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Editorial

Communities Creating Healthy Environments: Improving access to healthy foods and safe places to play in communities of color

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The childhood obesity epidemic is a public health crisis that is having a particularly detrimental effect in racial and ethnic populations and in low-income communities across the U.S. Nationally, among youth ages 2 to 19, over 39% of Black and Latino and approximately 60% of American Indian youth are overweight or obese (Dalenius et al., 2012). Of the more than 9 million children from low-income families under age 5, over 30% are overweight or obese (Dalenius et al., 2012). Being overweight or obese carries considerable short-term health costs for children as they suffer greater rates of asthma, high blood pressure, attention deficit hyperactivity disorder, peer rejection, behavioral problems, anxiety, and depression (Daniels, 2006; Pulgarón, 2013). In addition, these children face a potential lifetime of serious health and social problems including diabetes, hypertension, heart disease, depression, higher poverty, lower education and marriage rates, and early death (Keener et al., 2009; Dietz, 1998a, 1998b; Must and Strauss, 1999; Reilly et al., 2003). Funding agencies and community-based organizations have dedicated increased attention to combat this epidemic. This includes altering critical environmental factors that contribute to childhood obesity and other racial and ethnic disparities in health, such as unequal access to recreational space and healthy food (Dalenius et al., 2012; Gordon-Larsen et al., 2006; Sallis et al., 2012).

This paper presents an overview of Communities Creating Healthy Environments (CCHE) and its evaluation. CCHE is a national community organizing and capacity building initiative funded by the Robert Wood Johnson Foundation that supported diverse, community-based organizations and tribal groups traditionally marginalized in local policymaking processes. Grantees developed and implemented local policy initiatives grounded in social justice values, attentive to place and culture, and focused on root causes of childhood obesity—i.e., recreation and food disparities. These disparities reflected environmental correlates, enduring racialized power dynamics in public policy, and other social injustices. Therefore, CCHE's approach to address these disparities involved nontraditional public health methods that built on the rich, cultural and historical traditions and strategies of change in communities of color, namely community organizing.

CCHE began with a radical funding model designed to build partnerships with local grassroots organizations interested in addressing underlying, systemic causes of community problems through policy-making efforts. The model was developed by The Praxis Group, a national, nonprofit organization and the program office for CCHE. The Praxis Group proposed that grassroots community organizing groups situated in communities most affected by childhood obesity should be funded to lead their own campaigns for public policies promoting food and recreation equity. The CCHE approach was designed to directly confront the "blame game" (i.e., obesity as primarily the result of individual choices) and racial stereotypes driving the public policy and public conversation about weight and health in communities of color (Themba, 2014). Under CCHE, 22 local community-based organizations spanning 16 cities and indigenous tribal nations across the U.S. were chosen to implement 3-year policy advocacy projects advancing environmental change. With the support of ongoing technical assistance in six areas (public policy analysis and development, community organizing, communications, multi-lingual capacity building, organizational development, and research and evaluation) CCHE grantees sought to build sustainable grassroots infrastructures that would: (1) establish sustained resident participation in community organizing to promote health equity beyond the CCHE initiative; (2) create the structural change needed to promote healthier communities; and (3) account for communities' cultural, geographical and historical contexts.

The CCHE Change Model and Evaluation Frame

During the planning year of the initiative, CCHE leadership worked with the Psychology Applied Research Center at LMU (PARC@LMU), the external evaluation team. Using a community-based participatory research (CBPR) approach, input was obtained from The Praxis Group, community organizers, CCHE grantees, and the CCHE technical assistance team to design the CCHE Change Model and Evaluation Frame (referred henceforth as the CCHE Frame; see Fig. 1) to measure the change process. The CCHE Frame captured grantees' campaign benchmarks (i.e., organizing strategies employed), intermediate outcomes (i.e., policy campaigns pursued), and expected outcomes (i.e., policy changes generally related to healthy food and recreation access).

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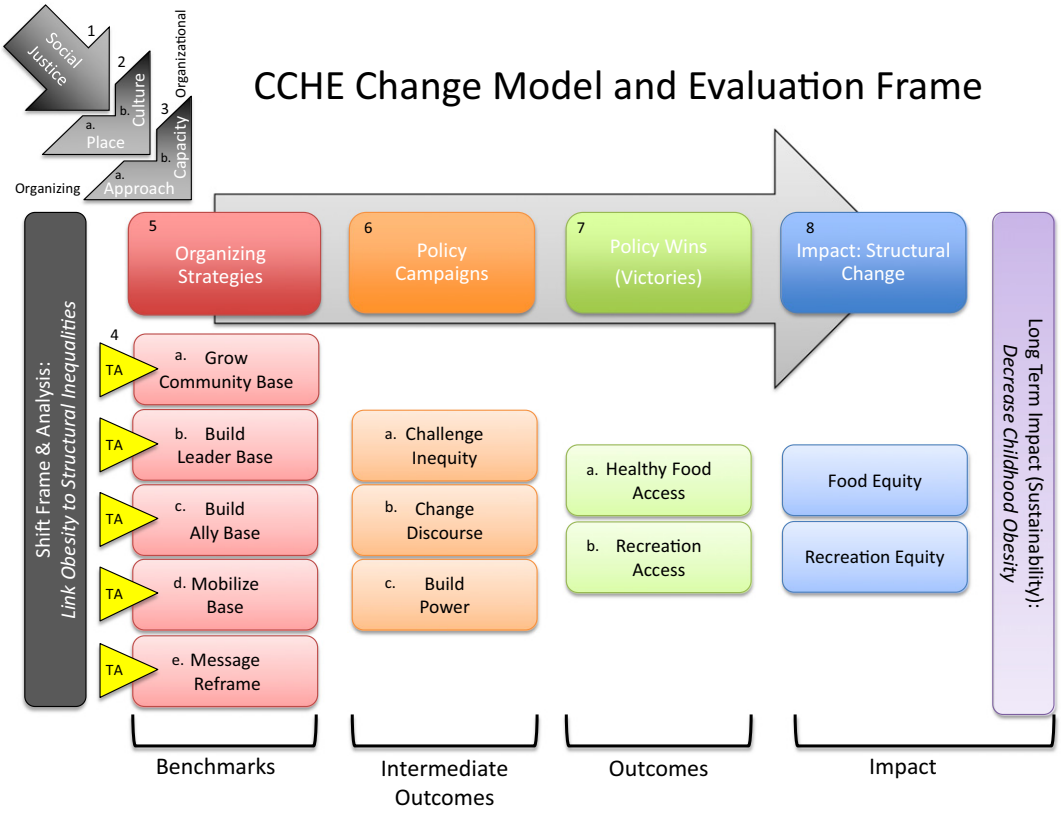

Fig. 1. CCHE Change Model and Evaluation Frame.

According to the CCHE Frame, the change process emerges, first, out of an understanding of a community's particular social justice interests (e.g., land use and access to recreational space) and values (e.g., all people should be treated fairly, have equal access to resources, and have the right to self-determination and cultural expression); and how these values and interests interact with the contextual realities of culture, place, community organizing approach, and organizational capacity. These factors ultimately influenced the particular set of grantees' organizing strategies and tactics, policy campaigns, and policy outcomes realized in a community. Finally, the CCHE Frame also examined the role of technical assistance (TA) and its effect across all factors within the change model.

The CCHE Frame served as a road map guiding the greater CCHE learning community of grantees, The Praxis Group, the TA providers, and the evaluation team to build on the diverse core strengths of communities to mobilize and organize, change discourse, build power, improve community conditions, and shift policies that impact food and recreation access, thereby allowing for future structural changes and ultimately sustainable reductions in childhood obesity.

The evaluation approach

The principal goal of the evaluation was to discern, articulate, and assess CCHE's theory that community organizing is a viable public health strategy to promote sustainable structural change that can impact key markers of childhood obesity. Therefore, the evaluation focused on measuring several dimensions of community organizing and benchmarks and intermediate outcomes associated with policy change that is relevant to childhood obesity.

A mixed-methods approach was conducted to assess multiple elements/components of the CCHE Frame. The CCHE Frame guided the development of new tools and measures to document the "who, what, where, when, how, and why," of community organizing and to synthesize common elements, extract themes, capture unique stories, and articulate best practices associated with the initiative's achievements. The approach was grounded in each target community's cultural, geographical, and historical contexts. The PARC@LMU evaluation team consisted of seven senior research associates (SRAs) who were matched to the 22 grantees based on their research expertise, interests, and cultural background. The SRAs utilized a community-based participatory research (CBPR) approach to build an evaluation-community partnership. Process and outcome evaluation methodologies included structured interviews, focus groups, field observations, closed- and open-ended surveys/questionnaires, and review of archival data/documents.

CCHE policy campaigns

Grantees launched a wide range of food and recreation policy campaigns including: (1) altering the location of retail food outlets or dedicated "shelf space" to increase access to healthy foods and/or restrict access to unhealthy foods; (2) reducing targeted marketing of unhealthy foods to low-income communities of color; (3) promoting school policies to increase student access to healthy foods and/or minimize exposure to unhealthy foods; (4) strengthening school policies to increase recreation options during and after school hours; (5) increasing equitable access to culturally competent, linguistically accessible recreation opportunities and play spaces; (6) supporting breastfeeding rights and resources; and (7) improving community access to public transportation.

Initial findings addressing one component of the CCHE Frame involving policy change suggested that CCHE's community organizing approach, emphasizing structural change, successfully yielded 75 local policy victories within a 5-year time frame. These were generally related to increased food and recreation access (Table 1).

Initial evaluation results captured in policy change as well as other factors within the CCHE Frame suggest that the CCHE initiative succeeded in fostering a new public conversation about obesity that

Table 1
Policy change by campaign focus.

Campaign focus	Total
Recreational access	26
Food access	27
Housing/shelter access	8
Healthcare access	7
Environmental access	5
Resident rights	2
Total changes	75

expanded the focus from individual responsibility to social responsibility. To solve a variety of systemic problems and structural barriers that impede health and impact childhood obesity, CCHE communities advocated for and won change on their own behalf.

Conclusion

CCHE was the first national public health initiative focused on community organizing as a public health strategy to build sustainable grassroots infrastructures to address childhood obesity in low income communities of color. The evaluation is atypical given that the CCHE Frame intentionally included culture, language, geography, and political and historical contexts of the target communities as important factors to be evaluated. These factors were believed to have influenced the way in which grassroots communities approached community mobilization, community organizing, selection of policy campaigns, and what constituted policy change. In other words, they provided the necessary contextual details. For example, "When you focus on culture, or cultures, you take into account habits, patterns, beliefs, symbols, heroes and heroines, including your own, not just legislation and policies, elections and appointments, current causes or party platforms" (Gecan, 2004, p. 152). Continued support for public health interventions that recognize and utilize, rather than reject or ignore, the unique cultural, geographic, political, and historical strengths and challenges in communities of color is essential for promoting the long-term health and well-being of children.

Finally, community organizing holds considerable promise as a health promotion strategy. With the increasing focus on accountability, measureable outcomes, and evidenced-based practice, it is critical that greater attention be given to CBPR and innovative approaches in the evaluation of community organizing. Evaluation approaches grounded in the traditional research methods rooted in the positivist paradigm are limited in their usefulness. Community organizing involves complex system change that requires intervention at multiple levels, does not lend itself easily to a determination of causal relationships, is better informed when approached through a CBPR, and requires a methodology that is fluid and responsive to rapid shifts common in social change processes (Coombe, 2012).

Conflict of interest statement

The authors declare that there are no conflicts of interest.

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