

# UNITE 4 HEALTHY NEIGHBORHOODS CASE REPORT

COLUMBIA, MO

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2008 to December 2012



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## BACKGROUND

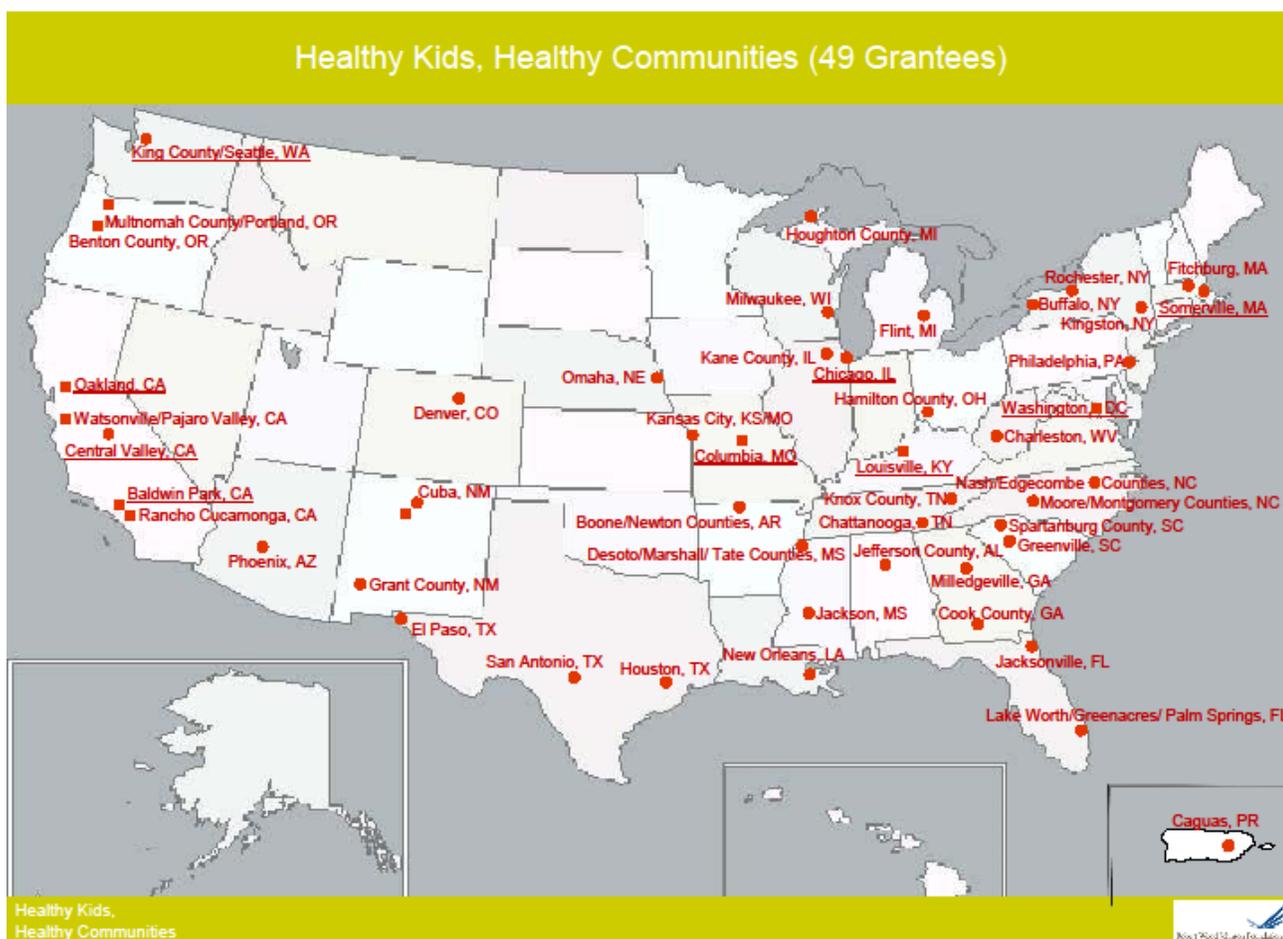
### Healthy Kids, Healthy Communities National Program

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.<sup>1</sup>

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](http://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 information about the evaluation, visit [www.transtria.com/hkhc](http://www.transtria.com/hkhc).

### Unite 4 Healthy Neighborhoods Partnership

In December 2008, Unite 4 Healthy Neighborhoods partnership received a four-year, \$400,000 grant as part of the HKHC national program. This partnership focused on five neighborhoods (First Ward, Bear Creek, Indian Hills, White Gate, Chris Drive) with distinctly different demographics. The neighborhoods were located predominately in the First Ward.

The partnership and capacity building strategies of Unite 4 Healthy Neighborhoods included:

- **Neighborhood Associations:** There was a focus on Neighborhood Association Revitalization to build sustainability of healthy eating and active living initiatives and create civic engagement within the neighborhoods. The Neighborhood Associations assisted in programs and community engagement activities to build support for the Unite 4 Healthy Neighborhoods initiatives.
- **Food Policy Council:** Through partners’ influence, Columbia’s Board of Health instituted a Food Policy Taskforce, a temporary entity designed to use food system data and other information, to build a case for why Columbia needs a Food Policy Council to facilitate community participation and support.

See Appendix A: Unite 4 Healthy Neighborhoods Evaluation Logic Model and Appendix B: Partnership and Community Capacity Survey Results for more information.

Along with partnership and capacity building strategies, the Unite 4 Healthy Neighborhoods partnership incorporated assessment, engagement, and advocacy activities to support the partnership and the healthy eating and active living strategies.

The healthy eating and active living strategies of Unite 4 Healthy Neighborhoods included:

- **Active Transportation:** Created opportunities for residents to be active through three main areas: public transportation, traffic calming, and Safe Routes to Schools/Walking School Buses. Specifically, the formation of the Columbians for Modern, Efficient Transit (CoMET) was designed to expand the public transit system and triple ridership. Traffic calming mechanisms were set up to protect pedestrians and bicyclists, and Safe Routes to School policies created safe opportunities for students to walk to school.
- **Farmers’ Markets:** Increased access to healthy foods for all individuals, with special emphasis on lower-income populations, main areas included: installation of the Electronic Benefit Transfer (EBT), implementation of the Access to Healthy Foods program (i.e., double bucks), establishing a market at the Columbia Housing Authority location, and creating smaller satellite markets at different locations in Columbia.
- **Community Gardens:** Established 11 gardens and 5 edible landscapes throughout Columbia, along with policies to support urban agriculture (e.g., allowing hens in residential spaces).
- **Parks and Recreation:** Enhanced recreational facilities near Douglass Park to encourage physical activity, including: pool improvements, installation of spray grounds, sidewalk repairs for connectivity, and baseball field renovation.

COMMUNITY DEMOGRAPHICS

Columbia is a college town located in the center of Missouri, nearly equidistant from Kansas City to the west and St. Louis to the east. The First Ward contain the largest lower-income populations in Columbia and were the target areas for the HKHC grant, specifically five neighborhoods: First Ward, Bear Creek, Indian Hills, White Gate, Chris Drive. In 2009, 23.2% of Columbian residents had incomes below the poverty level, while 10.0% of residents had incomes 50% of the poverty level. The estimated median household income in Columbia is \$42,800.<sup>2</sup> There are seven elementary schools in Columbia with high rates of students eligible for free or reduced-price lunch in the public schools.<sup>3</sup> In the slightly larger geographic area of Boone County, 27% of children enrolled in public schools are eligible for free or reduced-price lunch.<sup>3</sup> There is greater racial and ethnic diversity within the wards in which the target neighborhoods reside (see Table 1).

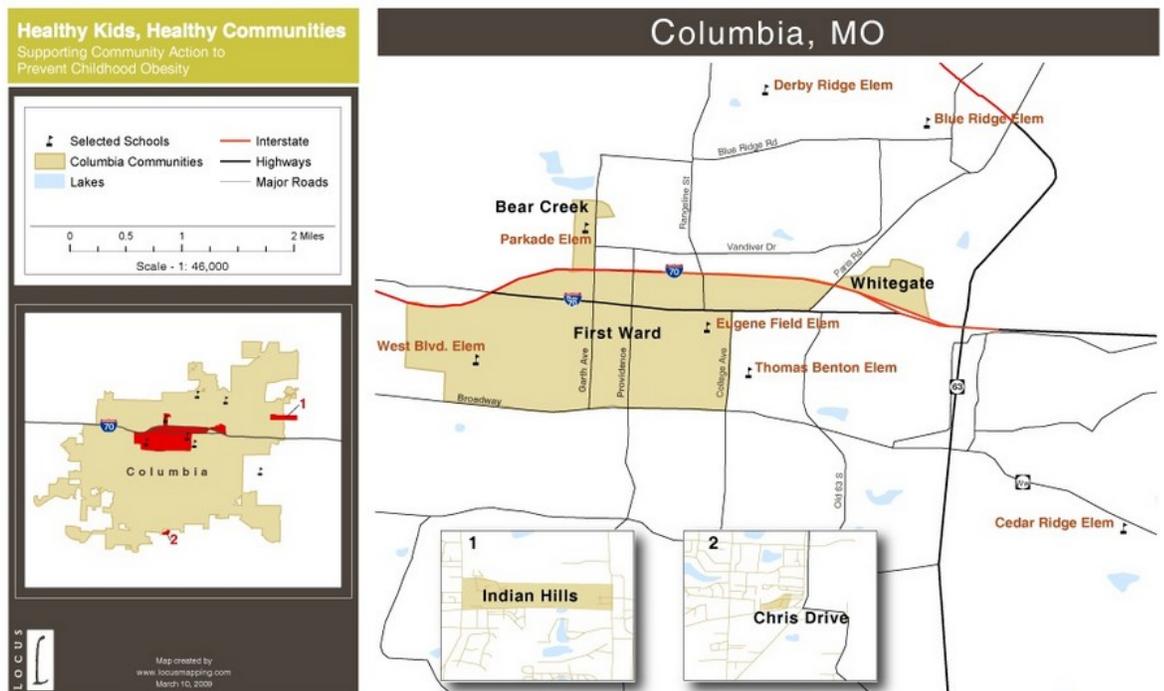
Table 1 : Columbia Demographics by City Council Ward

Community	Population	Number of families	African American	Hispanic / Latino (of any race)	White	Percent living below poverty line	Total housing units
Columbia <sup>2</sup>	113,225	21,418	11.3%	3.4%	79.0%	22.9%	46,758
*First Ward <sup>3</sup>		2,046	18.0%	4.2%	70.8%		7,302
Second Ward <sup>3</sup>		4,882	15.6%	5.0%	73.7%		7,342
Third Ward <sup>3</sup>		4,693	17.3%	3.8%	74.4%		9,198
Fourth Ward <sup>3</sup>		5,661	4.7%	2.2%	86.2%		7,651
Fifth Ward <sup>3</sup>		4,732	5.3%	2.2%	85.7%		7,343
Sixth Ward <sup>3</sup>		2,490	6.3%	3.2%	83.4%		7,805

\*Denotes target areas for the HKHC grant.

Figure 2: Map of the Columbia, Missouri Target Areas<sup>4</sup>

Columbia is located in Boone County, where 21% of adults have no leisure time, 16% of the lower-income population does not live close to a grocery store, and 44% of restaurants are considered fast food establishments.<sup>5</sup> Therefore, a need was realized to increase the availability of affordable, nutritious foods for children and families and to make area streets and parks in the five target neighborhoods more conducive to walking, bicycling, and safe playing (see Figure 2).



## INFLUENCE OF SOCIAL DETERMINANTS

### Sense of Community

Unite 4 Healthy Neighborhoods' partners feel there is a strong sense of community spirit in Columbia having a community-minded history of leadership, being a smaller city and college town, and being run by a city-manager style government with a volunteer mayor and city council.

### Access to Affordable Healthy Foods

There has been an ongoing challenge identified in Columbia regarding the perception of cost for healthy produce at the farmers' markets. Some residents perceive that produce is more expensive at a farmers' market than at a grocery store.

### Transit Ridership

There is a negative social stigma that associates lower-income individuals with riding the bus. Some people do not want to be perceived as "poor" while others are afraid to be around diverse populations. Another social stigma links people with mental and physical disabilities with using public transportation; therefore, those who are not used to interacting with people with these conditions may hesitate utilizing public transportation.

"...I think a reasonably significant portion of first ward residents are in that category of people that really have no choice. Whatever service the city can manage to provide, they are going to use it because they don't have access to a vehicle. I'm thinking that the sixth ward may have more people that do have a choice, but maybe would like to use the bus system if it were at least competitive and convenient in time with driving their car." —Staff

### UNITE 4 HEALTHY NEIGHBORHOODS PARTNERSHIP

#### Lead Agency and Leadership Teams

PedNet Coalition served as the lead agency for the Unite 4 Healthy Neighborhoods partnership. The original name of the initiative and partnership was the Healthy Environment Policy Initiative. In order to address community engagement objectives, a marketing and communications firm that specialized in working with lower-income and African American communities was hired to develop a two-day, community-wide gathering and kick-off event. The event was called Unite 4 Healthy Neighborhoods, and this name ultimately became the recognized brand for the partnership moving forward.



Six action teams were formed around healthy eating and active living environment and policy priorities. An institutional partner and community leader were paired together to co-lead each action team.

- **Neighborhood Association Revitalization:** PedNet Coalition and City of Columbia Office of Neighborhood Services
- **Youth Voice 4 Advocacy:** Urban Empowerment Ministries and University of Missouri at Columbia College of Education
- **Public Transportation Expansion:** Engineering Surveys and Services and Russell Chapel Baptist Church
- **Accessible and Affordable Local Produce:** Sustainable Farms and Communities and University of Missouri Master of Public Health Graduate Program
- **Food Production at Home and in the Community:** Columbia and Boone County Department of Public Health and Human Services and Columbia Urban Center for Agriculture
- **Food System Mapping:** Boone County Smart Growth Coalition and Columbia Public Schools

#### Organization and Collaboration

Columbia's Healthy Community Partnership was originally formed in 2000 through a collaboration with the Columbia/Boone County Health Department and PedNet. This partnership bridged a gap between public health work and non-profit, community-based public health work, and was established prior to receiving funds from the Robert Wood Johnson Foundation for Active Living by Design and Healthy Kids, Healthy Communities. The Healthy Community Partnership now serves as an umbrella organization of many institutional and community partners, including Unite 4 Healthy Neighborhoods, with overlapping objectives aimed at creating an environment that promotes and supports healthy lifestyles. Many of the organizations are not highly engaged in the partnership and do not receive funding from the Health Department or PedNet, but have secured their own funding. More than 100 Columbia and Boone County agencies are affiliated with this partnership including city government agencies, University of Missouri departments, public and private schools, non-profit organizations, and local businesses, each working individually and collectively to develop and implement programmatic and policy initiatives that promote and support healthy living. See Appendix A for a list of all the partners within Unite 4 Healthy Neighborhoods partnership.

During the first year, bi-monthly Unite 4 Healthy Neighborhoods partnership meetings were held in order to identify project leaders and staff and recruit additional community-based organizations into the project. The umbrella organization, the Healthy Community Partnership, met monthly to develop community engagement tools for project outreach and advocacy efforts to support the multiple initiatives. Key administrative and leadership staff were central organizing forces for the larger partnership. Administrative and core staff consisted of PedNet Coalition employees and in-kind donation of time was provided by Columbia/Boone County Department of Public Health and Human Services staff.

### PARTNERSHIP FUNDING

Between 2008 and 2012, the PedNet Coalition received approximately \$1.3 million in new grants to support the Unite 4 Healthy Neighborhoods partnership healthy eating and active living efforts. Grants were received from national organizations (i.e., Safe Routes to School, Center for Disease Control and Prevention, United States Department of Agriculture, Robert Wood Johnson Foundation) and state organizations (e.g., Missouri Foundation for Health). See Appendix D: Sources and Amounts of Funding Leveraged for more information. As part of HKHC, grantees were expected to secure a cash and/or in-kind match equal to at least 50% of the RWJF funds over the entire grant period.

Some of the grants received by the Unite 4 Healthy Neighborhoods partnership, included:

- A Safe Routes to School grant for \$40,000 was used to expand walking and bicycling to school.
- Missouri Foundation for Health's Promising Strategies grant for \$295,000 was used to increase walkability in low-income neighborhoods.
- The Center for Disease Control grant for \$500,000 was used to promote healthy habits among public housing residents by expanding physical activity programs, providing free bicycles, teaching gardening skills, and building community gardens.
- Robert Wood Johnson Foundation's Roadmaps to Health grant for \$200,000 was used to expand public transportation services and institutionalize Health Impact Assessments.
- Missouri Foundation for Health's Local Policy Change grant for \$63,000 was used to advocate that walking and bicycling to school be emphasized in school district policies and procedures.
- Federal transportation funds of \$200,000 were used to construct a landscaped median and pedestrian-activated signalized crosswalk in a lower-income area.
- Columbia Transit and Columbia's Farmers' Market received a grant from the United States Department of Agriculture to provide a bussing for lower-income residents and students on Saturday mornings to the farmers' market.

### COMMUNITY ASSESSMENT

During the first year of HKHC, the Unite 4 Healthy Neighborhoods partnership designed mini-grants to engage community-based organizations in evaluation. The mini-grants were aimed to assess the five areas outlined within the initial project proposal and aligned with the action teams (i.e., Home and Community Garden, Youth Voice 4 Advocacy, Neighborhood Revitalization, Accessible and Affordable Local Produce, Food Production at Home and in the Community, Food System Mapping, Public Transportation Expansion). The mini-grants were awarded to seven community- and faith-based organizations planning multi-method assessment activities. More than 600 low-income adults and children from target communities were surveyed about their barriers to healthy living.<sup>6</sup> Policy goals (i.e., availability of fruits and vegetables, access and affordability to public recreation facilities, neighborhood safety) were identified based on prioritizing results of the mini-grant assessments.

#### Food Assessment

A Community Food Assessment was conducted to understand consumer practices and opinions regarding food retail. There were many different components to the assessment.

- A survey was used to address demographic information and reasons why specific retail locations were chosen for specific products over others (e.g., supermarkets, specialty markets, farmers markets, convenience stores, mobile food vendors, restaurants, fast food outlets).
- Food asset mapping was used to identify food desert areas in the First Ward and other areas, including details about the restaurants and fast food outlets.
- A producer survey was used to assess, local growers/farmers along with cost assessments for different types of food retail outlets (e.g., farmers' markets) where fresh or packaged food could be purchased.

The survey and map findings were combined into a single report highlighting geographic and economic challenges residents face, fruit and vegetable consumption, and diet-related diseases.<sup>6</sup>

#### Active Transportation

To inform the Unite 4 Healthy Neighborhoods partnership about the impact of the August 2010 transit expansion, assessments were conducted both before and after the expansion. The assessments consisted of interviews with transit managers and a review of transit timetables to determine the total number of services and riders. Additionally, online and in-person surveys were conducted between April 26-May 13, 2011, and were designed to gather residents' perceptions of Columbia Transit operations. Some key findings from the assessments indicated:

- In 2011, buses ran every 40 minutes during peak times and every 80 minutes during off-peak times. Peak times were between 6:25 AM and 9:45 AM; 2:25 PM and 6:25 PM Monday through Friday. Off-peak times were middays, evenings, and Saturdays. One route (105) did not operate during middays or on Saturdays.
- In December 2010, after four months of new routes, ridership increased 18% compared to 2009 ridership. Ridership also increased 13% on some routes that were extended, such as the 103 route that reached large employers. Black and Gold routes that primarily served University of Missouri students also showed a 53% increase in ridership. Tremendous increase in ridership (393%) was seen in the 105 South commuter route that runs across south Columbia between Forum Boulevard and Ponderosa Street, because it started to run more frequently in August 2010.<sup>7</sup>
- Trends indicate that each time Columbia Transit expands, ridership increases as well. For the fiscal year 2009, there was a total of 2,007,263 rides along the systems' six fixed routes and University of Missouri shuttle routes. For fiscal year 2012, there was a total of 2,252,954 rides (includes Para-transit).<sup>8,9</sup>
- Approximately 74% of riders are college students who primarily travel along central routes between the University of Missouri campus, the student union, and student apartment complexes.

Experienced transit-dependent riders reported that choosing where to live when dependent on bus transportation was based heavily on the proximity of the potential residence to a bus stop and grocery store

in a safe area.

PedNet worked with the councilwoman of the Sixth Ward to reduce neighborhood street speed limits in two neighborhoods, Rothwell Heights and Shepard Boulevard, from 30 mph to 25 mph. Academic partners conducted a study of special kid-zone speed limit signs in two neighborhoods, Rothwell Heights and Shepard Boulevard along with a small-scale education campaign, and community survey. Results of the study showed that lowering the speed limits alone, even without the neighborhood campaign, led to reduced travel speeds of between 1 mph and 6.21 mph. The findings led to a proposal to lower the neighborhood speed limits and replace standard signs with neighborhood/kid zone signs which was approved by city council in fall of 2009. The total cost to replace speed limit signs was \$128,000 which was funded with traffic safety funds.

### Farmers' Markets

Pre- and post-assessments were conducted on the Access to Healthy Food program (i.e., double bucks), a program designed to double the value of the Supplemental Nutrition Assistance Program (SNAP) used to purchase healthy foods offered in the farmers' market locations in Columbia. The pre-survey, designed to measure perceived barriers for lower-income residents to using the Columbia Farmers' Market was distributed at the local Women, Infants and Children (WIC) Center. Approximately 56 participants enrolled in the Access to Healthy Food program and completed the pre-survey, though not all enrollees utilized program resources.

Formative evaluation methods included routine monthly meetings to share information between partners about how things were progressing, generate ideas on how to improve processes, and discuss how to increase access and utilization of the program for those enrolled. Findings showed factors that prevented lower-income residents from utilizing Columbia Farmers' Market, including: perception of expensive products, lack of culturally-appropriate foods for minority populations, lack of experience in shopping for and preparing fresh produce, lack of transportation, and lack of consistent operating hours, vendors, and/or products.

Evaluation efforts of Columbia Housing Authority satellite market compared customer counts during the first two years of the Access to Healthy Food program to assess number of customers, sustainability needs, growth over time, and the potential need for more farmers or vendors. Electronic Benefit Transfer (EBT) usage was tracked to assess program utilization for Access to Healthy Food program participants. Findings included:

- Participation doubled in 2012, increasing from 50 families enrolled in 2011 to 102 families in 2012.
- The number of days the satellite market was open doubled from 25 days in 2011 to 53 days in 2012.
- The number of families enrolled that did not use any of the double bucks benefits decreased overall: 50% of families did not participate in 2011, whereas only 3.9% of families did not participate in 2012.
- Only six families used the double bucks benefit one time in 2011, compared to 44 families in 2012.
- The weekly average number of families utilizing the double bucks benefit increased from five families in 2011 to eight families in 2012.

### PLANNING AND ADVOCACY EFFORTS

#### Community Outreach, Engagement, and Advocacy

Columbia's Unite 4 Healthy Neighborhoods was selected as one of three partnerships to pilot Empower Me 4 Change curriculum, created by Alliance for a Healthier Generation. Youth Voices 4 Advocacy Action Team, in collaboration with the University of Missouri at Columbia Extension Publications, adapted this curriculum which was designed to engage youth in advocacy efforts for healthy eating and active living changes. The curriculum was implemented each Tuesday and Thursday during a 10-week, 15-session summer program at a Columbia recreation center targeting youth ages 13-17, and was focused on education, Photovoice, service, and activation on nutrition behavior and environment, physical activity behavior and environment, self-esteem, and goal setting. The Youth Voices 4 Advocacy Action Team selected three youth to present their projects to the city council, Missouri Department of Health, and Columbia/Boone County Health Department on the barriers that prevent Columbia youth from living active, healthy lifestyles.

The Empower Me 4 Change curriculum was also adapted for implementation at Douglass High School, Columbia's alternative high school, located in an underserved area. This curriculum worked with youth to identify healthy and unhealthy behaviors and environments (e.g., transit system, cost of healthy foods) and career building opportunities (e.g., resume building, volunteering, job seeking). A youth ministry leader in the community facilitated the first two sessions which were held twice weekly during the homeroom period. Two groups of students completed this program in 2012.

The Youth Voices 4 Advocacy action team conducted and presented a Photovoice program to community and political groups/boards (i.e., Youth Coalition Columbia, Columbia City Council, Columbia Board of Education, Columbia Board of Health) through a mobile display presentation. Photovoice graduates also provided peer mentoring to: 1) form clubs at two local high schools (Hickman and Rock Bridge) that focus on teaching students how to advocate for change in the community and to articulate what interests them, and 2) student groups participating in a state-wide Photovoice project.

#### Health Impact Assessments

In October 2012, the Health Department, PedNet Coalition, and Central Missouri Community Action hosted a two-day Health Impact Assessment 101 workshop, designed to guide community organizations in making informed decisions about policy interventions. The session was facilitated by staff from the Georgia Health Policy Center in Atlanta, Georgia. Officials were invited, including members of the Columbia City Council, Columbia Board of Health, and Columbia Board of Education; the City Manager and Directors of Health, Planning, Public Works, Transit, and Parks and Recreation; and senior administrators with Columbia Public Schools. Participants learned about the Health Impact Assessment process and engaged in group exercises. The group exercises were designed to scope projects for Health Impact Assessment in different domains (e.g., built environment, food environment, education) and explore opportunities to sustain Health Impact Assessments in Columbia and Boone County. As a result of this work, a grant proposal was submitted through the Health Department to institutionalize an employment position dedicated to completing Health Impact Assessments.

#### Active Transportation

In 2011, the action team focusing on transit launched a three-year advocacy campaign, Columbians for Modern, Efficient Transit (CoMET), to expand the public transit system and triple ridership. The CoMET campaign was designed to raise awareness about transit through the distribution of postcards, fliers, promotional days, media, and conduct assessments to inform future direction of the campaign.

In the summer of 2011, the city of Columbia announced a proposal to increase fares, eliminate half-fare eligibility for youth and lower-income residents, and eliminate service on Thursday, Friday, and Saturday evenings. Due in large part to the strong support from several city council members and the CoMET campaign, city council voted unanimously to preserve the transit service on Thursday, Friday, and Saturday evenings, but eliminated half-fare eligibility for students 18 years and older. The mayor recognized the momentum around transit and created the Mayor's Transit Taskforce to identify common goals among the partners for transit expansion. The city council appointed a ten-member committee to identify ways to improve the public transit system. One of the goals was to convert the existing "hub and spoke" transit

system into more of a network or grid system. The HKHC Project Coordinator was appointed to serve on the Mayor's Transit System Taskforce. Since Columbia has 75% ridership from students, the taskforce has been identifying other city-university models that have worked well.

### Food Policy Council

Columbia's Board of Health instituted a Food Policy Taskforce, which is a temporary entity that will use food system data to build a case for why Columbia needs a Food Policy Council. Several meetings have taken place with key food partners, including University of Missouri Extension, farmers' markets managers and farmers, Columbia Center for Urban Agriculture, Food Bank for Central and Northeast Missouri, the PedNet Coalition and the Health Department, and this conversation will continue to evolve after HKHC has ended.

### ACTIVE TRANSPORTATION

Unite 4 Healthy Neighborhoods active transportation efforts were designed to increase opportunities for residents of Columbia to be active through three major components: public transportation expansion, traffic calming, and safe routes to school/walking school buses.

#### Policy, Practice, and Environmental Changes

Through the partnership's active transportation efforts, there has been significant policy and environmental changes, including:

##### Public Transportation

- In August 2010, the Public Works Department received three new buses, allowing them to increase its coverage area by 10-20% and total service (number of routes, times, hours of operation) by 11%.
- In August 2010, existing fixed routes were rerouted to extend the service area to increase access to job opportunities at larger companies. Saturday routes were changed to match weekday routes: a commuter route was restored, a transfer route was added, and a route was rescheduled in attempt to decrease congestion and prevent delays.
- In 2012, a bus was provided for lower-income residents and students on Saturday mornings for transportation to the farmers' market.
- In August 2012, new bus routes and stops at businesses and residences in northern Columbia neighborhoods were added to allow residents increased access to job opportunities.
- In August 2012, transit routes were created to increase access for students on campus. Services were offered seven days per week (Monday through Wednesday with two buses all day from 6:30 AM to 10:15 PM; Thursday and Friday with two buses all day from 6:30 AM to 2:15 AM; Saturday with two buses all day from 10:00 AM to 2:15 AM; Sunday with two buses all day from 12:00 PM to 10:15 PM).

##### Traffic Calming

- In 2009, the City of Columbia passed two pedestrian safety ordinances to eliminate harassment of a bicyclist, pedestrian, or person in a wheelchair and restrict speeds on city residential streets.
- In the Sixth Ward, speed limits in the neighborhood streets were reduced from 30 to 25 miles per hour.
- In the fall of 2011, solar-powered speed feedback signs were installed by the city as a visual cue to drivers to pay attention to their driving speeds. Tickets were issued to drivers going above the speed limit.
- Federal transportation funds (\$200,000) were allocated to construct a pedestrian-actuated crosswalk system on Providence Road, which is a high-speed, high-traffic state highway that runs through public housing locations.

##### Safe Routes to School/Walking School Bus

- New school policies were geared toward student safety during drop-off and pick-up times. New policies enforced a single-wide driving lane during drop-off and pick-up times at school and encouraged parents who live close to school to walk their children.
- Crosswalk signs and striping were implemented in a neighborhood around West Boulevard School to increase safety along an established Safe Routes to School route.



Source: HKHC National Program Office

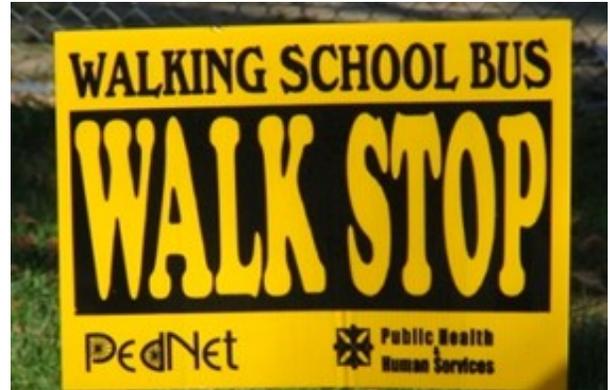
## UNITE 4 HEALTHY NEIGHBORHOODS

- Approximately 50 traffic control devices were installed across Columbia and near the West Boulevard School.

### Complementary Programs/Promotions

Columbia established several programs and promotional activities that supported active transportation through Safe Routes to School:

- Five-hundred children participated in the daily Walking School Bus program consisting of all children ages 5-10, along with the supervision of a trained adult, who walked to school.
- A Bike Brigade was formed that consisted of middle school youth and a trained adult who met at a specific location and biked to school together. To participate, youth completed a bicycle safety education class. Participation competitions were held to retain youth.
- All 200 Columbia police officers were trained in correct enforcement of bicycle traffic laws.
- An annual Bike, Walk, and Wheel Week held in conjunction with the Mayor's Challenge, was an event designed to encourage community members to walk, bike, or wheel themselves to and from their destinations.
- A pilot program, Kewpie Express, was a partnership with Columbia Public Schools and Columbia Transit to increase transit options for high school students for four weeks from April to May 2013. This pilot project aimed to fill the gap in transportation for a segment of students who are not served by school buses (e.g., outside of boundaries) and students who need transportation home following after-school activities.



Source: Transtria LLC

### Implementation

Project staff, partners, and community residents researched alternative public transit designs and completed site visits to similar-sized towns with colleges/universities. During the community conversations held by the City Council and residents, partners agreed that modifying Columbia's transit system to a combination of a 'grid' and 'network' system in which bus routes are structured around a network of multiple hub stations may address the priority changes identified through research and community assessment efforts. According to the Transportation Supervisor, since Columbia is not laid out on a grid (as New York City is for example), a potential option would be to adopt a grid system in which buses continually crisscross the city, with a commuter loop designed to follow routes out of and back into a network of multiple hub stations.

Efforts to reduce traffic speeds in the Sixth Ward neighborhoods were influenced by Councilwoman Barbara Hoppe, who partnered with University of Missouri professors to conduct a study on whether posting reduced speed limit signs actually led to a reduction in driving speeds. The study showed significant reductions in speeds. In the fall of 2009, Columbia City Council approved lowering speed limits from 30 to 25 miles per hour on streets with traffic volumes of less than 2,000 cars per day. Pricing of kid-friendly and standard speed limit signs was researched and these signs were purchased and installed over the following 12-month period.

Safe Routes to School funding provided necessary resources to organize a planning charrette. This allowed neighborhood residents and parents to meet with school and city officials to develop a neighborhood-area plan with the help of a nationally-recognized walkability advocate serving as the facilitator. This open community stakeholder meeting was used to encourage community input to the problem solving and design process addressing student transportation and safety issues. Information gathered during this charrette helped build community momentum which led to grant proposals and subsequent funding to implement a walking school bus stop location and a safe walking trail for students to be able to walk through a park to a local elementary school (West Boulevard School). The charrette addressed inefficient travel routes for students and the lack of sidewalks creating hazardous walking areas. Therefore, students had to ride the school bus even though they lived within a one to two mile radius of the school, normally excluding them from

school bus privileges. These children then had to ride the bus for an hour each way because they were picked up at the beginning of the bus route to school and dropped off last at the end of the bus route on the way home.

### Population Reach

Columbia residents with lower-income levels or who do not have other transportation choices have primarily been the population targeted by transit changes. Long-term transit vision aims to improve public transit services to the point that residents who do have transportation choices choose public transit options. The traffic calming changes targeted all residents including drivers, pedestrians, and bicyclists. The Safe Routes to School efforts targeted youth living close to the schools.

### Population Impact

Columbia Transit has reported annual increases in ridership numbers over much of the last decade. Specifically, during the HKHC project time period, there was an overall increase of 245,691 Columbia Transit riders between 2009 and 2012. However, ridership dropped 8% between fiscal year 2011 (approximately 2.2 million riders) and 2012 (approximately 2 million riders), and this trend continued into fiscal year 2013 with another 400,000 fewer riders reported. Ridership was up 15% for downtown routes and Paratransit service, which provides curb-to-curb service for eligible disabled riders. This service attracts business from patients who travel to Columbia for extended therapy sessions, because it is centrally located within Missouri.<sup>7</sup>

### Challenges

Proposed budget cuts to the public transit system presented a major challenge that Unite 4 Healthy Neighborhoods faced during HKHC and will continue to face over the coming years.

“...So the ‘Hub & Spoke’ system with a 40-minute loop just doesn’t work. And that’s part of our ridership problem. If we had a half hour service that wasn’t a hub and spoke, then people could probably get most places within an hour. It wouldn’t necessarily serve the whole town, but that’s the reality of Midwest life. We’re not going to serve everybody.”  
- City Council Member

### Lessons Learned

The partners learned several general lessons, including the importance of community engagement through the neighborhood association and ward representatives build trust, skills, and community capacity. Programs provided the mechanism to increase community awareness, education, and skill development in youth to build momentum and synergy for proposed policy and environmental changes in Columbia.

### Sustainability

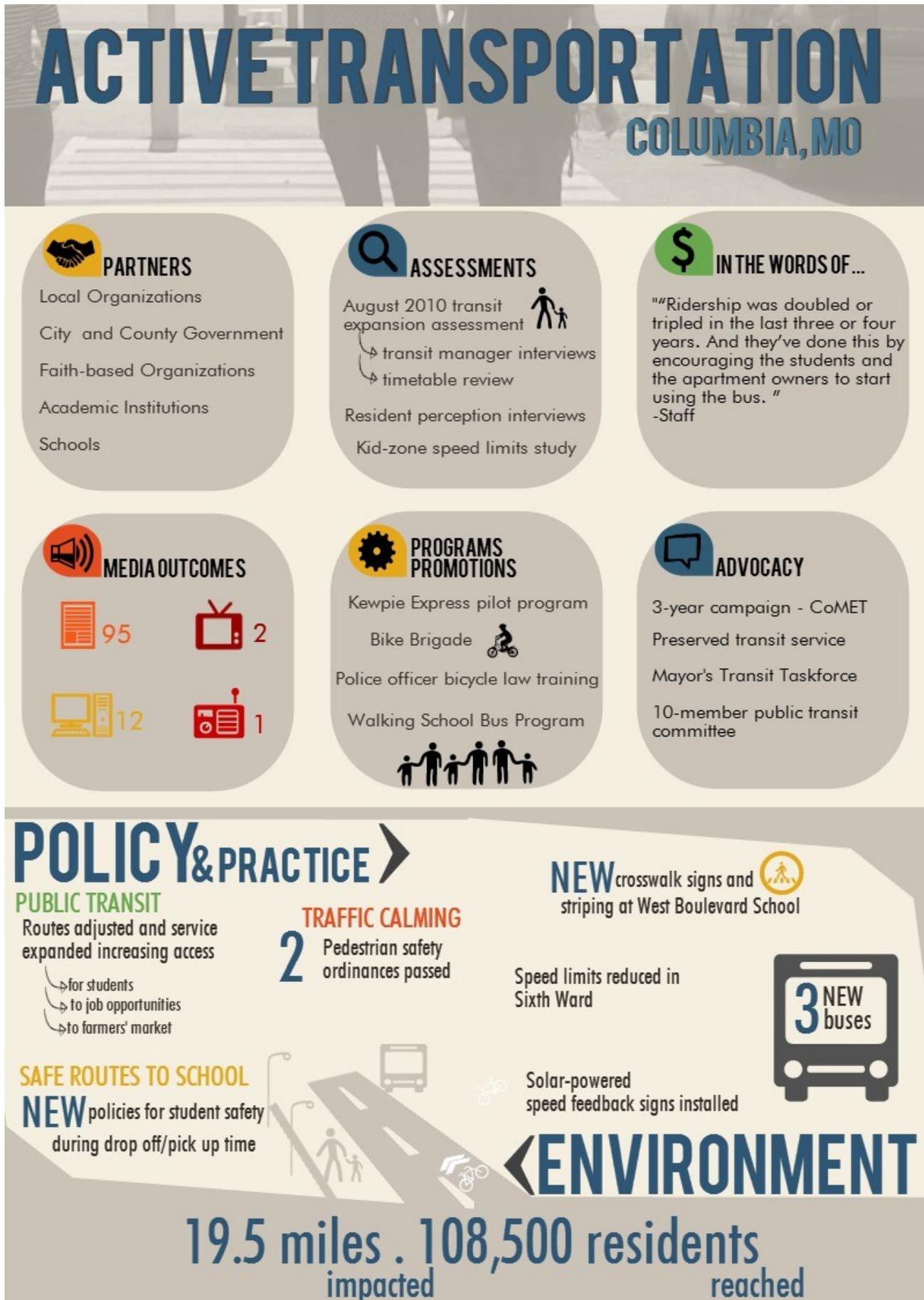
Unite 4 Healthy Neighborhoods involved city council and residents in identifying opportunities to improve the active transportation environment. Now, residents and city leaders look at the environment differently and will continue to advocate for improvements as needed.

The transit system had only very recently become a focus of city council. This has created the opportunity to rally the community around transportation issues. City Council discussions in 2011 and 2012 focused on public transit, whereas previously, discussions focused more on pedestrian and bicycle issues. With city council representatives better understanding the issues and needs around public transportation, Columbia can move towards a more sustainable system for its residents.

Walking School Bus discussions evolved with the school boards discussing the opportunity to adopt the program within the school system. In 2012, many walking and biking advocates in Columbia and the HKHC partnership worked together to propose Safe Routes to School policy language for Columbia Public Schools, which was adapted from the Mill Valley, California’s model Safe Route to School district policy. The policy in Columbia has not yet been adopted by the School District, but is strongly supported by both individual school and overall district stakeholders, including officials on the Board of Education and within the Elementary Education Superintendent’s office.

For additional information, see Figure 3: Active Transportation Infographic.

Figure 3: Active Transportation Infographic



### FARMERS' MARKETS

The Unite 4 Healthy Neighborhoods partnership increased access to healthy foods for all individuals with a special emphasis on lower-income populations through three main areas:

- installation of the Electronic Benefit Transfer (EBT) and implementation of the Access to Healthy Foods program (i.e., double bucks) at the existing Columbia Farmers' Market,
- creation of a market at the Columbia Housing Authority location, and
- creation of a smaller satellite markets at different locations throughout Columbia.

### Policy, Practice, and Environmental Changes

Prior to HKHC funding, there was one existing market in Columbia called the Columbia Farmers' Market. Unite 4 Healthy Neighborhoods was able to add amenities to the existing market and establish four satellite markets including one at the Columbia Housing Authority. The policy, system, and environmental changes included:

- The Columbia Farmers' Market LLC was awarded \$41,791 through the USDA's Farmers' Market Promotion Program to increase access of locally grown farm products to low-income residents and those living in food deserts. These funds were used to start new Saturday morning bus routes to the outdoor farmers' market.
- During the first two years of HKHC (2009 and 2010), Columbia Center for Urban Agriculture transitioned 1.5 acres of abandoned lots in the First Ward into twice weekly farm stand (i.e., satellite market) with an EBT system to accept government nutrition assistance programs. This spurred the idea for establishing additional satellite markets. Four satellite markets were established, including: the **South** end of Columbia, open Thursdays from 3 to 6 PM at the Forum Christian Church parking lot; **North** end of Columbia, open Fridays from 3 to 6 PM at Brookside Square, the **Winter Market**, open Saturdays 9 AM to 12 PM (from early November through the middle of March) at Parkade Center, and the **Columbia Housing Authority**, open May through October on Wednesdays from 11 AM to 2 PM.
- The Columbia Housing Authority instituted a new practice utilizing the Resident Participation Funds to subsidize total satellite market sales to the farm vendor in an effort to ensure continued vendor participation, even if initial sales were below a normal profit margin. It was estimated that the Columbia Housing Authority provided a \$25 stipend per resident per month for 719 residents (Fall 2011) which calculated to a significant amount of funds available each month to provide a farm vendor subsidy.

### Complementary Programs/Promotions

The Columbia Center for Urban Agriculture implemented the Access to Healthy Foods/double bucks program to provide a 50% discount to residents using government nutrition assistance when purchasing products at the Columbia Farmers' Market. The Columbia Farmers' Market and the Columbia Housing Authority collaborated to create activities and programs to support the market, including a nutrition education curriculum-based program for youth, which was designed by a registered dietician at the University of Missouri Extension. The Empower Me for Change Program, developed by the Columbia Center for Urban Agriculture, exposed children to differences in food retail environments through education, food demonstrations, and field trips to retail locations.

Additionally, it was a strategic decision to have the Columbia Housing Authority Farmers' Market coincide with the food pantry to serve the housing authority and other neighborhood residents with a source of healthy food. The meals offered through the food pantry were often non-perishable foods (e.g., canned and boxed foods, hotdogs, hot pockets).

### Implementation

Farmers' market staff members played a vital role in the day-to-day activities of the market as well as implementation of a token system for the double bucks program. The market manager, employed by Columbia Farmers' Market, handled the administrative tasks, market space, customer service, customer counts (e.g., counts every four hours for ten minutes), and token payment system. A Board of Directors,

made up of five market employees (e.g., farmers and vendors), identified responsibilities for the market manager. Part-time staff worked during market hours to help with set-up, counting, and coordinating the tokens. The Treasurer, who worked at the Boone County Health Department as a state auditor, completed paperwork, accounting, grant reporting, vendor agreements, and vendor EBT payments.

The lease for the physical space the Columbia Farmers' Market had a complicated administrative set-up. The space was leased from the City of Columbia through Sustainable Farms and Communities and was due to expire in 2013. Columbia Farmers' Market revenue came from a small amount of grant money and from membership dues of approximately \$250, depending on frequency of involvement, for stall fees from farmers and artisan producers.

Columbia Farmers' Market used a token-based purchasing system for the Access to Healthy Foods/double bucks program, designed to double the value of food stamps given in the supplemental nutrition assistance program and the Women, Infants and Children (WIC) program. It cost \$3,500 per year to run the token system at the Columbia Farmers' Market.

Efforts to recruit farmers were not usually necessary because of the large Saturday Columbia Farmers' Market customer base. There was a waiting list for farmers who wanted a stall. Columbia Farmers' Market boundaries were created 33 years ago with the original market, although boundaries were extended approximately 10 years ago after a split resulted in two markets, Columbia Farmers' Market and Boone County Farmers' Market. Geographic perimeters within a 57-mile radius of Columbia were created as boundaries to ensure local food production.

There were several market policies put in place to ensure high-quality, local produce was offered for Columbia residents. There was a policy on restricting sales of plants to those that were grown from a potting seed. A livestock policy restricted the sale of meat to only livestock products that were owned by the participating vendor for over 50% of its life before butchering, processing, and packaging. The Columbia Farmers' Market was considered a producer-only market, meaning only vendors selling items they grew or produced themselves could take part in the market. Vendors and artisans were encouraged to patronize each other when complementary products were produced (e.g., vendors who distributed pickles and relishes are encouraged to acquire their original produce from other Columbia Farmers' Market vendors). The Inspection Committee traveled to each vendor location to ensure product origination and to determine whether the vendor was raising cattle, growing produce, or baking. Each vendor was given a three-day notice for inspections. State and federal regulations prohibited the sale of rabbit and milk at farmers' markets.

Columbia Farmers' Market received EBT machines in 2008 through a Missouri Department of Agriculture grant. There was a 25-page application with the United States Department of Health to obtain an EBT machine. Training to use the machine consisted of reading an instruction booklet that was sent with the machine and using an assigned Columbia Farmers' Market code.

### Population Reach

The Columbia Farmers' Market targeted a variety of populations, including the more 'affluent' residents, college students, and lower-income populations that received WIC/SNAP benefits. On Saturdays, there were typically 4,500 to 5,000 people shopping at the market.

Through 2011 and 2012, a total of 150 families (more than 400 individuals) receiving federal nutrition assistance enrolled in the Access to Healthy Foods program, in which federal assistance dollars were doubled at the farmers' market through private donations, including contributions from HKHC. As a result, \$20,177 worth of fresh, local fruits and vegetables were purchased and consumed by lower-income families.



Source: Transtria LLC

### Population Impact

Trends in customer counts during the Columbia Farmers' Market on Saturdays indicated a 20% increase in customers each year between 2005 and 2009. There was a 2% increase in customers in 2010, and a 4% decrease in customers in 2011. Likewise, the Columbia Farmers' Market manager estimated the number of farm vendors selling produce increased from 45-50 vendors in 2005 to 90-95 vendors in 2010; then decreased to 80-85 vendors in 2011.

The Columbia Farmers' Market influenced other programs through the donation of an average of 8,000 pounds of produce per year to the local food bank. A local shelter for children did not meet the United States Department of Health requirements to receive all of its produce from the food bank. Columbia Farmers' Market agreed to give the shelter enough produce to feed approximately 20 people per week, which vendors delivered each Saturday.

### Challenges

One of the major challenges associated with setting up the satellite markets was weather-related because the small markets were not able to operate in stormy conditions. Another challenge was seeking approval from the city for the satellite farmers' market locations. Planning, zoning, city attorney, City Manager's Office personnel, and city council members all had to approve the location of the market.

### Lessons Learned

Columbia Farmers' Market and Unite 4 Healthy Neighborhoods shared some lessons learned, including: enhance communication and partnership opportunities to connect existing programs (e.g., food pantry in Columbia Housing Authority) to support new initiatives (e.g., farmers' market in Columbia Housing Authority), and set up onsite enrollment that assists lower-income residents in registering for government nutrition assistance benefits and the double bucks program.

### Sustainability

The Columbia Farmers' Market had been running for over 30 years and proved to be a sustainable market. The sustainability of the double bucks program was dependent on private fundraising by Sustainable Farms and Communities. Institutionalizing the provision of low-cost fruits and vegetables to lower-income residents, who would otherwise eat unhealthy, affordable accessible foods, still needs to be addressed. The Unite 4 Healthy Neighborhoods partnership discussed an unhealthy food tax or fee that could be reallocated (e.g., soda tax) to help make nutritious foods more affordable. This tax had not been established or fully discussed among all partners.

### COMMUNITY GARDENS

In 2009, the Southern Boone Learning Garden formed a partnership with the Columbia/Boone County Department of Public Health and Human Services, PedNet, and the Healthy Community Partnership. This strong partnership leveraged additional funds to support policy and environmental changes and programs through community gardens.

#### Policy, Practice, and Environmental Changes

The Unite 4 Healthy Neighborhoods partnership established 11 gardens, 5 edible landscapes, and several garden amenities (e.g., water sources, sheds) between 2008 and 2012. Among the gardens established, the Columbia Center for Urban Agriculture created seven opportunity gardens for the Columbia Housing Authority designed to provide resources to those who could not afford a garden plot. For a garden water source, the City of Columbia installed a hand pump on existing water mains at no charge. Prior to the plotting of several gardens, land-use policies and practices were established both formally and informally:

- A vacant half-acre, city-owned lot adjacent to the Health Department parking lot was planted as a community garden and rain garden with 26 active plots, a storage shed for tools constructed by local youth, and city-sponsored water service.
- Worley Street Neighbors New Community Garden was planted on land donated by Public Works Department. Garden plots were subsidized at \$5-10 per person each year based on plot size.
- Columbia City Council passed an ordinance allowing residential yards to have up to six urban hens with the exception that no roosters were permitted.
- A portion of Columbia Center for Urban Agriculture's land was rezoned for direct produce sales to allow the sale of locally-grown produce.

#### Complementary Programs/Promotions

Programs were established to help residents become involved, raise funds, and share produce:

- Moving Ahead was an after-school gardening program that was established to create edible landscaping within opportunity gardens, which provided access for Columbia Housing Authority residents to garden plots, and offer educational sessions for the residents on how to garden.
- Cucumbers with Aspirin Baskets was a program established to raise awareness and money for the community garden located at Kilgore Pharmacy in an old vacant lot. Some of the produce (e.g., cucumbers) was displayed in a basket at the pharmacy counter and sold to customers.
- Harvest Hootenanny was an annual fundraising event that raised approximately \$8,000 to support the community gardens.

#### Implementation

Several gardens require more elaborate policy and practice changes prior to their development of the garden whereas other gardens were easier to develop and simply required a partnership. For example, West Boulevard Elementary School composted its own fruits and vegetables and had an outdoor classroom and wetland that filtered the polluted waters from the school's parking lot, depositing the cleaned water into Hinkson Creek. The school also used the rain water for its rain garden composed of native species of plants.

As a participant in the seven opportunity gardens, a person would purchase a garden and a portion of his/her sale would support an individual or family who wished to have a garden, but did not have sufficient funds. The opportunity gardens were raised beds that suited the needs of the family or business/organization. Plot owners (e.g., neighborhood residents, businesses, health department staff, in-home daycare owners) were recruited by Columbia Center for Urban Agriculture to participate in the gardens. One garden contracted with a community organization that employed underserved youth (e.g., Job Point) to build a garden shed.

#### Population Reach

Community gardens in Columbia were targeted toward a wide-range of residents (e.g., residents living in

housing complexes, lower-income residents, teenagers, volunteers, businesses, organizations).

### Population Impact

The funds raised in the Cucumbers with Aspirin Baskets program and produce grown in the pharmacy garden went to the Nora Stewart Early Learning Center, a nearby non-profit educational daycare that served more than 50 children from ages 2 to 10.

One plot within a larger community garden located at the Public Health Department was planted and grown by city workers who had designated that the produce be given to residents attending WIC nutrition classes.

Produce grown from the Boulevard Elementary School garden was enough to feed the entire school and allow the students to take pride in both their school and community.

### Challenges

Columbia Center for Urban Agriculture struggled to rezone its land so that it could sell produce to the community directly from an on-site farm stand. The land was zoned as commercial, which did not allow for direct community sales. A portion of Columbia Center for Urban Agriculture's land was rezoned for direct produce sales, but did not allow for other direct retail outlets (e.g., adult video) in the neighborhood.

### Sustainability

As the demand for community gardens grows, ongoing fundraising efforts will support the development of new gardens. Existing organizations and businesses are dedicated to continuing the opportunity gardens and will seek funding to expand existing gardens and purchase tools and other equipment.

### PARKS AND PLAY SPACES

In 2010, parks and play spaces became focus areas for the partnership's work, based on assessments completed by mini-grant recipients. Access and affordability to public recreation facilities were identified as barriers to healthy living.

#### Policy, Practice, and Environmental Changes

Enhancements were made to Douglass Park to encourage physical activity within communities. Environmental changes were completed in June 2010, including pool improvements, demolition and installation of spraygrounds at Douglass Park, sidewalk repair for connectivity improvements at Douglass Park, baseball field renovation (i.e., graded/replaced topsoil, replaced older outfield fence, and improved sidewalks) near the park.

Discussions between project leaders and the city's Parks and Recreation Department resulted in a policy change in 2010 that replaced the city's financial assistance program (also called the scholarship program) application form and process. The application process was simplified, and ambiguous and threatening language was removed from the forms.

#### Sustainability

Parks and play spaces were only a focus of the Unite 4 Healthy Neighborhoods during 2010. The partnership will continue to support efforts to improve play spaces made by the city's Parks and Recreation Department.

### SUSTAINABILITY OF THE PARTNERSHIP AND INITIATIVE

The work from HKHC will continue as part of the Healthy Community Partnership, an umbrella organization, led by the Columbia/Boone County Health Department and PedNet. Action teams with community members will continue to meet monthly to pursue policy and program changes. Annual engagement activities will continue to occur for the Healthy Community Partnership, which is comprised of approximately about 100 organizations within Boone County. Not all of the organizations are highly engaged.

Both institutional partners and community partners have been able to take part in one-time events. However, community residents' participation in monthly, strategic action teams has diminished over time. This might be due to limited flexibility with schedules in order to participate in volunteer work. Engagement of community members continues to be a struggle.

#### Leadership/Staff

At the end of the HKHC initiative, the Project Director, also serving as the Executive Director of the lead agency, transitioned into a new role serving on the city council. The projection of a key leader into a political position with influence in decision-making could have a positive impact on the sustainability of the healthy eating and active living policy, system, and environmental changes in Columbia.

Staff reductions occurred within the lead agency, PedNet Coalition, over the last year of HKHC due to a decline in funding.

For the Unite 4 Healthy Neighborhoods partnership and the broader Healthy Community Partnership, the Health Department will take on more of a leadership role in sending out e-mail communications (e.g., grant funding partnering opportunities, action steps regarding current initiative).

#### New Partners/Positions

The Unite 4 Healthy Neighborhoods partnership developed better relationships with city council representatives and faith-based organizations throughout the HKHC grant. Additional partners leveraged through the grant period included the Public Transportation Advisory Commission, Douglass Park School, food-oriented, community-based non-profit organizations, and an elementary school located 10 miles south of Columbia. New sources of political support have been identified through a newly-elected Columbia School Board member, who is also the Executive Director of a major partner, Central Missouri Community Action.

#### Future Funding

Funding for the overarching umbrella organization, Healthy Community Partnership, is not a driving priority. PedNet, the Columbia/Boone County Health Department, and Central Missouri Community Action frequently partner with each other to receive funding from the Robert Wood Johnson Foundation, Missouri Foundation for Health, Safe Routes to School, and other federal and state organizations to promote healthy living in Columbia. Other agencies in the Healthy Community Partnership are asked to assist when possible.

There is growing competition for healthy eating and active living grants across the nation. The amount of funding available through national organizations (e.g., Safe Routes to Schools) is reduced.

Additional Missouri Foundation for Health funding for school policies has been awarded. Healthy Community Partnership will seek funding for Health Impact Assessments and to influence the School Board of Education to change its policies to include a strong preference for children walking and biking to school and for setting up staging posts where kids could be dropped off close to the school.

Columbia City Council continues to discuss policy changes to increase funding for future transit expansion efforts. Columbia Transit is funded in part by the city's permanent half-cent transportation sales tax, which was approved by Columbia voters in 1982. The remainder of the bus system's budget comes from a blend of federal grants and service contracts with college student apartment complexes. Potential policy opportunities for transit funding include a sales tax increase, an annual utility fee for residents, a school district partnership, and an evaluation of what voters would most support for transit expansion.

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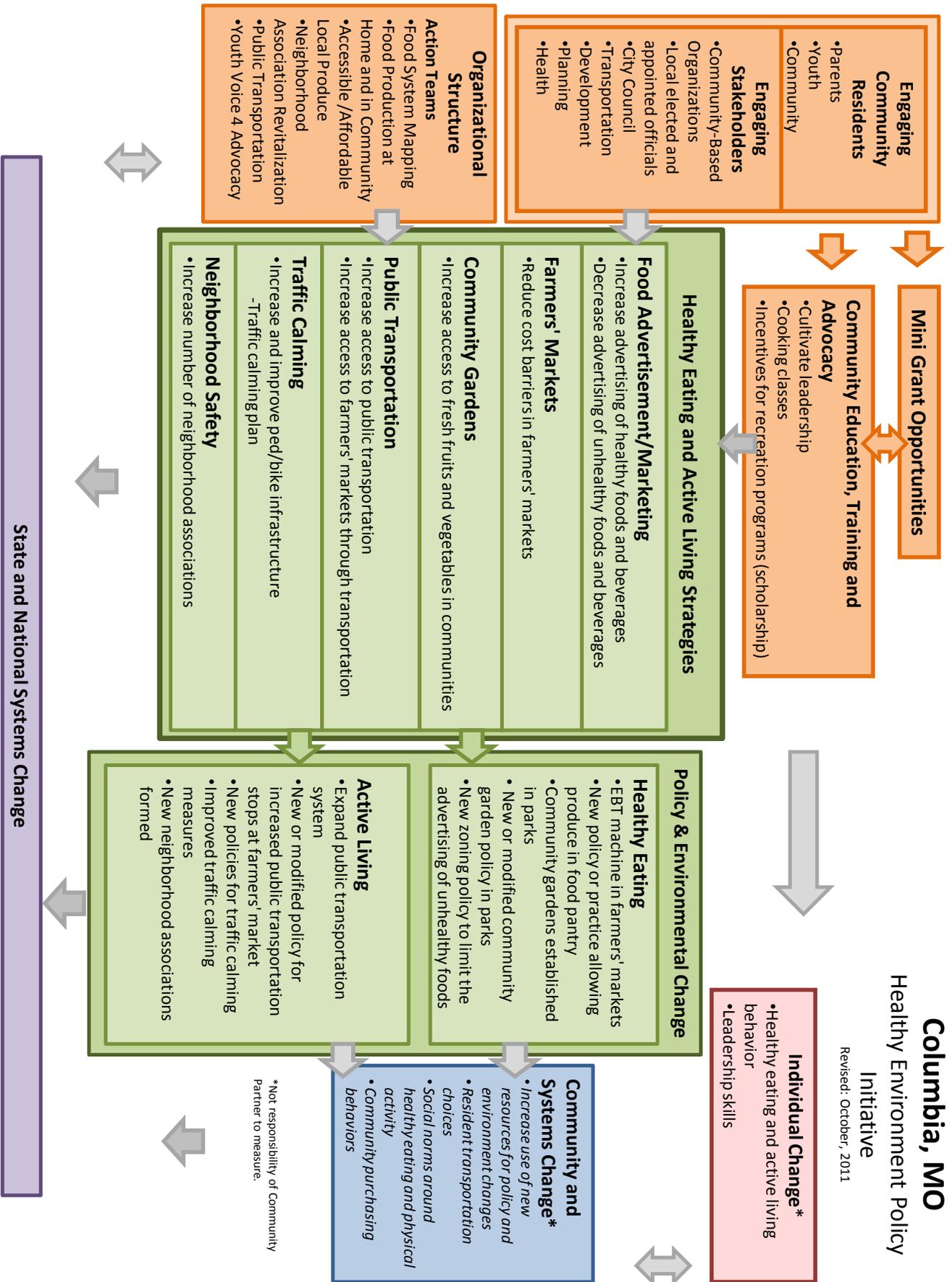
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### APPENDIX A: UNITE 4 HEALTHY NEIGHBORHOODS EVALUATION LOGIC MODEL

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 Unite 4 Healthy Neighborhoods partnership to understand and prioritize opportunities for the evaluation. Because the logic model was created at the outset, it does not necessarily reflect the four years of activities implemented by the partnership (i.e., the workplans were revised on at least an annual basis).

As noted previously, the healthy eating and active living strategies of Unite 4 Healthy Neighborhoods partnership included:

- **Active Transportation:** Created opportunities for residents to be active through three main areas: public transportation, traffic calming, and Safe Routes to Schools/Walking School Buses. Specifically, the formation of the Columbians for Modern, Efficient Transit (CoMET) was designed to expand the public transit system and triple ridership. Traffic calming mechanisms were set up to protect pedestrians and bicyclists, and Safe Routes to School policies created safe opportunities for students to walk to school.
- **Farmers' Markets:** Increased access to healthy foods for all individuals, with special emphasis on lower-income populations, main areas included: installation of the Electronic Benefit Transfer (EBT), implementation the Access to Healthy Foods program (i.e., double bucks), establishing a market at the Columbia Housing Authority location, and creating smaller satellite markets at different locations in Columbia.
- **Community Gardens:** Established 11 gardens and 5 edible landscapes throughout Columbia, along with policies to support urban agriculture (e.g., allowing hens in residential spaces).
- **Parks and Recreation:** Enhanced recreational facilities near Douglass Park to encourage physical activity, including: pool improvements, installation of spray grounds, sidewalk repairs for connectivity, and baseball field renovation.



## 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 Unite 4 Healthy Neighborhoods partnership during the final year of the grant. Partnership capacity involves the ability of communities to identify, mobilize, and address social and public health problems.<sup>1-3</sup>

#### Methods

Modeled after earlier work from the Prevention Research Centers and the Evaluation of Active Living by Design<sup>4</sup>, an 82-item partnership capacity survey solicited perspectives of the members of the Unite 4 Healthy Neighborhoods 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 Unite 4 Healthy Neighborhoods in the following areas: structure and function of the partnership, leadership, partnership structure, relationship with partners, partner capacity, political influence of partnership, and perceptions of community members. Participants completed the survey online and rated each item using a 4-point Likert-type scale (strongly agree to strongly disagree). Responses were used to reflect partnership structure (e.g., new partners, committees) and function (e.g., processes for decision making, leadership in the community). The partnership survey topics included the following: the partnership's goals are clearly defined, partners have input into decisions made by the partnership, the leadership thinks it is important to involve the community, the partnership has access to enough space to conduct daily tasks, and the partnership faces opposition in the community it serves. The survey was open between December 2012 and April 2013 and was translated into Spanish to increase respondent participation in predominantly Hispanic/Latino communities.

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

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

#### Findings

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

A total of 24 individuals responded from Unite 4 Healthy Neighborhoods partnership. Of the sample, 14 were female (58%) and 10 were male (42%). Respondents were between the ages of 18-25 (1, or 4%), 26-45 (10, or 42%), or 46-65 (13, or 54%). Survey participants were also asked to provide information about race and ethnicity. Respondents identified with one or more from the following race and ethnicity categories: African American, American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, White, Other, Hispanic or Latino, Not Hispanic or Latino, Ethnicity unknown/unsure, or Refuse to provide information about race or ethnicity. Of the 30 responses, 77% were White, 3% American Indian or Alaskan Native, and 3% Hispanic or Latino. "Other ethnicity" was selected once (3%). No other races or ethnicities were identified.

Respondents were asked to identify their role(s) in the partnership or community. Of the 33 identified roles, seven were representative of the Community Partnership Lead (22%) and 10 were Community Partnership Partners (30%). Four respondents self-identified as Community Leaders (12%), eight as Community Members (24%), two as Public Official (6%). Two respondents (6%) self-identified in other roles not specified on the survey. Individuals participating in the survey also identified their organizational affiliation. Twenty-five percent of respondents (n=6) indicated affiliation to a local government agency (city, county), while five claimed affiliation to an advocacy organization (21%), four to a university or research/evaluation organization (17%), and three to a faith- or community-based organization (13%). The remaining three respondents

associated with schools/school district (1, or 4%), a neighborhood association (1, or 4%) and a health care organization (1, or 4%). Three respondents (12%) selected “other” type of organization. No respondents were affiliated to a child care or after-school organizations.

### Leadership (n=8 items)

All responses showed agreement or strong agreement (100% total) to statements suggesting that the partnership had an established group of core leaders who had the skills to help the partnership achieve its goals. Responses also indicated that participants in the survey felt the core leadership is organized and retains the skills to help the partnership and its initiatives succeed. Respondents strongly agreed (53%) or agreed (47%) that leaders worked to motivate others, worked with diverse groups, showed compassion, and strived to follow through on initiative promises. Responses to the survey showed at least one member of the leadership team lived in the community (75% agree/strongly agree). When asked if they agreed with statements suggesting that at least one member of the leadership team retained a respected role in the community, 100% of respondents agreed or strongly agreed.

### Partnership Structure (n=24 items)

Respondents generally felt that the partnership adequately provided the necessary in-kind space, equipment, and supplies for partners to conduct business and meetings related to partnership initiatives (63% agree/strongly agree). Yet, 34% of respondents felt unsure provision of space and equipment was sufficient. Most (83%) also agreed that the partnership has processes in place for dealing with conflict, organizing meetings, and structuring goals, although 10% responded “I don’t know”, indicating a lack of familiarity in this area, and 7% felt these processes were not established. Partnership members (leadership and partners) were generally perceived by respondents to be involved in other communities and with various community groups, bridging the gaps between neighboring areas and helping communities work together (90%), though 2% did not agree with these claims and 8% did not know.

Though the majority (67%) of respondents indicated agreement with statements about the partnership’s effectiveness in seeking learning opportunities, developing the partnership, and planning for sustainability, 18% of responses disagreed, and 13% were not aware of partnership activities specific to development and sustainability.

### Relationship with Partners (n=4 items)

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

### Partner Capacity (n=18 items)

Nearly all responses (95% agree/strongly agree) indicated that respondents felt partners possess the skills and abilities to communicate with diverse groups of people and engage decision makers (e.g., public officials, community leaders). Furthermore, 82% of individuals responding to the survey felt that partners were dedicated to the initiative, interested in enhancing a sense of community, and motivated to create change.

### Political Influence of Partnership (n=2 items)

Respondents felt that the leadership is visible within the community, with 90% of responses supporting statements that the leadership is known by community members and works directly with public officials to promote partnership initiatives.

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

Statements suggesting that the community was a good place to live, with community members who share the same goals and values, help each other, and are trustworthy were supported by 82% of survey responses, while 14% of respondents indicated a lack of knowledge about these community attributes. Respondents also strongly supported suggestions that community members help their neighbors, but may take advantage of others if given the opportunity (85% agree/strongly agree). In contrast, respondents were

### APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

less convinced that community members would intervene on behalf of another individual in their community in cases of disrespect, disruptive behavior, or harmful behavior. While 54% agreed or strongly agreed, 29% disagreed/strongly disagreed. Sixteen percent of responses indicated that some respondents did not know how community members would act in these situations. The remaining 1% did not respond.

Most survey participants (92%) felt community members were aware of the partnership's initiatives and activities; however, 8% did not know if community members were aware. Eighty percent of respondents agreed that the partnership equally divides resources among different community groups in need (e.g., racial/ethnic minorities, lower-income), though 17% disagreed and felt resources were not equally distributed.

Overall, respondents agreed or strongly agreed that partners and members of the community maintained active involvement in partnership decisions and activities (97%), and also agreed that partners and residents have the opportunity to function in leadership roles and participate in the group decision-making process (99%).

#### References

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

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

# Partnership and Community Capacity Survey

## Respondent Summary

Community Partnership

**Columbia**

Respondents (n= 24 )

### Respondent Characteristics

Gender		Identified Race/Ethnicity				Identified Role	
Female	14	American Indian or Alaskan Native	1	Hispanic or Latino	1	Community Partnership Lead	7
Male	10	Asian	0	Not Hispanic or Latino	1	Community Partnership Partner	10
No response	0	White	23	Don't know/ Unsure ethnicity	0	Community Leader	4
Age Range		African American/ Black	3	Refused to identify ethnicity	0	Community Member	8
18-25	1	Pacific Islander/ Native Hawaiian	0	Other ethnicity	1	Public Official	2
26-45	10					Other role	2
46-65	13						
66+	0						
No response	0						

### Type of Affiliated Organization

Faith- or Community Based Organization	3	12.5%	(1)
School (district, elementary, middle, high)	1	4.2%	(2)
Local Government Agency (city, county)	6	25.0%	(3)
University or Research/Evaluation Organization	4	16.7%	(4)
Neighborhood Organization	1	4.2%	(5)
Advocacy Organization	5	20.8%	(6)
Health Care Organization	1	4.2%	(7)
Child Care or Afterschool Organization	0	0.0%	(8)
Other	3	12.5%	(10)
No response	0	0.0%	(999)

Color	Count
Light Blue	1
Dark Blue	2
Light Green	3
Light Yellow	4
Dark Green	5
Light Purple	6
Light Orange	7
Light Cyan	8
Light Pink	9
Light Grey	10

### 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	25.46%	Strongly disagree	0.00%
Agree	37.04%	I don't know	33.80%
Disagree	3.24%	No response	0.46%

#### 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	40.53%	Strongly disagree	0.00%
Agree	53.79%	I don't know	5.30%
Disagree	0.38%	No response	0.00%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

<b>Community and community members</b>			
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	18.56%	Strongly disagree	0.38%
Agree	62.88%	I don't know	13.64%
Disagree	2.65%	No response	1.89%
<b>Partner and community involvement</b>			
Participants provided level of agreement to statements indicating partners and the community were actively involved in partnership activities, meetings, and decisions.			
Strongly agree	37.50%	Strongly disagree	0.00%
Agree	59.17%	I don't know	0.83%
Disagree	1.67%	No response	0.83%
<b>Partner and partnership development</b>			
Participants provided level of agreement to statements suggesting the partnership and its partners seek ways learn, develop, and enhance sustainability.			
Strongly agree	5.00%	Strongly disagree	0.83%
Agree	61.67%	I don't know	12.50%
Disagree	18.33%	No response	1.67%
<b>Partnership structure, organization, and goals</b>			
Participants provided level of agreement to statements suggesting partnership has processes in place related to structure, meeting organization, and goals.			
Strongly agree	34.72%	Strongly disagree	0.00%
Agree	48.61%	I don't know	9.72%
Disagree	6.94%	No response	0.00%
<b>Relationship between partners and leadership</b>			
Participants provided level of agreement to statements indicating the leadership and partners trust and support each other.			
Strongly agree	44.79%	Strongly disagree	0.00%
Agree	54.17%	I don't know	1.04%
Disagree	0.00%	No response	0.00%
<b>Community members intervene</b>			
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	6.94%	Strongly disagree	18.06%
Agree	47.22%	I don't know	15.28%
Disagree	11.11%	No response	1.39%
<b>Leadership motivation</b>			

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

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	53.13%	Strongly disagree	0.00%
Agree	46.88%	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	45.83%	Strongly disagree	0.00%
Agree	52.78%	I don't know	1.39%
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	42.71%	Strongly disagree	0.00%
Agree	46.88%	I don't know	8.33%
Disagree	2.08%	No response	0.00%

Community member willingness to assist

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

Strongly agree	35.42%	Strongly disagree	0.00%
Agree	50.00%	I don't know	7.29%
Disagree	3.13%	No response	4.17%

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	60.42%	Strongly disagree	0.00%
Agree	39.58%	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	34.72%	Strongly disagree	0.00%
Agree	47.22%	I don't know	12.50%
Disagree	5.56%	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	37.50%	Strongly disagree	0.00%
Agree	52.08%	I don't know	4.17%
Disagree	2.08%	No response	4.17%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

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	54.17%	Strongly disagree	0.00%
Agree	20.83%	I don't know	16.67%
Disagree	8.33%	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	70.83%	Strongly disagree	0.00%
Agree	29.17%	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	12.50%	Strongly disagree	0.00%
Agree	79.17%	I don't know	8.33%
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	41.67%	Strongly disagree	0.00%
Agree	37.50%	I don't know	4.17%
Disagree	16.67%	No response	0.00%

**APPENDIX C: UNITE 4 HEALTHY NEIGHBORHOODS PARTNERSHIP LIST**

<b>Organization/Institution</b>	<b>Partner</b>
Business/Industry/Commercial	Columbia Farmers' Market
	Axiom Partnership
	MedZou
	People's Diner, Comedor Popular
	YouZeum (business closed)
Civic Organization	Slow Food
Colleges/Universities	University of Missouri at Columbia Students Youth Canvassing Team Journalism School Extension
Community Residents	Partnering Neighborhoods First Ward Bear Creek Indian Hills White Gate Chris Drive
Government	City of Columbia and Boone County Planning and Zoning
	City Council City Manager Mayor
	City of Columbia's Office of Neighborhood Services Columbia Housing Authority
	Columbia Police Department
	City of Columbia Parks and Recreation Department Missouri Parks and Recreation Association Municipal Activity and Resource Center
	Columbia-Boone County Department of Public Health and Human Services
	Columbia Public Works Department
	Refuge and Immigration Services
	Columbia Transit
Other Community-Based Organizations	Community Garden Coalition
	Downtown Business Association
	Interfaith Council Progressive Missionary Baptist Church Urban Empowerment Ministry
	Central Missouri Community Action
	Centro Latino
Other Youth Organization	Youth Community Coalition, YC <sup>2</sup>
Policy/Advocacy Organizations	Columbia Center for Urban Agriculture Sustainable Farms and Communities
	Healthy Community Coalition
	PedNet Coalition*
	Alliance for a Healthier Generation
	Columbians for Modern, Efficient Transit, CoMET
Schools	Columbia Public Schools Board of Education Nutritional Services

\*Denotes the organization serving as the lead agency.

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Sources of Revenue			
Community Partnership	Columbia		
Resource source		Amount	Status
<b>Local government</b>			
	Year		
Matching funds			
	2009		Annual total \$20,417.00
		\$16,667.00	Accrued
		\$3,750.00	Accrued
	2010		Annual total \$20,417.00
		\$16,667.00	Accrued
		\$3,750.00	Accrued
	2011		Annual total \$21,250.00
		\$3,750.00	Accrued
		\$10,000.00	Accrued
		\$5,000.00	Accrued
		\$2,500.00	Accrued
	2012		Annual total \$13,750.00
		\$10,000.00	Accrued
		\$3,750.00	Accrued
Sum of revenue generated by resource source		\$75,834.00	
<b>National government</b>			
	Year		
Matching funds			
	2010		Annual total \$140,000.00
		\$140,000.00	Accrued
	2011		Annual total \$360,000.00
		\$360,000.00	Accrued
Other			
	2009		Annual total \$500,000.00
		\$500,000.00	Accrued
	2011		Annual total \$1,000.00
		\$1,000.00	Accrued
	2012		Annual total \$200,000.00
		\$200,000.00	Accrued
Sum of revenue generated by resource source		\$1,201,000.00	



APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Columbia			
Resource source		Amount	Status	
	2009		Annual total	\$16,000.00
		\$1,000.00	Accrued	
		\$15,000.00	Accrued	
	2010		Annual total	\$5,500.00
		\$5,000.00	Accrued	
		\$500.00	Accrued	
	2011		Annual total	\$5,500.00
		\$5,000.00	Accrued	
		\$500.00	Accrued	
Sum of revenue generated by resource source		\$27,000.00		
N/A	Year			
	Other			
	2009		Annual total	\$40,000.00
		\$40,000.00	Accrued	
Sum of revenue generated by resource source		\$40,000.00		
Grand Total				\$2,780,251.72

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership		Columbia		
Resource source			Amount	Status
Foundation	Year			
HKHC funds				
	2008			Annual total \$94,986.60
			\$1,399.51	Accrued
			\$23,648.00	Accrued
			\$2,641.97	Accrued
			\$1,293.50	Accrued
			\$1,620.39	Accrued
			\$55,748.00	Accrued
			\$8,635.23	Accrued
	2009			Annual total \$93,579.00
			\$2,310.30	Accrued
			\$8,436.27	Accrued
			\$625.00	Accrued
			\$64,041.81	Accrued
			\$18,165.62	Accrued
	2010			Annual total \$93,579.12
			\$2,147.02	Accrued
			\$65,562.00	Accrued
			\$6,258.10	Accrued
			\$2,000.00	Accrued
			\$6,895.00	Accrued
			\$10,717.00	Accrued
	2011			Annual total \$105,129.00
			\$2,500.00	Accrued
			\$2,000.00	Accrued
			\$3,000.00	Accrued
			\$18,010.00	Accrued
			\$70,062.00	Accrued
			\$9,557.00	Accrued
Matching funds				
	2010			Annual total \$5,000.00