved neighborhoods			
1A) Develop and implement an assessment of access to healthy food and an advocacy plan to improve the food environment	Parents Youth Community Residents Community Collaboratives	1A) Access to healthy food opportunities will be assessed, and desired changes will be identified Advocacy plan will be developed and implemented	1A) Stakeholder surveys, parent focus groups, and youth panel show that community residents are engaged in assessing the food environment and developing an advocacy plan

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<p>1B) Develop, adopt, and implement policies to improve access to affordable, quality, healthy food. Such as: - Junk-food-free aisles in grocery and convenience stores - Nutrition standards for foods offered on City property - Nutrition standards for certain vendors, incentives for offering healthier foods - Adopt policies to remove barriers and promote existing unused healthy food outlets - Secure a grocery store or other new retail site that sells healthy food - Create junk-food free school zones</p>	<p>Parents Youth Community Residents Community Collaboratives</p>	<p>1B) Policies and programs in place lead to improved access to affordable, quality, healthy food in underserved neighborhoods</p>	<p>1B) Pre/post neighborhood mapping shows an increase in the number and/or quality of opportunities to obtain healthy food</p> <p>Stakeholder survey demonstrates increased access to healthy food</p> <p>Policy tracking system shows that policies are developed and adopted to improve access to healthy food</p>

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Neighborhood

2) Physical Activity: Improve access for physical activity opportunities in underserved neighborhoods			
2A) Develop and implement an assessment of physical activity opportunities and an advocacy plan to improve the physical activity environment.	Parents Youth Community Residents Community Collaboratives	2A) Physical activity opportunities will be assessed, and desired changes will be identified Advocacy plan will be developed and implemented	2A) Stakeholder surveys, parent focus groups, and youth panel show that community residents are engaged in assessing the physical activity environment and developing an advocacy plan
2B) Develop, adopt, and implement policies to improve access to and utilization of physical activity opportunities. Such as: - Joint-use agreements between schools and other community properties - General Plan language to guide land re/development toward active transport - Adopt policies that remove barriers and promote existing, unused PA resources - Secure and /or direct funding for sustainable changes or improvements to parks, trails, open space, and community centers	Parents Youth Community Residents Community Collaboratives	2B) Policies and programs in place lead to improved access to and utilization of physical activity opportunities in underserved neighborhoods	2B) Pre/post neighborhood mapping shows an increase in the number and/or quality of physical activity opportunities Stakeholder survey demonstrates increased access to physical activity opportunities Policy tracking system shows that policies are developed and adopted to improve access for physical activity opportunities Utilization audit shows community residents using new physical activity resources.

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Neighborhood

3)	Engage parents, youth and families to advocate for improvements to neighborhood food and physical activity environments through leadership development and policy advocacy training	Parents Youth Community Residents Community Collaboratives	3) Parents, youth, and residents develop increased policy advocacy capacity and leadership. Children and their families are engaged as leaders and advocates around improving the physical activity and food environment.	3) Public opinions polls show parents and families are more aware of the need for healthier environments and of advocating for healthier environments Parent focus groups and youth panel demonstrate that parents and youth are engaged as advocates in improving the food and physical activity environments
4)	Neighborhood sector deliberately participates in intersecting collaborative activities of other sectors, especially where intersectoral strategies emerge (e.g. After school sector strategies addressing food and physical activity environments on city property).	Parents Youth Community Residents Community Collaboratives After school providers Health care providers	Neighborhood sector participants attend other sector meetings. Neighborhood sector activities are integrated with those of other sectors.	Stakeholder surveys and grantee reporting interviews demonstrate cross-sector collaboration and integration.

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<p>5) Engage public officials in supporting neighborhood and City policies and environmental changes to create healthy eating, active community environments.</p>	<p>Parents Youth Community Residents Community Collaboratives City staff Elected/public officials</p>	<p>Public officials and City staff are engaged in neighborhood sector activities.</p> <p>Collaborative members have greater access to public officials.</p>	<p>Public officials attend neighborhood sector meetings.</p> <p>Resident and stakeholder surveys demonstrate that collaborative members participating in the neighborhood sector access public officials more often.</p>

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Health Care

GOAL: Engage local health care systems in diabetes and obesity prevention			
1) Support statewide efforts to cover diabetes and obesity prevention services and obesity treatment for children	Health plans including MediCal managed care plans		
1A) Create coverage options for non-physician providers, such as nurses and certified diabetes educators		1A) Non-physician providers reimbursed for prevention services Local collaborative members engaged in suggesting expanded coverage options to local health plans	1A) Surveys and policy audit show that new coverage options created and collaborative members were engaged in this process
1B) Expand coverage to include primary prevention services such as nutrition counseling or gym memberships		1B) Local health plans offer prevention and treatment benefits Plan members utilize benefits to access nutrition services and physical activity opportunities	1B) Surveys show that prevention benefits are available and members are using benefits.

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<p>1C) Expand coverage to include secondary prevention services such as adequate screening for obesity or counseling for risk reduction</p>		<p>1B) Local health plans offer secondary prevention coverage</p> <p>Healthcare providers reimbursed for secondary prevention services</p>	<p>1B) Surveys show that secondary prevention coverage is available and that prevention and healthcare providers are reimbursed for these services.</p>

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Health Care

2)	Define the health care sector's role in the larger community collaborative and engage the health care delivery system in supporting community-based prevention activities, including advocacy			
2A)	Health care sector (including representatives from community clinics, hospitals, and safety net providers) participates in community collaboratives addressing obesity/diabetes prevention.	Health Care direct service providers Promotoras Community health outreach workers	2A) Health care sector is well represented and takes an active role in local obesity/diabetes prevention collaborative activities.	2A) Stakeholder surveys show that the health care sector is working with collaborative partners to enhance community based prevention.
2B)	Identify , train and support physician and other health care champions (such as promotoras and community health/outreach workers) to work in partnership with other organizations to address public policy issues and raise awareness about obesity and type 2 diabetes in children and youth.		2B) More health care spokespeople are talking to the public, testifying at school board meetings, planning commission meetings and neighborhood city council meetings.	2B) Stakeholder surveys show that the physicians and other health sector leaders/spokespeople are speaking in public and community forums related to obesity and diabetes prevention.
2C)	Health care sector will engage a broad range of community leaders (such as community health and outreach workers or promotoras) around obesity and diabetes prevention strategies in their communities.		2C) Promotoras and health outreach workers have a more prominent role as health liaisons with the community.	2C) Stakeholder surveys indicate that promotoras, health workers or outreach workers have become spokespersons for diabetes and obesity prevention.

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Health Care

3)	<p>Ensure health care providers are emphasizing prevention of pediatric overweight and obesity in their clinical interactions by assessing risk factors, using key prevention messages and making appropriate referrals to community programs.</p>	<p>Health care direct service providers Promotoras Community health outreach workers</p>	<p>Health care providers will incorporate the following into well child care and all medical visits for school-aged children: 1) Assess obesity risk factors (i.e. BMI, physical activity level, eating habits) 2) Incorporate the following prevention messages into patient counseling: increase physical activity, cut down on soda and juice drinks, eat 5 helpings of fruits and vegetables daily, cut back on TV and video games 3) Refer patients to range of community programs (i.e. recreation programs, weight management programs, nutrition programs, promotoras and community health outreach workers)</p>	<p>Provider survey shows providers are assessing, counseling and referring appropriately</p> <p>Appropriate provider resource and referral guides are developed identifying appropriate prevention and weight management programs</p>
3A)	<p>Improve the environment of health care facilities to promote healthy eating and physical activity for employees and clients.</p>	<p>Health care direct service providers</p>	<p>3A) Health care agencies have organizational policies in place to promote healthy eating and physical activity</p>	<p>3A) Environmental assessment demonstrates changes in nutrition and physical activity environment.</p> <p>Policy audit/tracking shows organizational practice change.</p>

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Health Care

3B)	Utilize the entire health care team in training and clinical interaction around prevention		3B) Focus is shifted away from treatment towards prevention for all children Increase in patients receiving prevention messages from providers	3B) Stakeholders surveys show that providers are engaged in all aspects of prevention Community public opinion polls show that consumers are receiving prevention messages from health care providers
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Marketing and Advertising

1)	<u>Work on the local level to eliminate advertising and marketing in school and after school settings, discourage target marketing in neighborhoods and encourage regulatory action to reduce advertising in popular mediums to children.</u>	School officials After school administrators Parents Youth Policy makers Local businesses		
1A)	Reduce or eliminate local-level marketing to children and ethnically targeted marketing in low-income communities		1A) Less local level targeted marketing of unhealthy products aimed at children and specific ethnic groups	1A) Pre/post intervention local environmental assessments shows that there is a decrease in the number of advertisements for unhealthy foods and beverages
1B)	Mobilize parents, youth, families and community leaders and enlist them in conducting assessments of local food and beverage marketing such as advertising on billboards and local stores	Parents Youth CBOs	1B) Communities are aware and motivated to reject unfair industry marketing practices	1B) Public opinion polls show that community members don't want advertising of unhealthy foods in their communities

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Marketing and Advertising

2) <u>Engage and train youth as advocates for changing food and beverage marketing practices</u>			
2A) Enlist youth in conducting assessments of local food and beverage marketing such as advertising on billboards and in local stores	Youth CBOs	<p>2A) Local-level marketing is assessed</p> <p>2A) Teams of trained youth active in advocating for reduced/eliminated marketing of unhealthy foods</p>	<p>2A) Youth carry out the environmental assessment of local food marketing</p> <p>2A) Youth training curriculum developed</p>
2B) Train youth to analyze data and develop interventions for change based on their findings		<p>2B) Local-level marketing data is analyzed</p> <p>Youth use this data to develop strategies and policies for change</p>	<p>2B) Report describing environmental assessment finding produced that includes recommendations for solutions</p>
2C) Support youth in presenting findings and potential solutions to local opinion leaders and decision makers		<p>2C) Increased awareness among policy makers of local level industry marketing practices targeting children and ethnic groups</p>	<p>2C) Stakeholder surveys show that youth have disseminated findings to opinion leaders.</p>