RECO Interim Report Addendum

First 5 LA Reducing Early Childhood Obesity (RECO) Evaluation Interim Report Addendum: Updates to Reach Study

1. Purpose and Structure of the Addendum

The purpose of this addendum is to provide an update to the findings from the Reach Study presented in the RECO Interim Report, based on additional data sources and analyses. The Interim Report presented Reach Study findings from key informant interviews with all grantees and focus groups with community members. This addendum updates those findings by reporting (1) a summary of data collected from reports submitted by RECO grantees to First 5 LA; (2) updated geospatial analyses on community-level reach, including location data collected on RECO grantee activities after 2015;[1] and (3) a summary of a network analysis. These updates address the Reach Study research questions shown in Exhibit 1-1.

Exhibit 1-1: Reach Study research questions

Individual Outcome Level	
1.	Who is/are targeted by these investments?
2.	What are individuals' experiences and successes with RECO activities?
3.	What are the facilitators and barriers to reaching the targeted individuals?
Community Outcome Level	
4.	Which communities are targeted by these investments?
5.	What is the reach of these investments relative to community needs?
6.	What are the community partnerships or connections between investments?
7.	Which healthier choices/practices did communities adopt?
8.	What are the facilitators and barriers to reaching communities?
9.	What are the facilitators and barriers to communities adopting healthier choices/practices?
Policy/Systems Outcome Level	
10.	What policies and practices were targeted?
11.	What was the process of changing policy and practices?
12.	What are the facilitators and barriers to changing or adopting and implementing policies and practices?

For more information on the Reach Study, the RECO investment portfolio, and the overall RECO evaluation, please see the Interim Report. Individual RECO investments are described in Appendix A of this addendum.

Section 2 of this addendum describes the methods used to analyze the grantee report data, conduct the geospatial analyses, and conduct the network analysis. Section 3 presents an overview of the results of those three analyses. Sections 4 through 6 discuss, respectively, the individual-, community-, and policy/systems-level implementation and reach of the RECO investments. When presenting the findings from the grantee report analysis, we note where themes reflect those also reported in the Interim Report

[1] The geospatial analyses included in this addendum also include city-wide interventions that were previously excluded from the geospatial analyses.

and where they differ. Section 7 presents additional lessons learned since the Interim Report, and conclusions for the Reach Study.

2. Methods

The Reach Study relies on a variety of data sources and analytic techniques. This section details the methods the study team used for the grantee report data summary, the geospatial analyses, and the network analysis.

2.1 Grantee Report Data Summary

2.1.1 Data Collection

Each RECO grantee submits reports on a quarterly and annual basis to First 5 LA. These reports provide information on populations served, location of the services provided, and type of services provided. These reports also provide qualitative information on the experiences of RECO grantees and community members as well as facilitators and barriers to implementing the program and reaching the target population.

First 5 LA program officers and the First 5 LA Research and Evaluation department supplied the Reach Study team with available grantee reports submitted by all RECO grantees throughout the period of their grants. The team reviewed the reports to locate key data elements to answer the Reach Study research questions.

2.2.1 Grantee Report Analysis

We formatted the grantee reports and imported them into NVivo 11™, software that facilitates the systematic coding, reviewing, querying, and summarizing of qualitative data. We created a codebook a priori based on the Reach Study research questions, and then refined the codebook based on a preliminary coding of a few reports and discussions among coders. Inter-rater reliability was tested to ensure 85 percent or greater agreement between coders. The coding team reviewed, discussed, and recoded any data where agreement was less than 85 percent. Initially, all coders coded the same first set of grantee reports; after reliability was established, one coder was assigned to each grantee to code subsequent reports.

Once all the grantee reports were coded, we met to review the findings and finalize key themes. Coders employed an inductive thematic analysis process in which codes were further refined as themes emerged from the data. We identified and compared the most frequently occurring and/or significant themes across grantees. Finally, we extracted quotes from grantee reports that illustrated these key themes, editing the quotes for readability and anonymity.

In addition to summarizing qualitative information from grantee reports, we also analyzed some of the quantitative data reported by grantees. We report on the overlap of RECO activities with Best Start Communities[2].

2.2 Geospatial Analyses

Procedures for the geospatial analyses largely followed those described in the Interim Report: We used the grantee reports to identify RECO activities and relevant location information; we confirmed the data with grantees and asked them to supply any missing activity and location information. Next we categorized each activity as representing one or more *strategies to reduce early childhood obesity* as defined by the Centers for Disease Control and Prevention (CDC).[3]

In contrast to the Interim Report, this addendum presents findings that combine two pairs of CDC strategies, resulting in the following four strategies:

1. Encourage communities to organize for change.
2. Support healthy food and beverage choices or promote the availability of affordable healthy food and beverages.
3. Create safe communities that support physical activity or encourage physical activity or limit sedentary activity among children and youth.
4. Encourage breastfeeding.

Similar to the Interim Report, this addendum relies on administrative data from Public Health Foundation Enterprises (PHFE) Women, Infants, and Children (WIC) and American Community Survey data for census-tract-level data on community need characteristics.

We assigned each RECO activity to one or more census tracts and created a series of maps using ArcGIS™ software, following procedures described in the Interim Report.

2.3 Network Analysis

To better understand community partnerships between the RECO investments, or the potential for such, we performed a network analysis that examined the actual and potential connections between RECO grantee organizations, further delineating the reach of these investments in two ways:

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[2] Best Start is an effort of First 5 LA to support communities to help create places where children and families can thrive. Best Start is made up of 14 communities across LA County selected based on a variety of criteria including need and capacity. Best Start represents a partnership between First 5 LA and communities, bringing together a strong network of local leaders and organizations to promote the common vision of giving kids the best start in life. By supporting the collective work of parents, caregivers, residents, organizations, businesses, and other stakeholders in formal community partnerships, Best Start fosters and supports collaboration to improve community policies, resources, and services for children and families. These community partnerships develop strategies and projects that help strengthen their community's capacity to continue the work even after First 5 LA funding has ended.

[3] Khan, L. K., Sobush, K., Keener, D., Goodman, K., Lowry, A., Kakietek, J., ... & Centers for Disease Control and Prevention. (2009). Recommended community strategies and measurements to prevent obesity in the United States. *Morbidity and Mortality Weekly Report Recommendations and Reports, 58*(RR-7), 1–26.

- First, we examined **actual connections**, which represent real potential for dissemination and sharing of information across the RECO grantee organizations. To identify these connections, the study team used information that had been collected in the key informant interviews. We had asked grantees to report which other RECO investments (selected from a list of all RECO investments) they have collaborated with to implement activities for their First 5 LA RECO grant. Organizations with more connections have greater potential for interaction and dissemination of information, thus demonstrating greater reach.
- Second, we examined **geographic overlap** of the RECO grants, and therefore the potential for connections between grantee organizations. For this, we used location data gathered from grantee reports and confirmed in key informant interviews with grantees. In our analysis, the potential connection between grants was defined as their serving the same census tract. RECO grants with more overlap have the potential for greater interaction with other RECO grantee organizations.

We graphed and analyzed both networks (actual connections, geographic overlap) using UCINET,[4] software that analyzes social network data. Each network analysis examined degree, closeness, and/or betweenness, measures of *centrality* (i.e., the importance of an investment or a grant in the network) for the RECO investments/grants in the network and the *density* of the network to indicate how connected the RECO investments/grants are as a whole (by collaboration or by geography, respectively).

3. Overview of Results

Exhibit 3-1 presents the most prevalent themes and findings that emerged from the study activities described in this addendum. Subsequent sections of the addendum are organized by topic level and describe the themes and findings in greater detail. The majority of themes come from the grantee report analysis; we note in the exhibit below and throughout the addendum when geospatial analyses or the network analysis was the source of the finding.

Exhibit 3-1: Key themes and findings, by research question level/topic

Research Question Topic	Key Themes/Findings
Individual Outcome Level	
Targeted Participants	• Low-income families with children ages 0–5 • Policy makers, elected officials, and state or city departments • Children ages 0–5 with physical disabilities • Additional variation in targets depending on project type and location
Positive Experiences with RECO[a]	• Increased policy and advocacy capacity among individuals • Change in healthy food purchases, preparation, and consumption • Modifications in physical activity • Increased youth empowerment and skill development, which led to environmental changes supportive of physical activity and healthy eating for families with young children
Facilitators to Reaching Individuals	• Multiple communication strategies about RECO programming and activities
Barriers to Reaching Individuals	• Limited organizational capacity, in part due to staff transitions • Delays in contract execution and hiring • Community members' lack of time to participate in RECO activities

[4] Borgatti, S.P., Everett, M.G. and Freeman, L.C. 2002. Ucinet 6 for Windows: Software for Social Network Analysis. Harvard, MA: Analytic Technologies. http://www.analytictech.com/archive/ucinet.htm

Research Question Topic	Key Themes/Findings
Community Outcome Level	
Need and Reach	• RECO reached all five regions • RECO reached all Best Start Communities • RECO reached more than half of all census tracts in LA County[b] • RECO reached a majority of high-need communities[b] • The most common obesity reduction strategy was to support healthy food and beverage choices or promote the availability of affordable healthy food and beverages, reaching almost 40% of census tracts in LA County[b]
Grantee Key Partners and Roles	• RECO grantees garnered support from multiple agencies and organizations to complete their RECO work • RECO grantees worked together with pre-existing community and/or institutional coalitions/workgroups to accomplish their RECO goals • ECOPI–CHLA Kids was a key player in networks of RECO investments/grantees where the connections are defined by working together in accomplishing RECO work and by serving the same geographic areas[c] • Greater density in the network of connections based on geographic overlap suggests more grantees had the potential to work together given that they were serving similar areas [c] • The number of connections between RECO grantees is remarkable given the relatively siloed nature of their work [c]
Perceived Community Changes	• Changes to the physical or built environment • Changes in healthy eating and physical activity norms and behaviors • Increased community social support
Facilitators to Reaching Communities	• Community engagement • Targeted outreach to community members • Advertising and word of mouth
Barriers to Reaching Communities	• Insufficient funding • Slow bureaucratic processes and delays in institutional response • Intense technical assistance required • Community safety concerns • Community trust building takes time
Facilitators to Reducing Early Childhood Obesity at the Community Level	• Leveraging relationships across multiple sectors supported successful implementation of obesity prevention strategies
Barriers to Reducing Early Childhood Obesity at the Community Level	• Safety concerns limiting physical activity • Bureaucratic roadblocks limiting project implementation
Policy/Systems Outcome Level	
Targeted Policies and Practices	• Increasing breastfeeding rates among low-income mothers • Creation or improvement of early childhood education wellness policies • Creating access to healthy food and beverages • Increasing green space • Implementing a sugar sweetened beverage tax • Improving access to CalFresh
Strategies to Change Policy	• Collaboration with stakeholders • Development of policy recommendations • Education to increase awareness and knowledge, to build capacity • Conducting research to inform policy strategies • Dissemination of research, reports, and policy briefs

Research Question Topic	Key Themes/Findings
Facilitators to Changing or Adopting and Implementing Policies and Practices	• Expanding and strengthening network of stakeholders • Community engagement and advocacy • Adequate financial resources
Barriers to Changing or Adopting, and Implementing Policies and Practices	• Challenges partnering with key stakeholders and local officials • Delayed implementation due to program logistical challenges • Staff turnover and loss of champions • Bureaucratic delays • Challenges in prioritizing and targeting the work • Limited resources and time

CHLA=Choose Health LA. ECOPI=Early Childhood Obesity Prevention Initiative.
Note: Key themes/findings emerged from analysis of grantee report data, except where otherwise indicated.
[a] Grantees did not discuss negative experiences with RECO programming.
[b] This finding resulted from geospatial analyses.
[c] This finding resulted from the network analysis.

4. Individual-Level Implementation and Reach of the RECO Investments

4.1 Targeted Participants

RQ1: Who is/are targeted by these investments?

This section examines the extent to which First 5 LA RECO investments were successful in reaching intended beneficiaries. First, it is important to understand the individuals targeted by the various RECO investments. Consistent with findings in the Interim Report, grantee report data indicated that targeted participants varied within grantees and often differed depending on the type of projects implemented and the geographical locations of the targeted communities. Grantees targeted a range of individuals such as children ages 0–5 with physical disabilities, policy makers, elected officials, and state or city department staff, with the primary targeted beneficiaries of RECO activities being low-income families with children age 5 or younger.

Most grantees described the ***primary target population for their RECO activities as low-income families with children ages 0–5***. Grantees reached families with young children through investments at the individual, community, and policy levels. Grantees worked across multiple sectors of a community to reach their targeted participants, collaborating with local public health departments and public agencies, school districts, community and faith-based organizations, health and child care providers, businesses, and teachers and parents.

Policy implementation grantees generally ***targeted policy makers, elected officials, and state or city department staff***. Among these policy grantees, a few engaged state legislators to improve funding for nutrition programs and promote healthy vending policies, child care access, health care, and home-visiting services for low-income families with young children. Several concentrated their efforts at the county or city level and accordingly targeted local elected officials, health care providers, and government staff. For example, one grantee worked with policy makers in Southeast LA County to promote access to child care and child-friendly green space. Another targeted LA city department staff and stakeholders to develop a healthy mobile vending policy. Yet another grantee targeted health care providers to support hospitals across the county to obtain Baby-Friendly Hospital status.

A third of grantees ***targeted young children living in neighborhoods with limited or no physical activity resources*** (e.g., parks and playgrounds). These grantees worked in park-deficient communities across LA County to create developmentally appropriate play spaces for children ages 2–5.

Depending on the type of project and the geographical location of the targeted communities, the characteristics of targeted individuals also varied. A few grantees specifically worked in racial/ethnic minority neighborhoods home to Latinos, South East Asians, and African Americans. A few grantees discussed coordinating garden-based workshops and nutrition education efforts to target individuals in neighborhoods surrounding the gardens.

Analysis of the grantee report data also indicated that ***targeted participants varied within grantees***. For example, one arm of the First 5 LA Early Childhood Obesity Prevention Initiative (ECOPI) investment provided new mothers with individual support for breastfeeding, nutrition, physical activity, and stress reduction. Another ECOPI program arm worked with child care providers in early development settings to improve nutrition and physical activity. A couple of grantees reported working with farmers' market managers to match customers' federal assistance benefits at farmers markets and with benefits-eligible families and consumers to empower them to make healthy food choices. As reported in the Interim Report, in the grantee reports reviewed, another grantee described a similar two-tiered target population: working with intermediary micro-lenders to invest in small healthy food enterprises in areas that have poor access to healthy food, while also working with families with young children living in these communities.

4.2 Individuals' Experiences

4.2.1 Positive Changes

RQ2: What are individuals' experiences and successes with RECO activities?

Echoing thematic findings from focus groups and key informant interviews summarized in the Interim Report, grantees reported individual-level changes in community advocacy, eating habits, and physical activity.

A notable positive change reported by half of all grantees was the ***increase in policy and advocacy capacity*** observed among individuals who were visible and influential in the community. Reported efforts to increase community residents' capacity translated to increased awareness of RECO goals and activities and community buy-in, which enabled individuals to advocate for their families and neighborhoods. Grantees provided trainings and technical assistance to support individuals in advocating for state funding for nutrition programs and improving food and physical activity practices, policies, and environments. For example, grantees encouraged advocacy on family-friendly restaurants offering healthy children's menus and zoning policies to support family-friendly green and recreational spaces, like playgrounds and community gardens. Grantees reported that trained community members and partners assumed more influential roles in advocating for health policies and changes in their communities.

Another individual-level positive change reported by several grantees involved ***changes in healthy food purchases, preparation, and consumption***. Two grantees reported that coupling nutrition and healthy cooking classes with the development of community gardens helped increase participants' exposure to new healthy foods, enhanced their skills in growing and preparing healthy meals, and improved their home eating habits and general health. For example, one grantee reported that, *"In general gardeners have expressed a strong desire to change their eating habits. They appreciate that they now have an opportunity to grow their own food and the fresh produce the garden brings to their neighborhood. …One*

woman in our cooking class shared that she noticed a change in her personal health and how she felt in general. By eating more healthily, she was motivated to exercise more and didn't have as many things ailing her." Another grantee shared feedback from participants in the grant-funded nutrition education programming: *"The change for us is that it taught us how to cook with more vegetables and it's really great. This class is a really good idea…we are learning how to eat healthy."* Another grantee reported coordinating a food incentive program that matches federal assistance benefits at farmers markets, noting *"Participants indicated that due to the grant activities the amount of fresh produce they bought had increased, that they were buying different kinds of fruits and vegetables, and that they were making more trips to the farmers' market."*

Almost half of the grantees reported that community residents were ***more physically active because of new RECO-supported green spaces, community gardens, and park-based exercise and walking group programming.*** Grantees described that *"families and children enjoyed the new swings, see-saw, and other play amenities"* and the *"increased opportunities for park-based recreation for families with baby strollers and children with special needs."* One grantee that focused on coordinating multiple community gardens reported an increase in outdoor physical and social activities among community gardeners. A couple of other grantees reported that RECO-supported outdoor walking groups and park-based exercise classes helped to promote and sustain walking and physical activity among targeted community members.

While not thematically prevalent across grantees, a notable and unexpected positive outcome reported by two grantees was how the supplemental activities and program enhancements of ***youth empowerment and skill development, supported by grants from other entities, led to environmental changes supportive of physical activity and healthy eating for families with children ages 0–5***. For example, a grantee that worked with young adults in the design and transformation of neighborhood parks reported that the skills youth developed in community engagement, park design, and demolition and construction resulted in an environment that supports active lifestyles for everyone. A second grantee reported that youth training in gardening, cooking, and nutrition benefited the neighborhood, resulting in youth's serving as a resource for community gardeners and assisting RECO nutrition class instructors and community members to prepare healthy meals from harvested produce. Lessons learned during garden-based workshops were also reported to translate into family gardens, making it easier for families to prepare and eat nutritious meals at home.

Breastfeeding practices among new parents did not emerge as a common theme in the analysis of grantee reports as they did in the Interim Report; however, breastfeeding was reported by grantees as a targeted intervention for new moms participating in a RECO-supported text message and online program and as a community and policy-level goal and change. Similarly, increased social support did not appear as a common individual-level theme in grantee reports, unlike in the Interim Report; rather, it arose as a community-level unanticipated positive outcome, as noted in Section 5.

4.2.2 Negative Experiences with RECO Programming

The majority of grantees reported positive changes related to RECO activities. The Interim Report had reflected a few negative experiences, pertaining to limited support for implementing best health practices and issues with program delivery. Grantee report documents, by contrast, did not indicate any notable or prevalent themes related to negative experiences with RECO programming. The Interim Report's data sources—informal and semi-structured focus groups and key informant interviews—are ideal formats for exploring and unpacking sensitive topics. In part, that may explain why themes around negative experiences with RECO programming arose then, but are not reflected in grantee-reported data.

4.3 Facilitators and Barriers

To fully understand the reach of the RECO investments at the individual level, this section summarizes grantees' reported facilitators and barriers to reaching the individuals targeted by those investments.

RQ3: What are the facilitators and barriers to reaching the targeted individuals?

4.3.1 Facilitators to Reaching Individuals

Consistent with the multiple RECO awareness strategies documented in the Interim Report, the most often reported facilitators to reaching individuals across a majority of grantees were ***efforts to communicate information about RECO programming and activities***. Grantees described a variety of communication strategies, including word of mouth and distribution of fliers door to door, community presentations, health fairs, and events such as food demonstrations and grocery store tours. Grantees also reported the use of websites, text messaging, social media, and public education campaigns in the form of public service announcements, advertisements, and billboards.

Contrary to what emerged among the focus groups and key informant interviews documented in the Interim Report, the grantee reports did not indicate internal motivation to learn and use healthy habits as a theme or notable facilitator to reaching individuals.

4.3.2 Barriers to Reaching Individuals

Several grantees noted ***limited organizational capacity, in part due to staff transitions,*** as a barrier to reaching individuals and completing RECO deliverables in accordance to project timelines. Grantees reported responding to the barrier by reprioritizing tasks, subcontracting with community partners for support, and relying on volunteers (e.g., pro bono attorneys) to carry out the work. Grantees also reported ***delays in contract execution and hiring*** as barriers to reaching targeted individuals and making progress. One grantee explained, *"The greatest challenge was the delay in finalizing an executed contract, which deferred the hiring of program staff."*

Another important barrier to reaching individuals, previously indicated in the Interim Report, again was ***lack of time to participate in RECO activities***. According to one grantee focused on creating a community garden in an affordable housing complex, low participation stemmed from competing priorities. Specifically, this grantee reported that low-income families with children struggled to participate in community garden activities or to find the time to serve as gardeners. Instead, parents needed to spend their time balancing multiple jobs to provide for their families.

Other barriers documented in the Interim Report, such as lack of awareness of RECO activities, brand confusion about RECO investments, inconvenient RECO activity schedules and locations, and self-selection into engagement with RECO, were not identified in the grantee report analysis. This likely was because information included in grantee reports was from the perspective of the grantee, not the targeted beneficiaries of the RECO investments.

5. Community-Level Implementation and Reach of the RECO Investments

5.1 Need and Reach

This section presents the results of analysis of grantee report data and geospatial analyses to examine the communities targeted by the RECO investments, the prevalence of RECO investments in high-need communities, and the geographic distribution of different types of RECO activities.

RQ4: Which communities are targeted by these investments?

5.1.1 Reach of RECO Investments across LA County

Grantees provided RECO activities in many communities across LA County. To get a sense of the geographic reach of the RECO investments, and which communities were targeted by these investments across LA County, we defined *communities* in a variety of ways. First, we used grantee report and key informant interview data to determine the number of investments that conducted RECO activities in each of five regions[5]. Second, we looked at the number of grants that conducted RECO activities in each of the Best Start Communities. Third, we looked at communities in terms of the census tracts where RECO activities occurred.

Exhibit 5-1 shows the number of investments that served each region at some point over the course of their funding. Many grants served all five regions; over one quarter served Region 1 and 40 percent served Region 2, reflective of the higher need in those two districts.

Exhibit 5-1: Regions served by RECO

	Number of Investments	Percentage of Investments
Region 1	5	28
Region 2	7	39
Region 3	3	17
Region 4	4	22
Region 5	1	6
All	11	61

Note: Investments often served more than one region, therefore the regions are not mutually exclusive.

Exhibit 5-2 shows the number of RECO grants that served each Best Start Community at some point over the course of their funding. All Best Start Communities were served by several RECO grants. The most common Best Start Community served by RECO was Metro LA, reached by about half of RECO grants.

[5] The study's five regions correspond to LA County's Supervisorial Districts 1–5.

Exhibit 5-2: Best Start Communities served by RECO

	Number of Grants	Percentage of Grants
Central Long Beach	7	30
Compton-East Compton	8	35
East LA	10	43
Lancaster	7	30
Metro LA	11	48
Pacoima/Northeast Valley	8	35
Palmdale	6	26
Panorama/Panorama City	6	26
South East LA	10	43
South El Monte-El Monte	7	30
South LA/Broadway-Manchester	9	39
South LA/West Athens	9	39
Watts-Willowbrook	10	43
Wilmington	9	39
None	5	22

Source: GBD data from grantee reports.
Notes: Investments may have served more than one Best Start Community, therefore the Best Start Communities are not mutually exclusive. These numbers are also likely conservative as there was missing data in what and for which years grantees supplied this information.

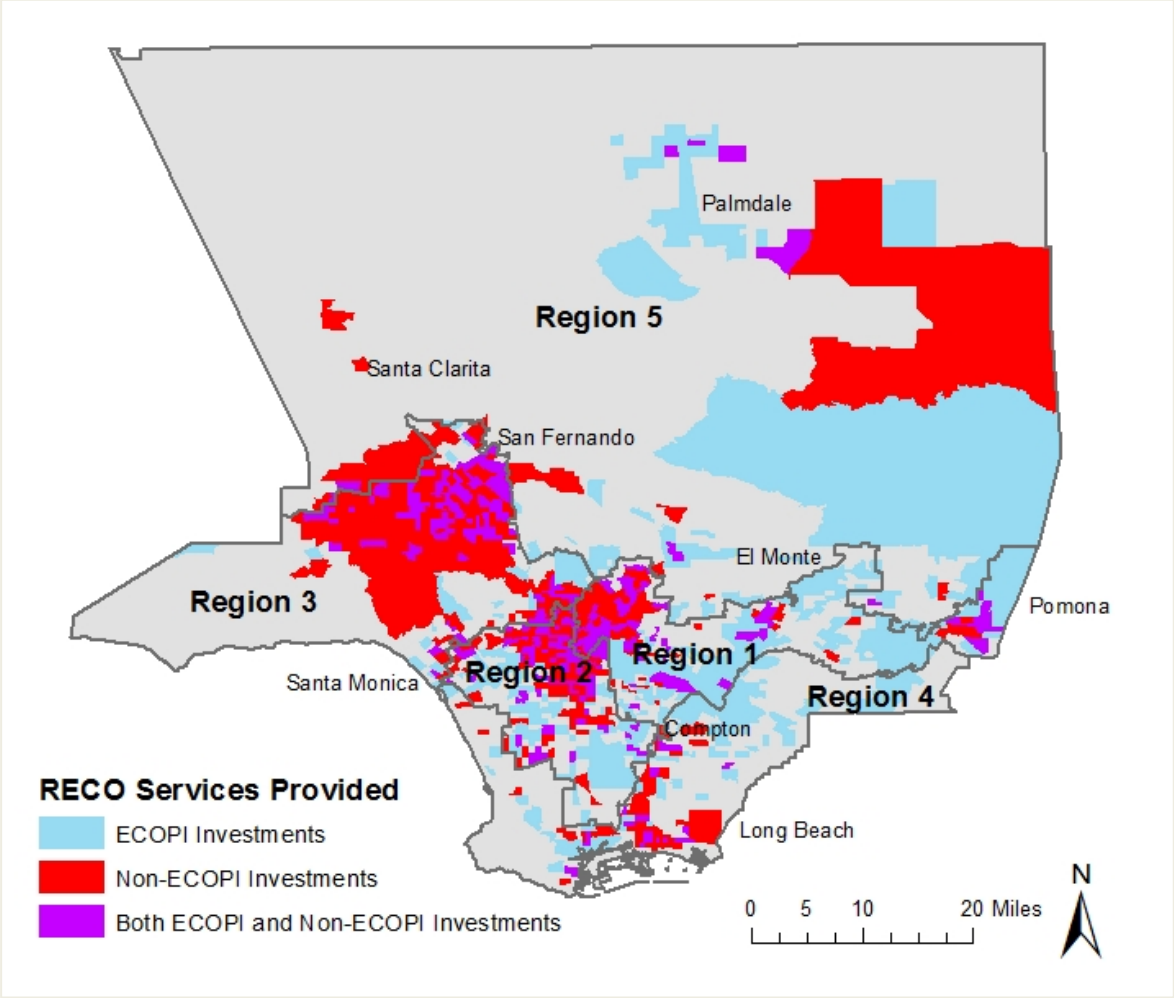
Exhibit 5-3 displays the location of RECO investment activities by census tract from 2010 through 2017. Due to the size of the ECOPI investments (Chose Health LA/CHLA Kids, CHLA Managing Obesity in Moms/MOMS, and CHLA Child Care) relative to the other investments, the map distinguishes between ECOPI and non-ECOPI activities and indicates where they overlap.

- Census tracts in which RECO services were provided by ECOPI grantees are shaded in blue.
- Census tracts in which RECO services from other, non-ECOPI grantees were provided are shaded in red.
- Census tracts in which both ECOPI and non-ECOPI services were provided are shaded in purple.

Across LA County, nearly 60 percent of its census tracts received some type of RECO-funded activity (Exhibit 5-4). Regions 1, 2, and 3 had the highest saturation of RECO activities, with 67 percent, 75 percent, and 80 percent of census tracts, respectively, receiving at least one RECO activity.

Non-ECOPI investments funded activities in more census tracts than did the ECOPI investments, but ECOPI investments were responsible for a large portion of the reach of RECO activities overall. Across LA County, ECOPI investment activities were located in 689 census tracts (34 percent), whereas non-ECOPI investment activities were located in 816 census tracts (40 percent). (See Appendix B, Exhibit B-1 for the community-level reach of the individual investments mapped.)

Exhibit 5-3: Reach of RECO activities in LA County (2010-2017)



Notes: Map portrays census tracts where RECO activities occurred. Map does not display San Clemente and Santa Catalina Islands in Region 4, but RECO activities were not provided in these areas.

Exhibit 5-4: Prevalence of RECO investment activities in LA County and by region

	All LA County	Region 1	Region 2	Region 3	Region 4	Region 5
Total number of census tracts	2,054	433	416	392	375	394
Census tracts in which any RECO activity occurred (N)	1,220	289	312	314	160	141
Census tracts in which any RECO activity occurred (%)	59	67	75	80	43	36
ECOPI Investments						
Census tracts in which any ECOPI activity occurred[a] (N)	689	205	176	108	93	103
Census tracts in which any ECOPI activity occurred (%)	34	47	42	28	25	26
Non-ECOPI Investments						
Census tracts in which any non-ECOPI activity occurred (N)	816	164	221	295	89	47
Census tracts in which any non-ECOPI activity occurred (%)	40	38	53	75	24	12

[a] Location data for two of the three ECOPI investments were available only at the ZIP code level. For CHLA Child Care, activities were assigned to each of the census tracts within a ZIP code when the number of participants for that ZIP code was equal to or greater than five times the number of census tracts within a ZIP code. If this condition was not met, the activity was not assigned a location. For CHLA MOMS, activities were assigned to each of the census tracts within a ZIP code when the number of participants for that ZIP code was equal to or greater than 10 times the number of census tracts within a ZIP code. If this condition was not met, the activity was not assigned a location.

5.1.2 Reach of RECO Investments in High-Need Communities

RQ5: What is the reach of these investments relative to community needs?

We also examined how the reach of the RECO investments overlaps with community needs, as shown in Exhibit 5-5 (beginning on page 14). The exhibit displays three maps for each region, each map representing a different characteristic of community need relevant to the RECO investments:

1. Percentage of the population within the community under age 5.
2. Percentage of the population within the community with incomes less than 100 percent of the federal poverty level.
3. Rate of obesity within the community among WIC-participating children ages 2–5.[6]

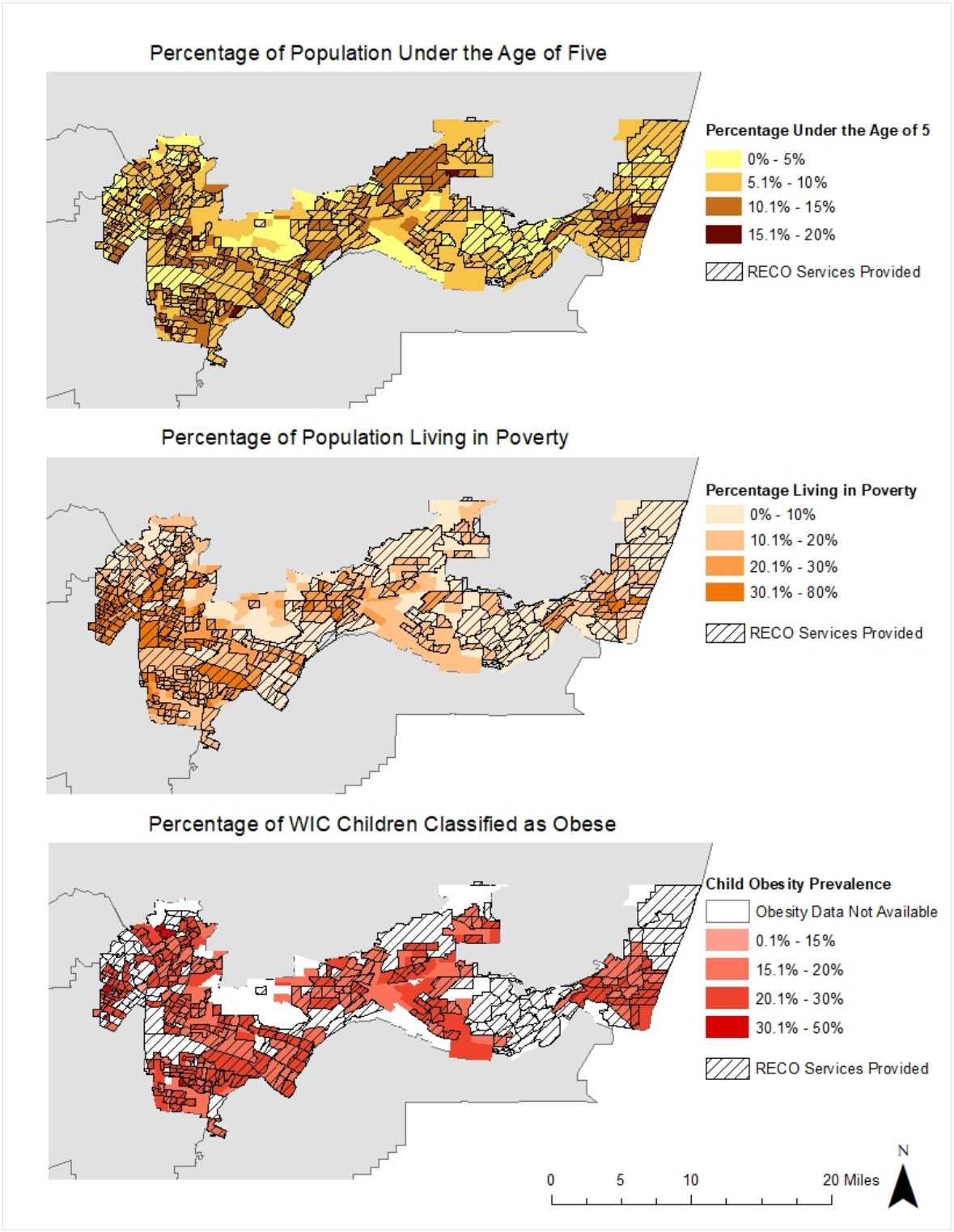
Communities where one or more RECO activities are located are indicated with a diagonal crosshatch, showing how the reach of the RECO activities corresponds to different types of community needs.

Overall, Exhibit 5-5 shows that RECO activities are reaching LA County's high-need communities. However, the maps also show there are some higher-need communities not reached by RECO activities, and there also are some areas reached by RECO activities that are not high-need communities as defined above (i.e., *density of young children, poverty, or obesity*).

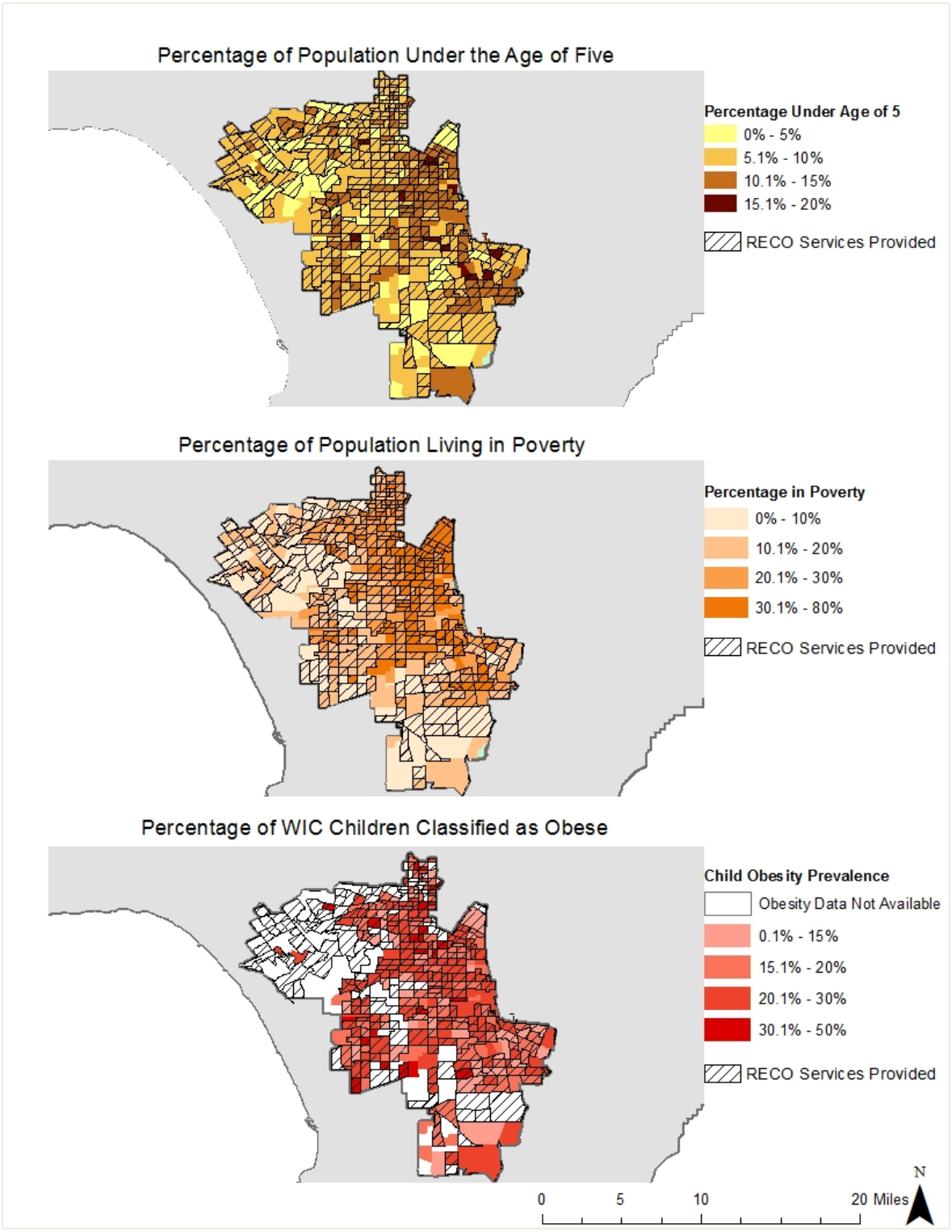
[6] Census tract–level information on child obesity prevalence was available only in census tracts with 30 or more WIC-participating children in 2009.

Exhibit 5-5: Communities in which RECO activities were provided by community need

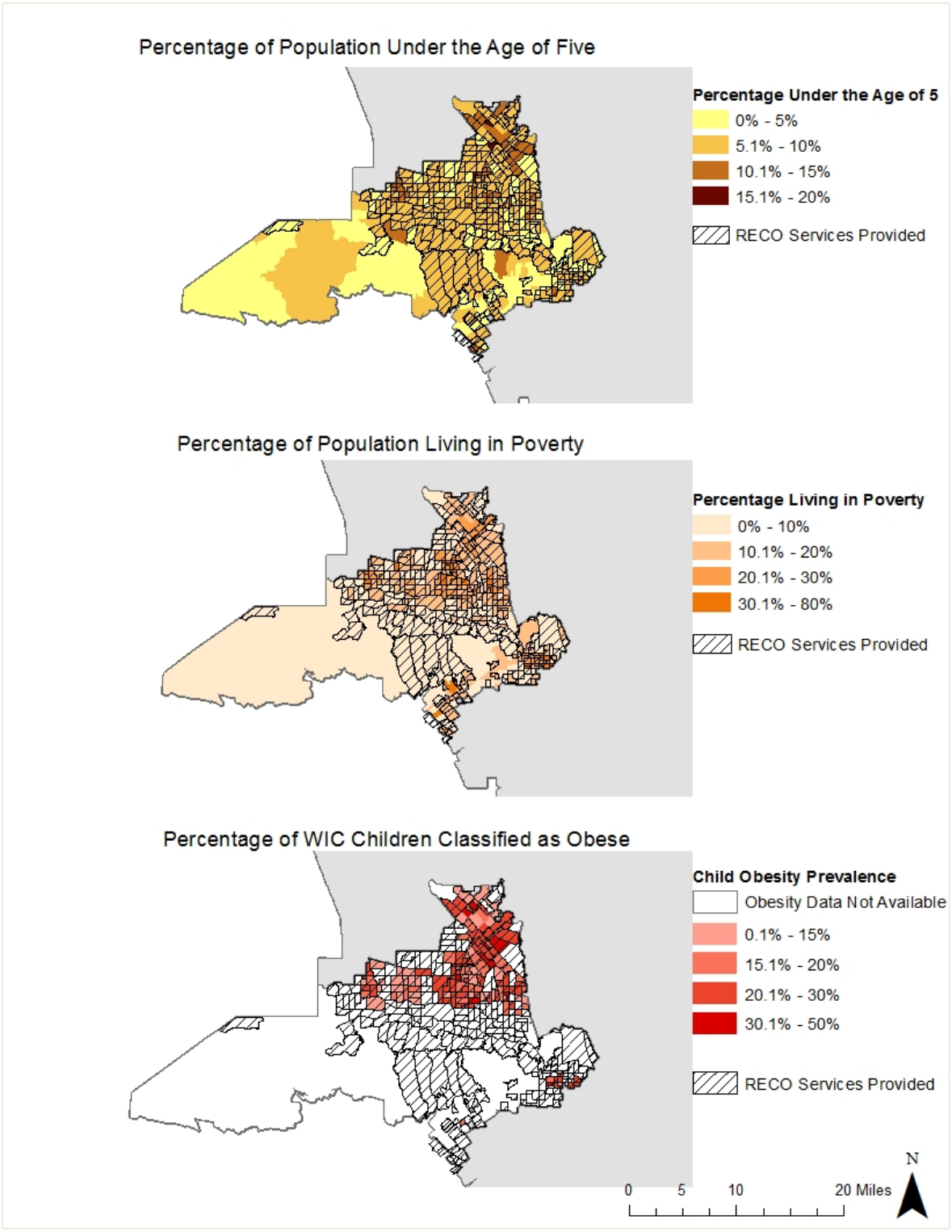
Region 1



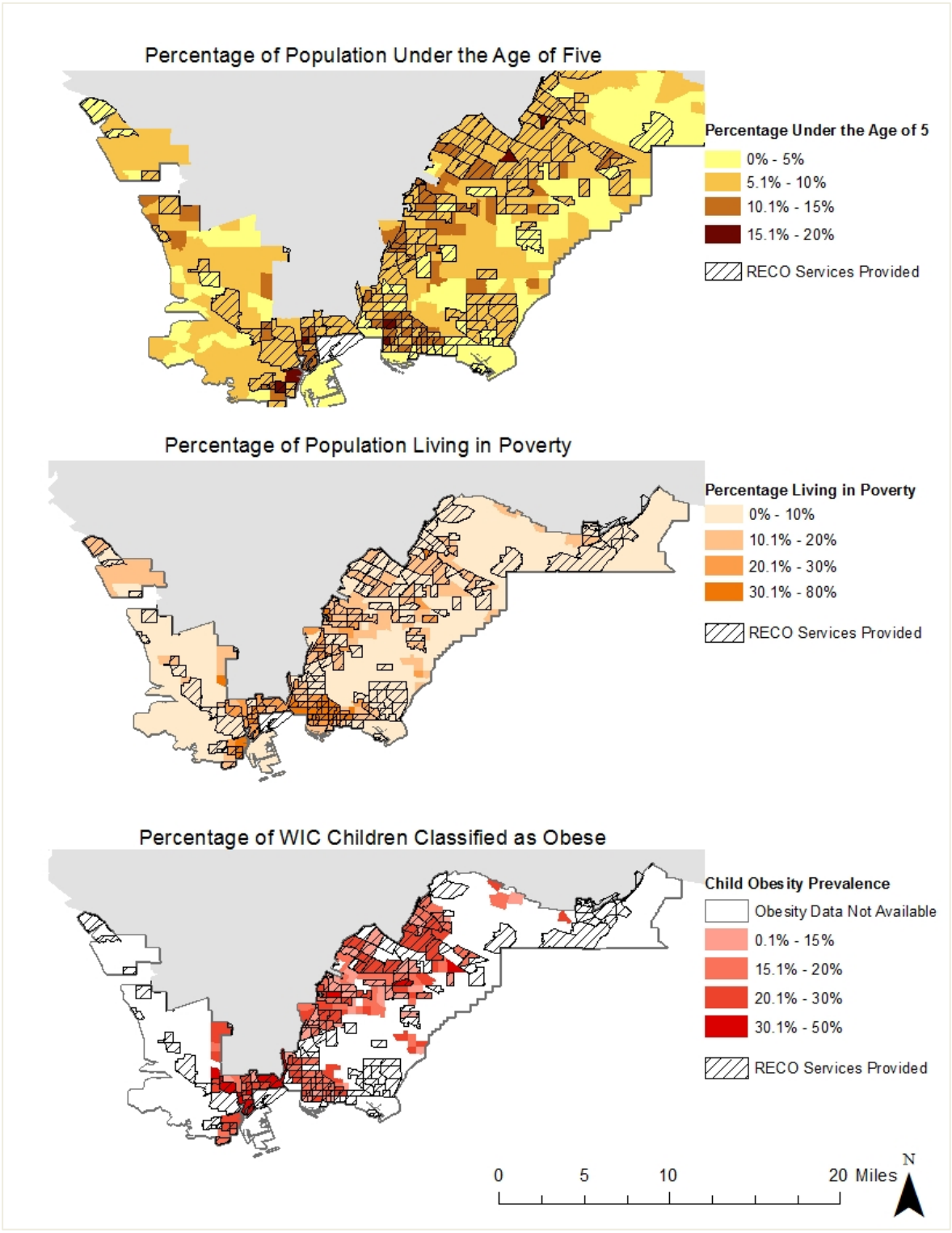
Region 2


Percentage of Population Under the Age of Five
Percentage Under Age of 5
0% - 5%
5.1% - 10%
10.1% - 15%
15.1% - 20%
RECO Services Provided
Percentage of Population Living in Poverty
Percentage in Poverty
0% - 10%
10.1% - 20%
20.1% - 30%
30.1% - 80%
RECO Services Provided
Percentage of WIC Children Classified as Obese
Child Obesity Prevalence
Obesity Data Not Available
0.1% - 15%
15.1% - 20%
20.1% - 30%
30.1% - 50%
RECO Services Provided
N
0
5
10
20 Miles

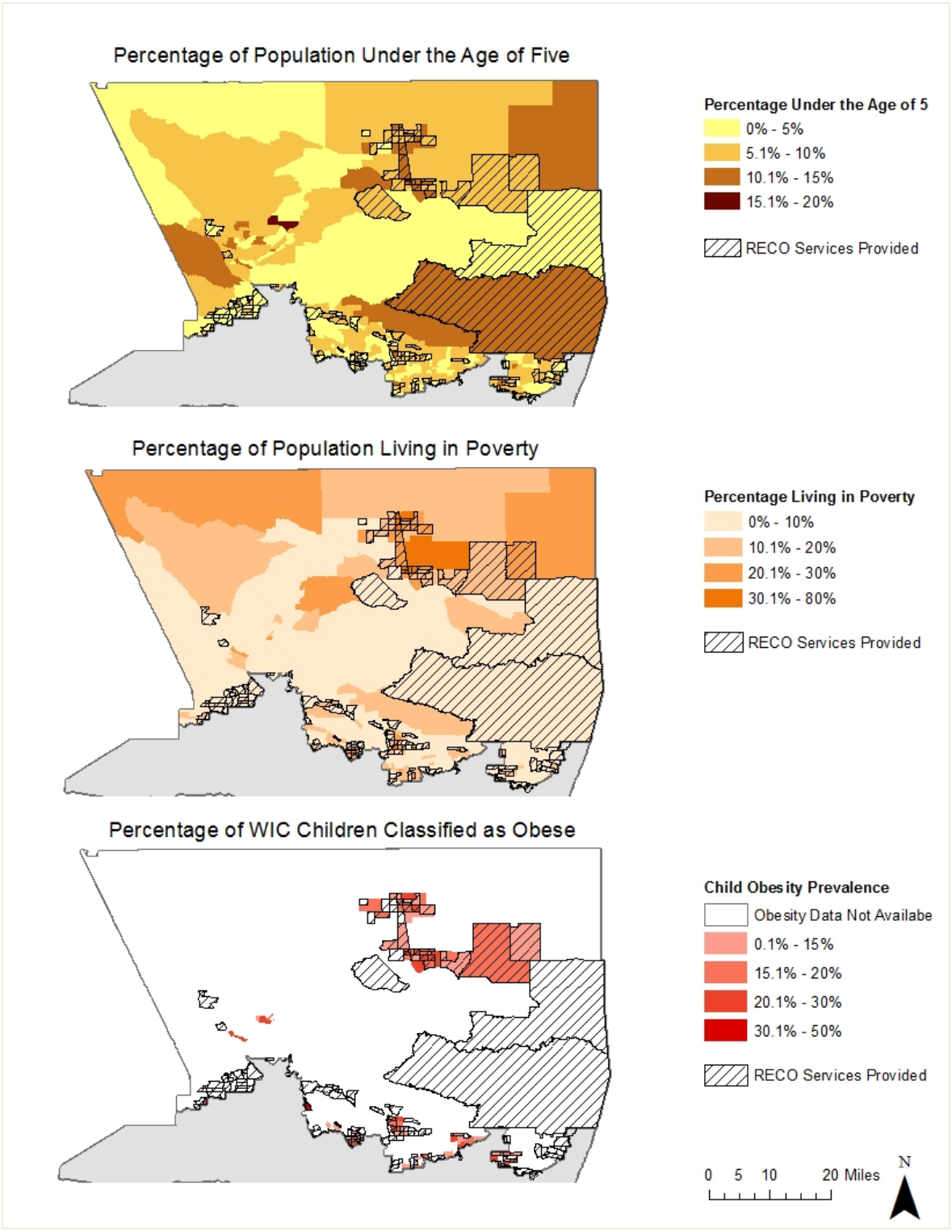
Region 3


Percentage of Population Under the Age of Five
Percentage Under the Age of 5
0% - 5%
5.1% - 10%
10.1% - 15%
15.1% - 20%
RECO Services Provided
Percentage of Population Living in Poverty
Percentage Living in Poverty
0% - 10%
10.1% - 20%
20.1% - 30%
30.1% - 80%
RECO Services Provided
Percentage of WIC Children Classified as Obese
Child Obesity Prevalence
Obesity Data Not Available
0.1% - 15%
15.1% - 20%
20.1% - 30%
30.1% - 50%
RECO Services Provided
N
0
5
10
20 Miles

Region 4


Percentage of Population Under the Age of Five
Percentage Under the Age of 5
0% - 5%
5.1% - 10%
10.1% - 15%
15.1% - 20%
RECO Services Provided
Percentage of Population Living in Poverty
Percentage Living in Poverty
0% - 10%
10.1% - 20%
20.1% - 30%
30.1% - 80%
RECO Services Provided
Percentage of WIC Children Classified as Obese
Child Obesity Prevalence
Obesity Data Not Available
0.1% - 15%
15.1% - 20%
20.1% - 30%
30.1% - 50%
RECO Services Provided
0
5
10
20 Miles
N

Region 5


Percentage of Population Under the Age of Five
Percentage Under the Age of 5
0% - 5%
5.1% - 10%
10.1% - 15%
15.1% - 20%
RECO Services Provided
Percentage of Population Living in Poverty
Percentage Living in Poverty
0% - 10%
10.1% - 20%
20.1% - 30%
30.1% - 80%
RECO Services Provided
Percentage of WIC Children Classified as Obese
Child Obesity Prevalence
Obesity Data Not Availabe
0.1% - 15%
15.1% - 20%
20.1% - 30%
30.1% - 50%
RECO Services Provided
0 5 10 20 Miles
N

In Exhibit 5-6 we present the number of high-need communities in which RECO activities were provided. (See Appendix B, Exhibit B-2 for detail for the individual RECO investments mapped.) For this analysis, we defined three categories of high-need communities:

1. Communities where more than 10 percent of the population was age 5 or younger (*child dense*).
2. Communities where more than 30 percent of families live at or below the federal poverty line (*high poverty*).
3. Communities where more than 20 percent of WIC-participating children ages 2–5 were obese (*high child obesity*).[7]

The RECO investments appear to have successfully targeted their activities to the LA County communities with the highest levels of need. Across each definition of need, most high-need communities were reached by a RECO investment. RECO activities were provided in

- 68 percent of child-dense communities (273 of 403 census tracts);
- 87 percent of high-poverty communities (208 of 239 census tracts); and
- 75 percent of high-child-obesity communities (349 of 465 census tracts).

As show in Exhibit 5-6, ECOPI activities occurred in 40 to 45 percent of high-need communities, and non-ECOPI activities occurred in 48 to 74 percent of high-need communities. Comparing the different categories of high need, RECO investments were somewhat more successful in reaching high-poverty communities and high-child-obesity communities than they were in reaching child-dense communities.

Exhibit 5-6: High-need communities in which RECO-funded activities were provided

	All LA County	Communities with High Prevalence of:		
		Young Children[a]	Poverty[b]	Child Obesity[c]
All census tracts	2,054	403	239	465
Census tracts in which RECO activities occurred (N)	1,220	273	208	349
Census tracts in which RECO activities occurred (%)	59	68	87	75
ECOPI Investments				
Census tracts in which ECOPI activities occurred[d] (N)	689	162	108	196
Census tracts in which ECOPI activities occurred (%)	34	40	45	42
Non-ECOPI Investments				
Census tracts in which non-ECOPI activities occurred (N)	816	192	176	255
Census tracts in which non-ECOPI activities occurred (%)	40	48	74	55

[a] This includes census tracts where children under age 5 comprise more than 10 percent of the population.
[b] This includes census tracts where more than 30 percent of the population had incomes at or below the federal poverty line.
[c] This includes census tracts where more than 20 percent of WIC-participating children ages 2–5 were obese. Census-tract-level information on child obesity prevalence was available only in census tracts with 30 or more WIC-participating children in 2009.
[d] Location data for two of the three ECOPI investments were available only at the ZIP code level. For CHLA Child Care, activities were assigned to each of the census tracts within a ZIP code when the number of participants for that ZIP code was equal to or greater than five times the number of census tracts within a ZIP code. If this condition was not met, the activity was not assigned a location. For CHLA Moms,

[7] As with the maps in Exhibit 5-4, census-tract-level information on child obesity prevalence was available only in census tracts with 30 or more WIC-participating children in 2009.

activities were assigned to each of the census tracts within a ZIP code when the number of participants for that ZIP code was equal to or greater than 10 times the number of census tracts within a ZIP code. If this condition was not met, the activity was not assigned a location.

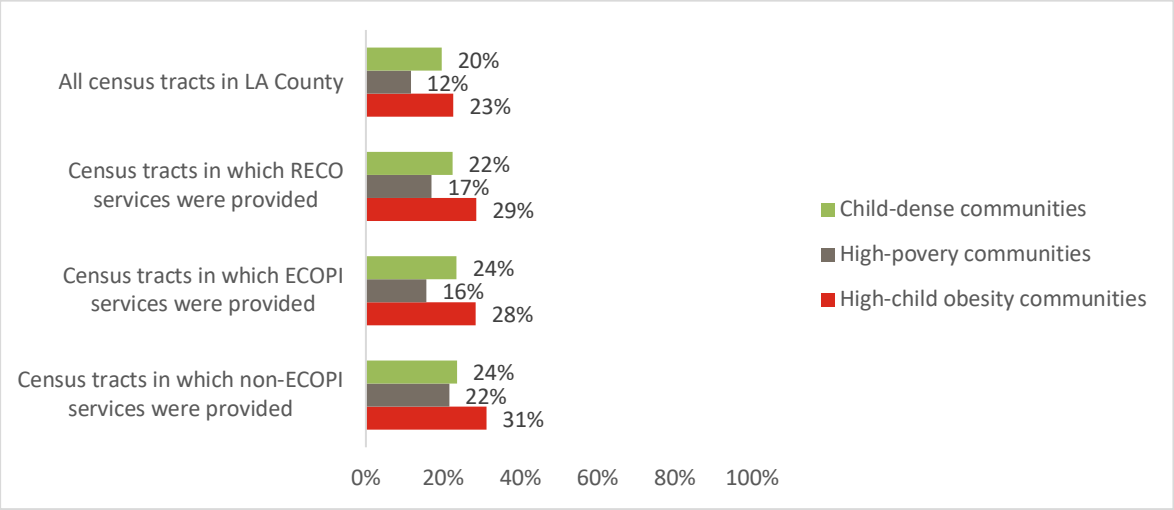
Looking at the data another way, of the communities served by RECO activities

- 22 percent (273 out of 1,220) were child-dense communities;
- 17 percent (208 out of 1,220) were high-poverty communities; and
- 29 percent (349 out of 1,220) were high-child-obesity communities.

Of these 1,220 communities served by RECO, more were characterized as high-child-obesity communities than as high-need communities of the two other categories. Some 28 percent (196 of 689 census tracts) of the communities in which ECOPI activities occurred had high rates of child obesity, as did 31 percent (255 of 816 census tracts) of the communities in which non-ECOPI activities occurred (see Exhibit 5-7).

Although RECO investments reached some areas that we have not defined as high need, there was higher need in the communities served by RECO compared with communities across LA County. For example, 23 percent of all census tracts in LA County had high levels of childhood obesity, but 29 percent of RECO-treated census tracts did. Similarly, 12 percent of all census tracts in LA County had high levels of poverty, but 17 percent of RECO-treated communities did (Exhibit 5-7).

Exhibit 5-7: Percentage of RECO-served communities that were high need



Notes: *Child-dense communities* refers to census tracts where more than 10 percent of the population is age 5 or younger. *High-poverty communities* refers to census tracts where more than 30 percent of families live at or below the federal poverty line. *High-obesity communities* refers to census tracts where more than 20 percent of WIC-participating children ages 2–5 are obese.

The grantee report analysis echoed the results of the geospatial analyses and the findings summarized from key informant interviews in the Interim Report: Most grantees reached their targeted populations as intended. Most grantees reported targeting and reaching communities with relatively high concentrations of low-income families with children ages 0–5. This focus on communities with high levels of low-income families with young children also applied to those grantees who concentrated their park development and healthy food access activities (e.g., healthy corner store conversions, produce stands, community gardens, and farmers markets) in neighborhoods that were park deficient and/or characterized by a limited availability of affordable, nutritious food. A few grantees specifically targeted communities

with high levels of racial/ethnic minorities, including Latinos, South East Asians, or African Americans. ECOPI grantees reported that they paid special attention to communities where rates of childhood obesity were highest; given that overweight and obesity rates tend to be higher among African American children and communities of color, the ECOPI efforts largely focused their work in racial/ethnic minority communities.

5.1.3 Reach of RECO Investments by Obesity Reduction Strategy

In understanding the overall reach of the RECO investments across communities in LA County, it is useful to determine the reach of different types of activities. To understand the reach of RECO activities using different strategies to reduce child obesity, Exhibit 5-8 details the prevalence of RECO activities by CDC strategy across the regions and for LA County as a whole.

Across LA County and in most regions, activities related to healthy food and beverages were the most common. In over one third of all census tracts, RECO activities supported healthy food and beverage choices or promoted the availability of affordable healthy food and beverages. Encouraging breastfeeding also occurred in over one-third of census tracts. The other two strategies related to physical activity and organizing communities for change occurred in fewer communities. The relative prevalence of these strategies varied across the five regions.

Appendix C provides maps with additional information on the location of RECO activities by obesity-reduction strategy.

Exhibit 5-8: Prevalence of obesity-prevention strategies used by RECO activities in LA County and by region

CDC Strategy	All LA County		Region 1		Region 2		Region 3		Region 4		Region 5	
	N[a]	%[b]	N[a]	%[b]	N[a]	%[b]	N[a]	%[b]	N[a]	%[b]	N[a]	%[b]
All census tracts	2,054		433		416		392		375		394	
Encourage communities to organize for change	763	37.1	133	30.7	215	51.7	293	74.7	82	21.9	40	10.2
Support healthy food and beverage choices or promote the availability of affordable healthy food and beverages	776	37.8	222	51.3	196	47.1	108	27.6	145	38.7	101	25.6
Create safe communities that support physical activity or encourage physical activity or limit sedentary activity among children and youth	305	14.8	116	26.8	71	17.1	30	7.7	45	12.0	41	10.4
Encourage breastfeeding	763	37.1	182	42.0	216	51.9	286	73.0	35	9.3	44	11.2

[a] Number of census tracts in which one or more RECO activities using the identified strategy occurred.
[b] Percentage of census tracts in which one or more RECO activities using the identified strategy occurred.

5.2 Grantee Key Partners and Roles

5.2.1 Grantee Report Findings

RQ6: What are the community partnerships or connections between investments?

All grantees reported ***garnering support from multiple agencies and organizations*** in order to aid and bolster their work and investments. Several grantees that worked on the development of new and renovated parks most often reported partnering with elected officials, city planners, and parks and recreation departments. In addition, several of these Tot

Parks & Trails grantees reported partnering with city and county planning agencies within targeted jurisdictions. These partnerships served a critical role in influencing cities' park plans and securing appropriate permits that facilitated park construction and refurbishment projects. In addition, a few grantees that coordinated park-based exercise programs and safe walking trails reported working with members of faith communities and law enforcement officials to address crime and safety concerns. Grantees that focused on increasing community access to fresh fruits and vegetables reported partnering with and supporting local store owners to stock fresh foods. They also reported that their partners, consisting of a variety of community stakeholders including gardeners, farmers, city agencies, and organizations serving SNAP-eligible individuals, helped develop and increase access to neighborhood community gardens and farmers markets.

A majority of grantees reported ***working with pre-existing community and/or institutional coalitions/workgroups*** to pursue RECO policy, practice, and environmental change. Participants within these groups varied across grantees and focus area. For example, grantees reported working with early care and education coalitions and relevant social service agencies, hospital breastfeeding consortiums and the Breastfeeding Taskforce of Greater Los Angeles, and coalitions consisting of community clinics, health plans, and public health departments, among others. Several grantees reported working with the Best Start Communities and noted that attending regularly scheduled First 5 LA meetings helped to identify potential partners and yielded fruitful partnerships with other First 5 LA–funded grantees with similar missions.

5.2.2 Network Analysis

In addition to reviewing grantee reports, the study team also assessed partnerships and connections between the RECO organizations and investments in two network analyses, as described in **Methods** (Section 2). The first network analysis examined actual connections between RECO investments based on which other RECO investment(s) a grantee reported working with in their RECO work. This network is *directional*, in that a grantee from investment 1 might report it worked with a grantee from investment 2 to complete RECO work, but the grantee from investment 2 might not report it worked with the grantee from investment 1.

Network Analysis Terms

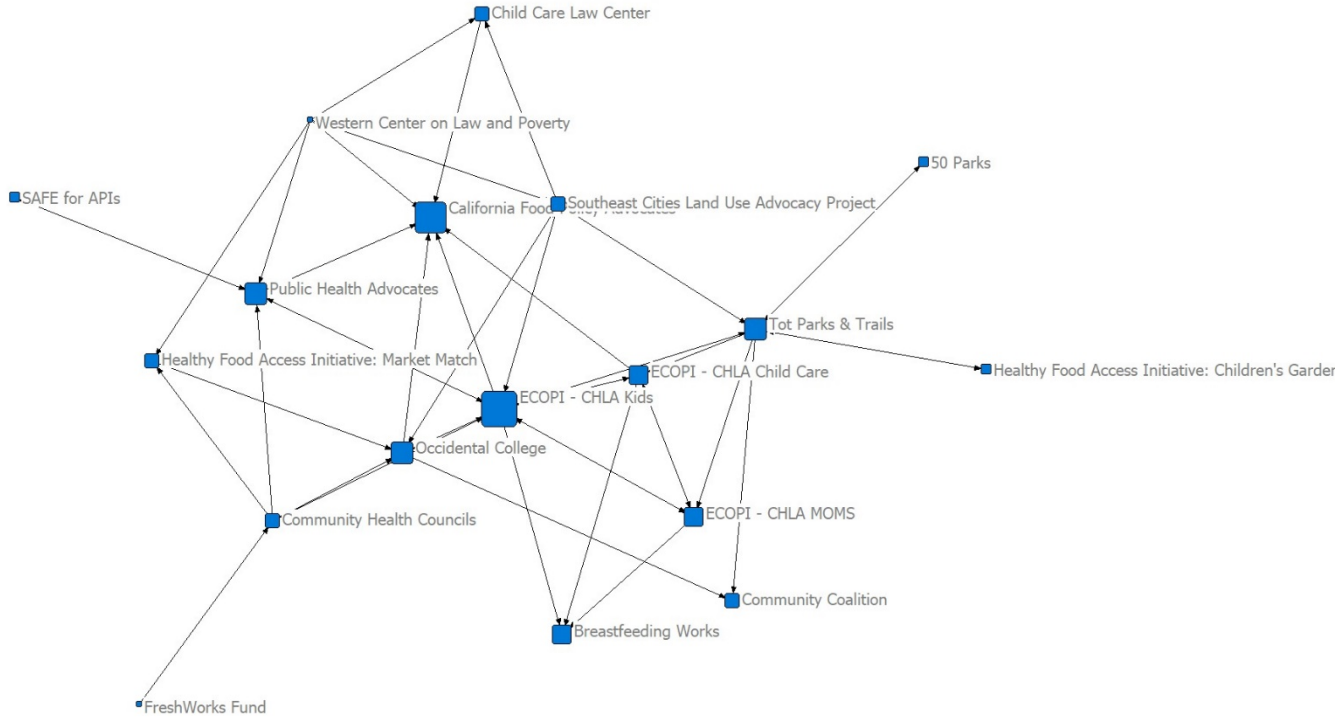
A **node** is a discrete entity in a network. For directional networks, *"in"* arrows reflect connections made to the node, *"out"* arrows reflect connections made by the node to other nodes.

Measures of centrality:

- **Degree**—How many other nodes does the node directly reach?
- **Closeness**—How quickly can a node reach all other nodes in the network?
- **Betweenness**—How likely is a node to be on the shortest path between two other nodes in the network?
- **Density**—What proportion of potential connections between nodes are actually made?

The network shown in Exhibit 5-9 below illustrates which investments worked together to accomplish their RECO goals. In this network, there are 18 nodes (RECO investments), and the size of the node in the figure reflects how many grantees from other investments reported they worked with that investment to meet their RECO goals. As can be seen, the ECOPI–CHLA Kids investment is the most connected, whereas the FreshWorks Fund is the least connected.

Exhibit 5-9: Network of RECO investments based on actual connections



Source: Key informant interviews with grantees

Exhibit 5-10 provides additional descriptive statistics on the centrality (*degree* and *closeness* measures) of the RECO investments in the network. For each measure of centrality, investments are ordered from highest to lowest. The ECOPI investment CHLA Kids is the highest on three of the four measures of centrality (and second highest on the fourth measure), indicating it is a key player in the network of RECO investments with greater potential for interaction and dissemination of information. Its high *outdegree* (first panel) indicates it has the largest reach to other investments, whereas its high *indegree* (second panel) indicates that grantees that are part of other investments relied most on CHLA Kids in doing their RECO work. Its high *closeness* indicates that it can quickly interact with others (through the shortest paths) in the network through both its outgoing and ingoing ties (third and fourth panels, respectively). California Food Policy Advocates is also high on *indegree* and *incloseness*, suggesting it is well connected through grantees that rely on it to do their RECO work.

The *overall network density* indicates that 15 percent of all possible network connections (i.e., if all investments were connected to one another) were actually made, as reported by RECO grantees.

Exhibit 5-10: Centrality of RECO investments based on actual connections

Investment	nOutdeg
ECOPI–CHLA Kids	0.412
Tot Parks & Trails	0.353
Occidental College	0.294
Western Center	0.294

Investment	nIndeg
ECOPI–CHLA Kids	0.412
California Food Policy Advocates	0.353
Tot Parks & Trails	0.235
Occidental College	0.235

Investment	OutClose
ECOPI–CHLA Kids	0.459
Occidental College	0.425
Southeast Cities Land Use	0.425
Western Center	0.425

Investment	InClose
California Food Policy Advocates	0.436
ECOPI–CHLA Kids	0.395
Occidental College	0.347
Tot Parks & Trails	0.347

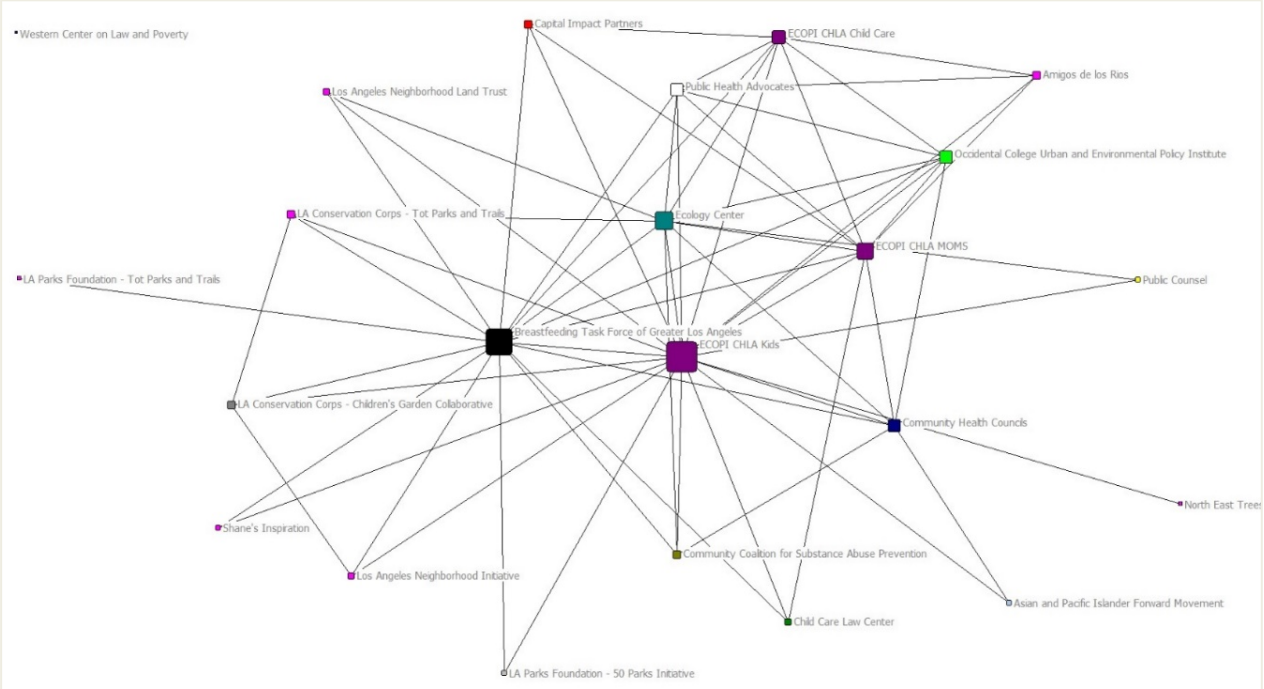
Investment	nOutdeg	Investment	nIndeg	Investment	OutClose	Investment	InClose
Community Health Councils	0.235	Public Health Advocates	0.235	Community Health Councils	0.415	Public Health Advocates	0.347
ECOPI–CHLA Child Care	0.235	ECOPI–CHLA Child Care	0.176	Tot Parks & Trails	0.395	Breastfeeding Works	0.347
Southeast Cities Land Use	0.235	ECOPI–CHLA MOMS	0.176	Public Health Advocates	0.354	ECOPI–CHLA Child Care	0.333
Public Health Advocates	0.176	Breastfeeding Works	0.176	ECOPI–CHLA Child Care	0.354	ECOPI–CHLA MOMS	0.333
ECOPI–CHLA MOMS	0.176	Community Health Councils	0.118	ECOPI–CHLA MOMS	0.347	Community Coalition	0.333
50 Parks	0.059	Southeast Cities Land Use	0.118	FreshWorks Fund	0.333	Southeast Cities Land Use	0.288
Child Care Law Center	0.059	Child Care Law Center	0.118	Healthy Food Access Initiative: Market Match	0.321	Community Health Councils	0.288
FreshWorks Fund	0.059	Healthy Food Access Initiative: Market Match	0.118	50 Parks	0.298	50 Parks	0.279
Healthy Food Access Initiative: Children's Garden Collaborative	0.059	Community Coalition	0.118	Healthy Food Access Initiative: Children's Garden Collaborative	0.298	Healthy Food Access Initiative: Children's Garden Collaborative	0.279
Healthy Food Access Initiative: Market Match	0.059	50 Parks	0.059	SAFE for APIs	0.274	SAFE for APIs	0.279
SAFE for APIs	0.059	Healthy Food Access Initiative: Children's Garden Collaborative	0.059	Child Care Law Center	0.175	Child Care Law Center	0.258
Breastfeeding Works	0	SAFE for APIs	0.059	Breastfeeding Works	0.167	Healthy Food Access Initiative: Market Match	0.254
California Food Policy Advocates	0	Western Center	0	California Food Policy Advocates	0.167	Western Center	0.167
Community Coalition	0	FreshWorks Fund	0	Community Coalition	0.167	FreshWorks Fund	0.167
Network Characteristics							
Group Centralization	**27.3%**		**27.3%**		**N/A**		**N/A**
Density	**.154**						

Source: Key informant interviews with grantees

For the second network analysis, as described in **Methods** (Section 2), the connections between RECO grantees are defined by geographic overlap; that is, whether grantees conducted activities in the same census tracts, which would indicate the potential for interaction and collaboration among them. This is a

non-directional network. It has 23 nodes[8] (RECO grants) connected by 1,191 census tracts (Exhibit 5-11). In the figure, the size of the node reflects the number of connections, and the color of the node indicates the RECO investment. Similar to the previous network, the ECOPI–CHLA Kids investment is the most connected. In this network, the Western Center on Law and Poverty is an isolate, with no specific geographic overlap with the other RECO grants.

Exhibit 5-11: Network of RECO investments based on geographic overlap



Source: Geospatial data obtained from grantee reports and key informant interviews.
Notes: County-wide activities and grantees with only county-wide activities are excluded from this network. Purple nodes = ECOPI; pink nodes = Tot Parks & Trails.

Exhibit 5-12 below provides additional descriptive statistics on the centrality of the RECO grants in this second network. Similar to the first network, the ECOPI–CHLA Kids investment is the highest on all measures of centrality, indicating it is again a key player with great potential for interaction and dissemination of information based on its geographic overlap with the other RECO grants. In this non-directional network, its high *betweenness* (third panel) indicates that it has influence over what flows through the network (i.e., many paths connecting other grants in the network go through CHLA Kids). The Breastfeeding Task Force of Los Angeles is well connected in terms of its geographic overlap (Exhibit 5-11), but not in its actual connections made (see Exhibit 5-9), perhaps highlighting additional opportunities for connections and partnerships in its RECO work.

The overall network density indicates that 25 percent of the possible connections in the network actually existed. That the density of this second network is greater than the first network suggests there is greater opportunity for connections based on geographic overlap than there were actual connections realized in

[8] County-level activities were excluded from this network analysis. California Food Policy Advocates conducted county-wide activities only, and thus it was not included.

conducting the RECO work. Still, the extent of the connections that were made is remarkable, as First 5 LA did not mandate them nor made overt efforts to connect grantees.

Exhibit 5-12: Centrality of RECO grantees based on geographic overlap

RECO Grant	nDeg	RECO Grant	nClose	RECO Grant	nBetween
ECOPI–CHLA Kids	0.909	ECOPI–CHLA Kids	0.846	ECOPI–CHLA Kids	39.820
Breastfeeding Task Force of Greater Los Angeles	0.773	Breastfeeding Task Force of Greater Los Angeles	0.759	Breastfeeding Task Force of Greater Los Angeles	24.091
Ecology Center	0.500	Ecology Center	0.629	Ecology Center	4.719
ECOPI–CHLA MOMS	0.455	ECOPI–CHLA MOMS	0.611	ECOPI–CHLA MOMS	2.518
ECOPI–CHLA Child Care	0.364	ECOPI–CHLA Child Care	0.579	Community Health Councils	1.515
Public Health Advocates	0.318	Public Health Advocates	0.564	ECOPI–CHLA Child Care	0.902
Community Health Councils	0.318	Community Health Councils	0.564	Public Health Advocates	0.433
Occidental College	0.318	Occidental College	0.564	Occidental College	0.173
Amigos de los Rios	0.182	Community Coalition for Substance Abuse Prevention	0.524	LA Conservation Corps–Tot Parks & Trails	0.144
Community Coalition for Substance Abuse Prevention	0.182	LA Conservation Corps–Children's Garden Collaborative	0.524	LA Conservation Corps–Children's Garden Collaborative	0.144
LA Conservation Corps–Children's Garden Collaborative	0.182	LA Conservation Corps–Tot Parks & Trails	0.524	Community Coalition for Substance Abuse Prevention	0
LA Conservation Corps–Tot Parks & Trails	0.182	Capital Impact Partners	0.524	Amigos de los Rios	0
Capital Impact Partners	0.182	Amigos de los Rios	0.512	Asian and Pacific Islander Forward Movement	0
Child Care Law Center	0.136	Child Care Law Center	0.512	Los Angeles Neighborhood Initiative	0
Los Angeles Neighborhood Initiative	0.136	Los Angeles Neighborhood Initiative	0.512	Child Care Law Center	0
Los Angeles Neighborhood Land Trust	0.136	Los Angeles Neighborhood Land Trust	0.512	LA Parks Foundation–Tot Parks & Trails	0
Asian and Pacific Islander Forward Movement	0.091	LA Parks Foundation–50 Parks	0.5	LA Parks Foundation–50 Parks Initiative	0
LA Parks Foundation–50 Parks	0.091	Shane's Inspiration	0.5	Capital Impact Partners	0
Public Counsel	0.091	Asian and Pacific Islander Forward Movement	0.489	North East Trees	0
Shane's Inspiration	0.091	Public Counsel	0.489	Los Angeles Neighborhood Land Trust	0
LA Parks Foundation–Tot Parks & Trails	0.045	North East Trees	0.478	Public Counsel	0
North East Trees	0.045	LA Parks Foundation–Tot Parks & Trails	0.449	Shane's Inspiration	0
Western Center on Law and Poverty	0	Western Center on Law and Poverty	0.25	Western Center on Law and Poverty	0
Network Characteristics					
Group Centralization	**72.29%**		**N/A**		**38.25%**
Density	**.249**				

Source: Geospatial data from grantee reports and key informant interviews.
Notes: County-wide activities and grantees with only county-wide activities are excluded from this network.

5.3 Perceived Community Changes

Grantees reported targeting a variety of healthy choices and practices at the community level, such as improvements in food and physical activity environments and related health behaviors. Exhibit 5-13 features the healthier choice or practice adopted by communities as cited in the grantee reports, largely reaffirming the healthy choices and practices identified by focus groups and key informant interviews included in the Interim Report.[9]

RQ7: Which healthier choices/practices did communities adopt?

Exhibit 5-13: Healthier choice or practice adopted by communities by RECO investment

RECO Investment	Reported Healthier Choice or Practice Adopted by Communities
50 Parks: Developing Three Neighborhood Parks	Increased physical activity in communities
Breastfeeding Works	Increased breastfeeding education and practices adopted by hospitals
California Food Policy Advocates: Nutrition for LA Families	Increased CalFresh participation among MediCal families using early care and education programs
Child Care Law Center: Streamlining Child Care Subsidies	Consumption of healthier foods and physical activity in child care centers
Community Coalition: Healthy Food and Safe Space Access	Increased access to healthy foods and increased physical activity in communities
Community Health Councils: Assessing Sugar Sweetened Beverage Tax Proposal and Alternatives	Reduced sugar sweetened beverage consumption in communities
Early Childhood Obesity Prevention Initiative (ECOPI): Choose Health LA Child Care (CHLA Child Care)	Healthier foods consumed and increased physical activity in child care settings
Early Childhood Obesity Prevention Initiative (ECOPI): Choose Health LA Kids (CHLA Kids)	Healthier foods consumed by children, healthier menu items offered in restaurants, increased enrollment in CalFresh and WIC by families in LA County
Early Childhood Obesity Prevention Initiative (ECOPI): Choose Health LA Managing Obesity in Moms (CHLA MOMS)	Increased water consumption, increased physical activity, and increased breastfeeding in postpartum women in LA County
FreshWorks Fund: Healthy Corner Store Conversion	Healthy foods sold by small retailers to communities
Healthy Food Access Initiative: Children's Garden Collaborative	Participation in gardening, nutrition, and cooking classes in communities
Healthy Food Access Initiative: Market Match (Fruit and Veggie Vouchers)	Purchase of fresh produce at farmers markets by families
Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food	Healthy eating in early childhood education settings, healthy mobile vending changes by food vendors in communities near schools, WIC vouchers to purchase produce at farmers markets for families
Public Health Advocates: Family Voices for Healthy Choices	Increased food access and decreased sugar sweetened beverage consumption in communities

[9] Analysis from the current grantee data revealed two minor updates to the community healthier choices and practices adopted that were reflected in the Interim Report. Specifically, the California Food Policy Advocates: Nutrition for LA Families investment reported increased CalFresh participation among Medi-Cal families using early care and education programs and the Western Center on Law and Poverty: Simplifying CalFresh Regulations investment reported increased enrollment in CalFresh and improvements in health care and child care access among families across LA County.

RECO Investment	Reported Healthier Choice or Practice Adopted by Communities
Safe Active Family Environments for Asian and Pacific Islanders (S.A.F.E. for APIs)	Increased physical activity in safer park spaces in communities
Southeast Cities Land Use Advocacy Project	Increased opportunities for physical activity in green space settings for communities
Tot Parks & Trails: Enhancing Toddler Playground Facilities	Increased physical activity of communities in new and renovated parks
Western Center on Law and Poverty: Simplifying CalFresh Regulations	Increased enrollment in CalFresh and improvements in health care and child care access among families across LA County

Overall, three major themes regarding healthier choices and practices adopted at the community level emerged: changes to the built environment, or how communities are planned, designed, and built; changes in norms and behaviors; and changes in community social support.

More than a third of grantees documented ***positive changes to the physical or built environment*** in support of physical activity and healthy eating. Examples include increased access to recreation amenities designed to support daily activities, including parks, fitness areas, walking trails, playgrounds, and indoor and outdoor play areas in child care settings. Other positive changes to the built environment entailed changes to the community food environment. About a third of grantees documented multiple examples, including the development of community gardens, small retail stores with a community farm stand with newly stocked and prominently featured healthy foods, and coordination of a food incentive program that matches targeted customers' federal assistance benefits (e.g., CalFresh and WIC) at farmers markets. Healthy food improvements in microenvironments such as hospitals, child care settings, and homes were also reported. For example, grantees noted healthful changes to vending machines in city facilities, increased fruit and vegetable servings in child care settings, lactation accommodations in child care and hospital settings, and the creation of home food gardens.

Changes in healthy eating and physical activity norms and behaviors emerged as a central theme among several grantees. A grantee that focused on community gardens and another working to improve child care nutrition and physical activity environments each reported improvements in healthy food consumption. Similarly, grantees working to increase the accessibility and affordability of healthy produce at small food retail stores and at farmers markets reported customers said they were increasing healthy food purchases and consumption.

Grantees also perceived increases in structured and unstructured physical activity, which they attributed to interventions in child care settings and at community gardens as well as park development and park-based features. Community residents were reported to have increased their park usage and physical activity levels by taking advantage of exercise classes, fitness zones, playground equipment, and interconnected walking trails and bike paths.

A third and unanticipated positive change reported by one grantee was a perceived ***increase in community social support***. The place-based healthy eating strategies tied to community gardening were reported by the grantee to have encouraged and supported positive social connections, which helped to amplify the health promotion efforts towards increasing fruit and vegetable consumption. It described community gardens as fostering connections among community members and most importantly between people and food-producing landscapes. The grantee described how community gardening helped to build a sense of stewardship and foster a spirit of community.

> *New neighbor acquaintances have been made—and staff have observed gardeners working together, helping to put away each other's tools and water each other's garden beds.*

Although a few grantees described efforts to increase knowledge and awareness related to healthy eating and physical activity in targeted communities, contrary to the Interim Report, this did not emerge as a major community change theme in grantee reports.

5.4 Facilitators and Barriers

5.4.1 Facilitators to Reaching Communities

RQ8: What are the facilitators and barriers to reaching communities?

Analysis of the grantee reports revealed three key facilitators to reaching communities that were also included in the Interim Report findings: community engagement, targeted outreach to community members, and advertising and word of mouth.

About a third of grantees described the process of ***engaging members of the community in planning and implementing RECO interventions*** as a facilitator to reaching targeted communities. Grantees documented involving community members in all phases of the work, such as neighborhood asset mapping, advocating for affordable child care, and community design projects (e.g., garden spaces and parks). The mapping of public services and gaps helped to mobilize residents to advocate to city or county members to improve local public services (e.g., safety around a community park). Grantees reported that involving communities in decision-making and in the planning and design of community gardens and park development was instrumental in realizing and sustaining positive community change. For one grantee, this level of community engagement, though intended to identify opportunities to provide legal support for low-income families at risk of losing subsidized child care, had the unintended positive effect of recruiting additional community members into the RECO work.

Several other grantees echoed similar findings, documenting that the process of partnering with community members and integrating their needs and preferences into RECO efforts helped to reach and draw on additional community partners. Collaboration and engagement ensured community concerns and interests informed RECO programming and activities, which in and of itself proved a popular method for outreach and recruitment. One grantee described how well received it was for community members to see their voices and ideas being amplified and integrated into RECO community survey findings.

> *We established legitimacy through the creation of our [community survey] reports. One Tongan community member shared with us that she cried when she read through the report, 'because we never have any data that is specific to us.'*

Grantees also reported ***leveraging targeted outreach to community members*** as a facilitator to reaching communities. Several grantees reported partnering with Best Start Communities and family and social service agencies (e.g., WIC and LA County Department of Children and Family Services) to pool resources and take advantage of existing community and social networks to expedite and enhance community reach. Others additionally worked with important community institutions, such as churches, to gain community buy-in and garner support from an active and respected voice in the community. The coordination of community outreach and health events at highly visible and targeted locations (e.g., parks and community gardens) were also reported to facilitate community outreach.

Grantee reports indicated ***using advertising and word of mouth*** as another key facilitator to reaching communities. Grantees engaged in several marketing and advertising strategies. Grantees disseminated RECO information by distributing fliers door to door, food and cooking demonstrations, and community presentations and events. Some grantees reported the importance of working with trained community champions to amplify the distribution of RECO health-promoting messages. A couple of grantees also described using hands-on workshops such as grocery store tours and on-site nutrition and physical activity coaching in child care settings to promote RECO changes in organizations and institutions. The same two grantees employed broader advertising efforts, in the form of public health education campaigns encouraging healthy beverage and meal choices.

In contrast to the Interim Report, coordination of obesity-reduction activities did not emerge in the grantee reports as a notable or prevalent facilitator to reaching communities.

5.4.2 Barriers to Reaching Communities

Five notable barriers to reaching communities were identified in the grantee reports: insufficient funding and limited staff capacity, bureaucratic processes and delays in institutional response, community partners' need for additional technical assistance, safety concerns, and the time needed to earn community trust.

Insufficient funding was one of the most commonly reported implementation barrier to reaching targeted communities across several grantees. State budget cuts and limited funding were reported to have delayed RECO wins at increasing access to CalFresh for low-income Californians, child care, health care, and home-visiting services. Similarly, lack of city funds and resources were described as significant challenges to child care facility development and adoption of nutrition standards and the establishment of much needed park space. On a couple of occasions, grantees themselves lacked sufficient funds and staff capacity to respond to unanticipated needs (e.g., community requests for wall installation at a park, child care support at community forums, and translation services). In other cases, community partners did not have sufficient funding to participate in RECO policy and advocacy activities. According to one grantee, community partners sometimes lost funding for staff; others were organized and had adequate staff to deliver direct services, but had limited financial support and capacity to participate in environmental and policy change work.

Several grantees described ***bureaucratic processes and delays in institutional responses*** as impeding RECO environmental change projects intended to reach and benefit targeted communities. One grantee reported lengthy permitting processes for park shade structures and challenges in navigating city offices to get a needed memorandum of understanding in place for garden sites as particularly time consuming. Another grantee reported difficulty in scheduling meetings with city agencies (e.g., departments of parks and recreation) needed to facilitate RECO park development. A different grantee reported that changes in service area delineation by county entities had negatively affected its RECO community outreach, because some long-standing partners were no longer in its service area and the grantee needed to market to new agencies to meet its goals.

Community partners' need for additional technical assistance was also reported as a barrier to reaching targeted communities and fully implementing RECO work. About a third of grantees reported offering resources and technical assistance to community partners; four of these grantees described the *"intense guidance"* required to support their community partners. Examples of needed technical assistance include working with hospitals to obtain the Baby-Friendly Hospital designation; tailored one-on-one coaching for child care providers working to improve opportunities for nutrition and physical activity and engage

parents as partners in change; capacity-building training needed to facilitate collaboration between agencies with different but complimentary legal mandates (e.g., local health department and department of children and family services); and grant-writing assistance needed to build up partner infrastructure and capacity to work on policy and advocacy efforts in the targeted communities.

Safety concerns were also reported to negatively affect community reach. Several grantees that worked on park development and enhancements documented fears of crime and gang violence as factors in limited park use and physical activity. They also reported the presence of homeless individuals and illicit drug use, smoking, and intoxication as barriers to park use.

Though not prevalent, an additional notable barrier to reaching communities was identified for one grantee. The grantee reported that the ***challenge in gaining community trust,*** including the alignment of park design priorities between community residents and partners, had limited access to targeted community members. The grantee's report described low-income and racial/ethnic minority-targeted communities as uneasy or suspicious working with unfamiliar individuals and external partners who come to their community and impose healthy lifestyle changes. The grantee reported that though community buy-in is critical, it took time to ensure community residents' voices mattered and to navigate the tensions and discrepancies between park design elements deemed important by community residents versus by county staff.

Unlike the Interim Report, grantee-reported data did not feature lack of visibility of RECO investments, inadequate transportation to access RECO, community and cultural attitudes, land issues, and challenges of low-income communities as prevalent themes. A couple of grantees referenced these as barriers, but they did not arise as notable issues across multiple grantees.

5.4.3 Facilitators to Community Changes to Reduce Early Childhood Obesity

Grantee report data revealed one primary theme with respect to facilitators to community changes, namely leveraging partnerships. The prevalence of partnerships was also evidenced by the results of the network analysis discussed previously.

RQ9: What are the facilitators and barriers to communities adopting healthier choices/practices?

Several grantees specified the ***leveraging of key partnerships across multiple sectors*** as instrumental in facilitating changes to reduce early childhood obesity. Though multisector partnerships may not have an immediate impact on early childhood obesity, it is well known that effective strategies for sustained obesity prevention require and are driven by stakeholders in multiple sectors employing a population-based focus on environmental and policy change. Several grantees reported a number of key partnerships that helped them to execute place-based and policy-oriented strategies, thereby making it easier for targeted communities to eat healthy and be physically active.

For example, collaborations with local non-profits, resource and referral agencies, elected officials, law enforcement agencies, departments of parks and recreation, and the faith community helped to deliver on planned park amenity and park-based programming and community garden designs. Partnerships with non-profits and resource and referral agencies provided local wisdom and a network for engaging targeted individuals and child care providers. They also helped integrate RECO activities with community institutions that would continue to advance RECO practices beyond First 5 LA funding. Partnerships with and between elected officials and city departments supported RECO grantees in negotiating large bureaucratic processes and provided a sense of legitimacy and credibility among community residents.

Public-private partnerships enabled grantees to work with existing businesses to stock and promote healthy foods.

Public awareness campaigns and school initiatives related to nutrition did not feature as a common facilitator to community changes in grantee reports.

5.4.4 Barriers to Community Changes to Reduce Early Childhood Obesity

Grantee reports described two main barriers to community changes to reducing early child obesity: safety concerns and bureaucratic roadblocks limiting project implementation.

As mentioned above, several grantees noted ***safety concerns as limiting physical activity.*** Existing parks were reported as being underused due to fear of violence and high levels of crime and gang involvement, inhibiting physical activity and active living programming. Community perceptions of loitering and the presence of trash and drug paraphernalia at parks were also cited as challenges to park use and outdoor physical activity engagement. The severity of safety concerns at parks is perhaps best captured in the following quote:

> *The safety issues from these gang shootings has made it inappropriate to encourage community members to attend the local park, which was already perceived as a gang area.*

Bureaucratic roadblocks limiting project implementation again arose as a significant challenge to reducing childhood obesity. Consistent with those observed in the Interim Report, some RECO grantees experienced challenges in working with government entities to carry out obesity-prevention projects, resulting in considerable project delays and affecting community impact. One grantee reported difficulty negotiating the park design priorities of county staff with community interests. Another described a lengthy permitting process as impeding community garden development:

> *Our most significant challenge continues to be negotiating bureaucratic processes, adding unexpected time to project completion. Whether it's been going through the incredibly lengthy permitting process—to build a shade structure—or navigating the internal processes with [cities] to get a [memorandum of understanding] in place for future garden sites, legal formalities continue to create barriers in meeting project completion goals.*

6. Policy/Systems-Level Implementation and Reach of the RECO Investments

6.1 Policy Changes

6.1.1 Targeted Policies and Practices

RQ10: What policies and practices were targeted?

This section examines the types of policies and practices that were targeted by the RECO investments. The grantees targeted their work in a wide array of policies and practice areas to prevent or reduce obesity. Targeted areas include policies and practices related to (1) increasing breastfeeding rates among low-income mothers, (2) creating or improving early care and education (ECE) wellness policies, (3) healthy food and beverage access, (4) strategies to increase green space, (5) implementation of a sugar sweetened beverage tax, and (6) increasing access to CalFresh benefits.

The focus of one grantee's work was to ***increase breastfeeding rates among low-income mothers*** in various settings. This grantee worked to increase and improve lactation accommodations across LA County in school settings, among CalWORKs participants, in places of employment, and in hospitals that had obtained the Baby-Friendly Hospital designation. Much of its work focused on advocacy and educating legislators, state and federal agencies, and workplace employers and human resources directors.

Another area of focus for a few grantees was the ***creation or improvement of wellness policies in ECE and child care sites***. Grantees and their sub-grantees worked to create or improve on already existing preschool wellness policies, particularly healthy snack, healthy fundraising, and healthy celebrations policies:

> *The School District's Early Childhood Education Preschool Program, in collaboration with a local treatment center, adopted a Healthy Birthday Celebrations Policy. The policy will be applied to all 13 school sites.*

Another grantee created a wellness policy for all Pacific Asian Consortium for Employment–Early Childhood Education (PACE ECE) Head Start programs that incorporated mandated policies including indoor and outdoor water availability for students, Nutrition and Health education classes for parents, guidance on incorporating local food into meals and snacks, weekly nutrition lessons, local food taste tests, gardening, and connecting with local farmers through field-trips to local farms, farmers markets and classroom visits by farmers, among other items related to child wellness more broadly (e.g., immunizations, child abuse reporting, etc.). This policy was shared to train dozens of preschools in the LA area to create similar policies at their child care sites.

A few grantees worked on ***policy strategies for creating access to healthy food and beverages***. One grantee worked with its sub-grantees to develop healthy food and beverage vending policies, conduct healthy checkout pilots in LA County grocery stores, and disseminate "Marketing Matters" campaign information and materials. Its work resulted in healthy vending at youth recreation centers, a city-wide Healthy Snacks and Beverage Vending Policy, and six policies to reduce unhealthy food and beverage marketing to young children.

Another grantee advocated for and worked with a coalition of stakeholders to identify policy goals and language that compelled their city council to legalize sidewalk vending in LA County and create permit programs for the sale of healthy and affordable food on its sidewalks. Sidewalk vending can serve as another option for food vendors to provide nutritious food options in underserved areas. The grantee described the victory in its report as *"when the City Council voted unanimously to decriminalize sidewalk vending"* for the first time since 1980.

A third grantee worked with a local city to assess healthy vending policies in city parks. The findings were shared with other jurisdictions interested in passing similar policies. This work also involved the training of residents as a mechanism for accountability and to create a cadre of health stewards. The grantee's strategies were shared via a webinar to 25 cities and counties.

Several grantees worked on ***policy strategies to increase green space*** through park clean-ups and implementing welcoming and health-promoting design components such as shade sails, splash pads, and benches. Others worked to create community gardens, adopt a Healthy Parks Resolution that developed city-level ordinances on smoke-free parks and healthy food options in vending machines where youth gather, and prepare policy materials to educate and advocate for the addition of child-focused green spaces into a southeast region of LA.

One of these grantees worked on policy changes in a neighborhood that would create new and welcoming opportunities for park use among Pacific Islander community members, particularly attracting youth and law enforcement as partners.

One grantee worked to support the ***implementation of a sugar sweetened beverage tax***. It used public media campaigns and organized the Sugar Sweetened Beverage (SSB) Healthy Impact Assessment Steering Committee to examine the potential effects of the proposed SSB tax (Assembly Bill 1357) on low-income communities of color and the health of their residents. It also implemented a strategic outreach plan to engage community stakeholders in the promotion of policy recommendations, describing this approach in detail in their health impact assessment report:

> *More than 100 community stakeholder residents representing diverse populations from across four regions of Los Angeles…largely parents and grandparents who had been previously ignored, marginalized, or otherwise uninvolved in the sugar sweetened beverage issue, were now eager to move beyond focus groups, surveys, and community forums and learn concrete, tangible ways to participate in the public process.*

A few grantees worked specifically to ***strengthen the process to increase access to CalFresh benefits***. For example, one grantee addressed gaps in access and/or enrollment for CalFresh among eligible families by working with state agencies to upgrade the online application and providing policy recommendations. A couple of grantees worked to simplify the process whereby low-income families could obtain child care subsidies alongside public benefits such as Medi-Cal and CalFresh (i.e., horizontal integration of services).

Exhibit 6-1: Policies or practices implemented by RECO investments by policy level

Policy Level	Policy or Practice Implemented
Organizational	• Nutrition and physical activity policies among partner organizations • "Baby-Friendly Hospital" practices • School district in-class celebration policies • Preschool wellness policies
Community	• Food vending policies • Healthy checkout aisle implementation • Reduction of unhealthy billboard advertising • Establishment of multilingual signage for walking trails • Permit policies to allow for implementation of water facilities at parks • Green space use and child care zoning policies
County	• Support of healthy food enterprises through zoning policies • Acceptance of CalFresh dollars at farmers markets • Implementation of a Fruit and Veggie Vouchers program at LA County farmers markets
State	• Funding for the Child and Adult Care Food Program • Funding for a Nutrition Incentive Matching Grant program • Establishment of a statewide sugar sweetened beverage tax • Increasing eligibility criteria for SNAP benefits • Streamline horizontal integration efforts for Medi-Cal and SNAP

6.1.2 Process of Changing Policies and Practices

As described in the Interim Report, partnering with local officials and stakeholders and engaging the community were also described in grantee reports as key factors in the process of changing policy and practices. Additional factors that emerged in the grantee report data include development of policy recommendations; providing education to increase awareness; building knowledge and capacity; conducting research to inform policy strategies; and dissemination of research, reports, and policy briefs.

RQ11: What was the process of changing policy and practices?

Several important factors were key in the process of developing and implementing policies and policy strategies. The most prominent factor, identified by slightly more than a third of grantees) was the ***collaboration with a wide variety of stakeholders***, at the neighborhood, city/county, state, and federal levels (Exhibit 6-2), again echoing findings from the network analysis. Though the degree of collaboration depends on the goals of each grantee, grantees reported that working with individuals, informal groups, established organizations, and state and federal agencies is essential to their efforts. The grantees collaborated with the stakeholders to provide education, technical assistance, and training; conduct research; co-author papers; and draft policy language. One grantee described the importance of bringing all parties together as a critical lesson learned. More specifically, almost a third of grantees reported partnering with local and state officials as being key in policy development.

Exhibit 6-2: Examples of policy or practice collaborators/partners by grantee

Grantee	Examples of Collaborators/Partners
Breastfeeding Task Force of Greater Los Angeles	Breastfeeding and lactation accommodation policy work was done collaboratively with LA Unified School District, Valley Lawyers, the ACLU of Southern California, the Women's Law Center, local Chambers of Commerce, Department of Public Social Services (DPSS), the California Breastfeeding Coalition, universities such as California State Polytechnic University Pomona, LA County Department of Public Health, California Labor Commissioner, Department of Fair Employment and Housing, and the Employment Development Department. Educated local, state, and federal officials and agencies on the need for improved lactation laws. Assembly members from seven offices were reached to discuss this topic and advocate for strengthened standards.
California Food Policy Advocates	Collaborated to improve food policies with DPSS, Maternal Child Health Access, Hunger Action Los Angeles, Community Health Councils, Daughters of Charity Health System, Los Angeles Regional Food Bank, Public Counsel, Jewish Family Services of Los Angeles, and the Nutrition for LA Families Coalition. Connected with multiple local and regional officials to help promote healthy food policy and enact political change.
Child Care Law Center	Collaborated with stakeholders such as the California Department of Education, resource and referral agencies, East Bay Community Law Center, local social service and advisory groups, CLASP, Parent Voices, and state fire marshals to improve the nutrition and physical environment in child care centers Met with key legislative staff and policy makers to prepare funding requests for the reinstatement of a Child and Adult Care Food Program (CACFP) state match.
Community Coalition for Substance Abuse Prevention	Partnered with the LA City Recreation and Parks Department Superintendent and benefited from their pivotal role for policy development.
Community Health Councils	Collaborated with SSB and Health Impact Assessment policy stakeholders. Garnered strong support for SSB policies from elected officials such as Senator Bloom.

Grantee	Examples of Collaborators/Partners
Ecology Center	Educated state elected officials, including Senator Loni Hancock, about the ongoing developments of the implementation of AB 1321, including the creation of the California Nutrition Incentive Program
LA County Department of Public Health	Worked collaboratively with sub-grantees and other community partners to support healthy food and food advertising policies.
Occidental College Urban and Environmental Policy Institute	Collaborated with members of the LA County street vending campaign, Sustainable Economic Enterprises of Los Angeles, ECE sites, and local officials in Compton, Pomona, El Monte, and Commerce to increase healthy food policies and resources.
Public Counsel	Collaborated closely with the AB 530 Lower River Working Group to encourage Enhanced Infrastructure Financing District (EIFD) funding for child care and green space development. Partnered with local officials to address using EIFDs for green space and ECE investment and developments.
Public Health Advocates[a]	Superintendent of a local city parks and recreation center, after participation in a grantee-led workshop on healthy eating active living, took an active role in his community and was instrumental in garnering support for two city-wide policies: Bicycle Master Plan and Healthy Beverage Policy.
Asian Pacific Islander Forward Movement[b]	Collaborated with law enforcement, the local church for the majority of Pacific Islanders in the Lennox Park community, and the Department of Parks and Recreation to increase park safety and use by community residents.
California Center for Public Health Advocacy	Superintendent of a local city parks and recreation center, upon participation in a CCPHA workshop on healthy eating active living took an active role his community and was instrumental in garnering support for two city-wide policies: Bicycle Master Plan and Healthy Beverage Policy.
Western Center on Law and Poverty	Worked with 23 members of the California Congressional Delegation to sign on to Congressman Jim McGovern's Resolution 90 to protect and strengthen SNAP, and built a coalition of 30 partner organizations to conduct educational and administrative advocacy opposing the Farm Bill which, as introduced would have significantly reduced food stamp benefits.

[a] Formerly California Center for Public Health Advocacy.
[b] Formerly the Asian and Pacific Islander Obesity Prevention Alliance.

Another key activity that was identified by several grantees as being an important factor in the process of changing policy is the ***development of policy recommendations*** through engaging stakeholders, conducting assessments, and working in partnership with community stakeholders. For example, one grantee drafted lactation accommodation guidelines for the California Department of Public Health, and another developed a brief and recommendations for a simplified eligibility determination and enrollment system for child care services. Other examples of policy drafts include a strategic outreach plan for the promotion of policy recommendations from the Health Impact Assessment (HIA) Report, development of a comprehensive and model Wellness Policy for Healthy Eating and Physical Activity, and recommendations for zoning changes to a river restoration plan to address the needs of the low-income families with young children, providing expanded green space, while also mitigating the risk for displacement of these families as a result of the real estate development.

Several grantees described their work to ***educate key stakeholders*** as a way to engage them as partners and advocate and create awareness of issues. Grantees conducted education in various ways, such as personal emails, email listservs, webinars, newsletters, websites, trainings and technical assistance, best practices toolkits/manuals, and in-person meetings. Key stakeholders involved in educational outreach about obesity prevention included community residents, local and state elected officials, and others. For example, one grantee educated residents on healthy food options and the impact they can have on health,

particularly for young children. One grantee reported a need for more education and awareness about childhood obesity within the child welfare system, including clarification about the links among childhood obesity, food insecurity, and adverse childhood experiences.

Educating stakeholders was also a way to help build their capacity to work in partnership with the grantees. Several grantees provided trainings and technical assistance to their stakeholders, the community, and/or local and state elected officials. For example, trainings were conducted to create awareness about incidental medical services for children with special health needs and to teach nutrition and physical activity to child care providers. One grantee worked to educate elected officials to build their capacity for policy development and sustainability. Another grantee helped address insecurities and mistrust among community residents who were participating in its "Government 101 and How to Take Action on Issues in Your Neighborhood" educational training.

Another important activity identified as being an important factor in the process of changing policy is ***conducting research to inform policy strategies***. Several grantees collected data and/or conducted research to provide evidence and/or support for their policy goals. For example, one grantee investigated the ways in which other cities had implemented evidence-based health initiatives, which it used to inform its implementation strategies:

> *A baseline assessment of four cities with high rates of childhood obesity and other health disparities was conducted to determine the status of past and current evidence-based health initiatives in these communities. The information obtained from the survey will help the grantee support continued implementation efforts that support access to healthy food and beverage in city facilities.*

Another grantee conducted a targeted community needs assessment and pre- and post-training tests to support the need and outcomes of its work on healthy food policies. Other grantees conducted qualitative interviews with key stakeholders to inform the development of their policy work.

Disseminating research findings and other reports and policy briefs was also a key strategy for several grantees in meeting their policy goals. For example, one grantee reported on a study that served as the basis for change:

> *The study with its resultant recommendations was a primary source considered for the student-related lactation accommodation updates to our "Pregnant and Parenting Teens" policy.*

A couple of grantees distributed informational materials and factsheets to increase knowledge and awareness of the issue. One grantee conducted research and drafted policy briefs, white papers, and reports about the need for more healthy food sources in South LA.

6.2 Facilitators and Barriers

6.2.1 Facilitators to Changing or Adopting and Implementing Policies and Practices

RQ12: What are the facilitators and barriers to changing or adopting and implementing policies and practices?

Similar to findings described in the Interim Report, grantees reported expanding reach and strengthening networks of stakeholders, community engagement and advocacy, and having adequate financial resources as facilitators in the process of changing policy and practices. Facilitators that were described in the Interim Report but not in this analysis include having prior experience with legislation and advocacy work, staff capacity and support, and framing the issue in positive ways.

More than a third of grantees reported the importance of ***expanding their network of stakeholders to widen their reach and to strengthen existing partnerships*** as a key facilitator to changing, adopting, and implementing policies. By expanding their network of stakeholders, a few grantees were able to reach more sites to institute policy changes. Building closer relationships with city staff led cities to be more open to policy changes.

Another important facilitator reported by the grantees is ***community engagement and advocacy***. Because authentic community-level policy change cannot be achieved from outside the community, advocacy from within the community is a pivotal facilitator to policy change. As described in the previous section, collaborating with key stakeholders and engaging them in the work as a process is an important facilitator. Identifying and working with existing advocates and taking the time to build a trusting relationship is important. For example, one grantee worked with a local park official to engage residents who they hope will become community organizers as a way to build community leadership.

Grantees reported the increased levels of engagement and involvement from their partners as an important facilitator to their work. For example, grantees reported that after receiving education and/or outreach, employers have made greater efforts as advocates for improved policies, deepened relationships with local officials, increased level of involvement of food vendors and market managers who accept electronic benefits transfer, and increased enrollment in CalFresh.

Similar to findings described in the Interim Report, ***adequate financial resources*** were an important facilitator for their work; a few grantees were able to secure additional funding to help leverage it. For example, one grantee secured additional funding from the Centers for Disease Control and Prevention to address child obesity and physical inactivity in South LA by increasing safety around parks to increase their usage and creating linkages to quality health care.

6.2.2 Barriers to Changing or Adopting and Implementing Policies and Practices

Similar to findings in the Interim Report, the grantee reports described as barriers challenges in collaborating with partners and delayed implementation due to mid-course corrections. These barriers to changing or adopting and implementing policies and practices were similarly reported in previous sections as challenges to reaching individuals and communities. Barriers that were described in the Interim Report but not in this analysis include lack of organizational experience and infrastructure.

Although grantees described successes in partnering with key stakeholders, they also reported various ***challenges they experienced in partnering with key stakeholders and local officials***. Challenges included the time it takes to get different stakeholders oriented to the issues and to see progress for policy

strategies, and the effort required to keep stakeholders (perhaps distracted by competing priorities) engaged in the work and. As one grantee described,

> *Working with multiple stakeholders—each with their own requests. … It is interesting to take the interests of city and county staff and blend them with the requests of community and what they value.*

Partnerships with local elected officials were also a key strategy for policy work, as such officials often are the decision-makers and/or influencers as part of their leadership position. Grantees reported challenges such as differing priorities and visions, officials wanting to see progress and outcomes quicker than is reasonable, officials being difficult to reach, and term limits. As a grantee elaborated,

> *Two of the key potential supporters of legal and healthy vending on the City Council are terming out by summer 2013, so they may not be able to sponsor legislation.*

Several grantees described experiencing ***delayed implementation due to challenges associated with program logistics***. For example, one grantee reported the *"labor-intensive effort"* needed to get community participation and that a hands-on approach consisting of regular follow-up would have helped. Another barrier that delayed implementation was ***staff turnover and loss of champions.*** A few grantees faced the challenge of staffing changes that slowed the progress of their work. A couple of grantees faced slowdowns due to the ***bureaucracy*** common within large governmental organizations.

Another challenge experienced by a few grantees was the challenge in ***prioritizing and targeting their work*** and the need to reconcile conflicting priorities among the stakeholders. For example, one grantee's goal was to implement a region-wide approach, only to realize that the six priority cities, while in close proximity, each had different regulatory rules. Another grantee reported conflicting priorities in the communities where it does its policy work.

Finally, a challenge reported by a few grantees was their partners' ***limited resources and time*** to complete all planned activities.

7. Lessons Learned

In addition to the lessons learned in the Interim Report, key findings from the grantee reports, updated geospatial analysis, and network analysis provide additional insights and lessons learned on the reach and implementation of RECO obesity prevention activities and in evaluating this reach and implementation.

Collaborating and getting buy-in with key stakeholders and the community. In reaching the communities they intended to serve, grantees emphasized the importance of engaging and building partnerships with key stakeholders such as community-based organizations, elected officials, and public agencies such as law enforcement. Partnerships are important in maximizing resources, increasing staff capacity, and delivering program activities. Leveraging these key partnerships also facilitates the work of grantees by helping to navigate the bureaucratic barriers that grantees often face when working on policy-, systems-, and environmental-level approaches that require the cooperation of public entities. Once partnerships have been developed, it is crucial to continue to be intentional in building and maintaining good relations as a way to sustain the work after grant funding runs out.

Grantees need to take adequate time to allow relationships with key stakeholders to develop and to build trust, which is particularly important for new and burgeoning partnerships. Sometimes trust can be

facilitated when an existing partner that is well regarded and known to be trustworthy introduces the potential new partner.

The importance of partnerships also resonated in the network analysis findings. Despite a lack of any requirement or overt efforts by First 5 LA to connect grantees, several connections were made and relied on to accomplish the RECO work. We also learned that geographic overlap of the areas served by grantees could potentially allow more for collaborations.

Allowing adequate time to work out program implementation logistics. Community-based programs that are responsive to the needs of their target population may shift strategies as community needs and conditions change. Taking time to make course corrections should be viewed not as a logistical problem but rather as a critical learning opportunity when building the strength of the intervention. The funder may not initiate periodic pauses for reflection and review of implementation progress and success, but grantees should make the case for this time and incorporate it into their timeline of program activities.

Educating stakeholders on the PSE approach. Though many public health programs, particularly those focused on child obesity prevention, use a *policy, systems, and environmental (PSE)-level change* approach, grantees reported that many of the stakeholders they partnered with have limited understanding of it. This lack of understanding was a barrier in implementing grantee work. When partnering with the community on PSE changes, in addition to building in the time to develop relationships and working on program logistics, grantees could consider building in time to educate stakeholders on PSE approaches that can help to facilitate and advance their work.

Intentional planning to target high need communities. After incorporating additional years of RECO activity and location data, and including city-wide activities, we found that RECO activities occurred in most of the high-need communities across LA County. We also saw a great deal of geographic overlap between RECO activities and Best Start Communities. The work that First 5 LA put into identifying high need areas also appears to have supported RECO grantees in serving high-need communities. Taking the time and effort in advance to identify areas of need and the target population ensures that the efforts reach those most in need.

An additional lesson learned from the perspective of the evaluation is related to ***grantee reporting requirements.*** The data collected from grantees by First 5 LA through their regular reporting requirements was an asset to the evaluation. Grantee report data provided the study team with valuable qualitative and quantitative information to help answer the reach study research questions, supporting qualitative analysis of grantee experiences as well as the geospatial and network analyses. Nevertheless, future efforts might improve the grantee reporting system even further to support grantee monitoring and evaluation efforts. A recommendation would be to develop and support an improved information management system able to streamline and standardize reporting across grantees. Systematic collection of details on activities implemented and when and where they occurred would support future assessment of the reach of these activities. Including measures to reduce missing data would also facilitate a summary of data across grantees. Such a system would also be especially useful in mitigating the loss of institutional knowledge that comes from the high staff turnover reported by grantees. An internal system to capture program processes across all grantees could preserve knowledge, be instrumental in capturing data, reduce burden on grantees and grant managers, and improve grantee monitoring in the future. In addition, identifying common metrics across multiple grantees can help to readily identify outcomes that can then be compared across grantees and programs. Improved systematic data collection would be useful to grantees, funders, and evaluators.

Appendix A: Description of RECO Investments (and Grantees)

This appendix summarizes the aims and activities for each of the 18 RECO investments (indicated in red) and the grantees (indicated in bold).

50 Parks: Developing Three Neighborhood Parks. The Los Angeles Department of Recreation and Parks completed its 2009 Citywide Community Needs Assessment and found that the City's 420+ parks and facilities were not equitably distributed and that many communities did not have parks within a reasonable distance. As part of the City of Los Angeles 50 Parks initiative, the **LA Parks Foundation** received RECO funding to develop, construct, and maintain three neighborhood parks in the Broadway-Manchester and Pacoima Best Start Communities. The goal was creating walkable parks designed specifically for young children and their families. The land for these parks was procured by working with city agencies to get foreclosed properties donated and then to build parks in neighborhoods that previously had no park space.

Breastfeeding Works. The **Breastfeeding Task Force of Greater Los Angeles**, through its Breastfeeding Works and Target LA RECO program, supports employers and employees to help breastfeeding mothers succeed in returning to work. The Task Force's goal is to provide technical assistance to hospitals to help them obtain World Health Organization "Baby-Friendly Hospital" status and to advocate for expanding and streamlining Medi-Cal regulations that support low-income mothers' efforts to breastfeed. The Breastfeeding Task Force implemented its initiative county wide using a train-the-trainer strategy, where providers receive a culturally relevant breastfeeding curriculum designed to improve their outreach to mothers. Between 2010 and 2015, some 21 LA-area hospitals achieved Baby-Friendly Hospital status.

California Food Policy Advocates: Nutrition for LA Families. **California Food Policy Advocates (CFPA)** is a 501(c)(3) non-profit organization dedicated to increasing low-income Californians' access to healthy food. Its RECO initiative involved working to increase the number of children ages 0–5 enrolled in the CalFresh program (California's SNAP program) in LA County. CFPA accomplished this by enhancing enrollment procedures for applicants not applying at an office in person, by guaranteeing that Medi-Cal (California's Medicaid program, previously the Healthy Families Program) recipients are enrolled in CalFresh and by using early childhood education facilities as enrollment points for CalFresh.

Child Care Law Center: Streamlining Child Care Subsidies. The main focus of the **Child Care Law Center (CCLC)** is to increase access and reduce barriers for low-income families to obtain quality child care. The CCLC also uses its relationship with child care operators as a platform for ongoing work to improve the nutrition and physical environment in child care centers. CCLC is working towards simplifying and streamlining eligibility determination and enrollment in child care programs, increasing parental retention of child care subsidies, and strengthening health and safety regulation in licensed child care settings. The primary goal of the RECO work was to advocate to local policy makers for the reinstatement of state funding for nutrition programs, specifically the reinstatement of a Child and Adult Care Food Program (CACFP) state match. CCLC gathered community input, coordinated a roundtable conversation with state legislators and community groups, provided technical assistance, and published factsheets for policy makers to reference on local regulations around physical activity and nutrition.

Community Coalition: Healthy Food and Safe Space Access. The **Community Coalition for Substance Abuse Prevention** advocates for community-informed policies to increase access to safe public spaces and the availability of fresh fruits and vegetables in the King Estates neighborhood of South

Los Angeles. Community Coalition specializes in community leadership building. To engage members of the community, it puts on regular events such as parades, the annual summer political festival, and the community Easter egg hunt that doubles as a health insurance education and enrollment event. Through monthly community meetings and needs assessments, it helps equip residents with advocacy skills in order to establish a movement that is sustainable in the long term. It has been successful in securing annual public resources to support summer and year-round educational and recreational programming at King Park and also to maintain the park as a safe place for children and families to use. It also partners with the non-profit group Community Services Unlimited to operate a weekly produce stand critical in providing access to fresh produce in the community. *The Movement* newsletter documents Community Coalition activities.

Community Health Councils: Assessing Sugar Sweetened Beverage Tax Proposal and Alternatives. The goal of the **Community Health Councils (CHC)** investment was to engage community members of color to develop a plan to reduce sugary beverages for children ages 0–5 and their families. As part of the RECO investment, CHC completed a health impact assessment of potential effects of a proposed sugar sweetened beverage tax on low-income families with children ages 0–5 in the racially/ethnically diverse communities of South Los Angeles, Long Beach/Wilmington, Central/East LA, and Pacoima. CHC explored current policies, developed policy recommendations, and encouraged community stakeholders to get involved to support policy adoption.

Early Childhood Obesity Prevention Initiative (ECOPI): Choose Health LA Kids (CHLA Kids). One of the three ECOPI investments funding the **LA County Department of Public Health**, CHLA Kids is a community-based public education and skills-building campaign to increase the capacity of communities to promote healthy eating and active living practices. The program worked at the clinical setting, promoted community assistance programs and enrollment (CalFresh, WIC), and partnered with agencies to implement public education policies. Public education work included billboards, posters, and radio announcements about reducing consumption of sweetened beverages, healthy eating out and healthy eating tips, and physical activity versus screen time. CHLA Kids also offers the Choose Health LA Restaurants program to help families identify healthier restaurant options and encourage local restaurants to adopt health-conscious menu items. Other activities included parenting workshops, community group meetings, food demonstrations, and bilingual grocery store tours to engage parents and children.

Early Childhood Obesity Prevention Initiative (ECOPI): Choose Health LA Managing Obesity in Moms (CHLA MOMS). One of the three ECOPI investments funding the **LA County Department of Public Health**, CHLA MOMS provides nutrition, physical activity, and stress management resources targeting obesity in postpartum women in LA County. The goal of the program is to help mothers attain or improve their pre-pregnancy weight, increase breastfeeding, and improve eating habits for both mother and child. Moms get help managing their weight from an online weight management toolkit providing a platform where they can track their weight loss, exercise, breastfeeding, nutritional progress, etc. The program also sends moms tips and reminders via text message, making the program one of the first of that kind locally. CHLA MOMS also provides training to community-based agencies that serve postpartum women and distributes paper and electronic informational pamphlets based on the website's curriculum. CHLA MOMS formed partnerships with various community groups, such as exercise class providers, to promote, recruit for, and implement program activities. It also developed curricula for free courses on topics ranging from breastfeeding to postpartum exercise. It promoted its resources via a website, text messaging, community presentations, and social media.

Early Childhood Obesity Prevention Initiative (ECOPI): Choose Health LA Child Care (CHLA Child Care). One of the three ECOPI investments funding the **LA County Department of Public Health**, CHLA Child Care aims to reduce overweight and obesity among preschoolers, improve nutrition and increase physical activity in child care settings, identify barriers that child care providers face in their efforts to promote good nutrition and active play, and promote development of healthy habits early in life. CHLA Child Care expanded on previous child care projects to improve nutrition and physical activity policies and practices among child care providers by training at least 5,500 licensed and license-exempt child care providers to promote nutrition and physical activity to the children they care for. Training topics included breastfeeding, food and drinks, physical activity, screen time, and environment and policy. Trainings were conducted on-site or at the Los Angeles County Department of Public Health. Optional technical assistance was available after the training. That one-on-one coaching allowed providers to get advice on improvements related to support for breast feeding, improvement of food/beverage practices, increased physical activity, and/or reduced screen time.

FreshWorks Fund: Healthy Corner Store Conversion. California's FreshWorks Fund is a public-private financing program that invests in grocery stores and other forms of healthy food retail and distribution in underserved communities. For RECO activities, First 5 LA matched funds from the California Endowment to support **Capital Impact Partners** in their work to help local grocery stores provide healthy foods to young children in food desert areas. The Food Enterprise Microlending Intermediary program was funded to offer loan capital, as well as companion grants and technical assistance, for qualified intermediaries to support microlending to healthy food enterprises that reach families with small children throughout LA County.

Healthy Food Access Initiative: Children's Garden Collaborative. Also known as Little Green Fingers, through the Children's Garden Collaborative the **LA Conservation Corps** built seven community gardens throughout LA County. The initiative gave preference to neighborhoods that are home to many young children. Community participation was central to the design phase, as well as to the construction of each garden. To further engage the community, the project offered gardening and cooking classes to garden members. While families with children prenatal to age 5 are prioritized for outreach and membership in all of the community gardens, the collaborative, with grant support from other entities, cultivates the leadership and gardening capacity of a cadre of youth to supplement the healthy eating impacts of the community gardens. The project aims to increase healthy food intake for garden members and their families, as well as to grow their leadership capacity and to develop a long-term membership group to sustain the garden post-RECO funding.

Healthy Food Access Initiative: Market Match (Fruit and Veggie Vouchers). The vouchers program, also known as Market Match, is part of a statewide coalition working to increase the health of Californians who receive food benefits. People who receive CalFresh, WIC, Social Security, or Supplemental Security Income (SSI) are eligible to receive up to $10 in vouchers per market day when they spend at least $10 at participating farmers markets. By directing SNAP customers directly to farmers market fruit and vegetable growers, the program attempts to simultaneously expand access to fresh produce and support farmers who bring fresh food to underserved communities. Activities promoting fresh produce are held at the markets for children and parents to engage the whole family. The RECO investment also expanded the program to 26 new farmers markets in LA County. Work was led by the **Ecology Center** and their partners.

Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food. This investment has an overall goal of developing policies,

advocacy, and an educational project aimed at substantially increasing the availability of locally grown and affordable fruits and vegetables at multiple access points for low-income preschool-age children and their families. The **Urban and Environmental Policy Institute at Occidental College** employed a three-pronged approach:

- ***Promote policies that encourage mobile healthy food options***—The Institute organized a vending coalition and worked with stakeholders to develop and get passed a model vending ordinance for the City of LA legalizing sidewalk vending and creating incentives for vendors to offer healthy foods.
- ***Identify and reduce barriers for farmers and SNAP customers to result in wider use of food vouchers (CalFresh, WIC, Social Security, or SSI) at farmers markets***—The Institute worked with market managers to identify potentially interested farmers and then help them implement the process of accepting WIC at the farmers market. It also produced outreach materials to educate benefits-eligible consumers on the Healthy Food Access Initiative's Market Match program, including manuals in English and Spanish.
- ***Promote programs that encourage healthy eating in early childhood education settings***—The Institute established official wellness policies in 14 PACE preschools in metro Los Angeles, East Los Angeles, San Gabriel Valley, South Bay, and the South Los Angeles area. Institute staff also held talks with more than a dozen other preschool teacher organizations about the benefits of wellness policies and the route they might follow to establish appropriate ones in their own schools.

Public Health Advocates: Family Voices for Healthy Choices. **Public Health Advocates** (formerly the California Center for Public Health Advocacy) works with cities in LA County to provide online resources, training, and technical assistance to implement 11 healthy vending policies recently passed by cities within LA County. Public Health Advocates educates local residents on where to access healthy foods and mobilizes teams of community members, who are usually parents, to educate state policy makers and elected officials on best practices for implementing vending machine policies. Public Health Advocates also provides health initiatives based on evidence about healthy eating programs.

Safe Active Family Environments for Asian and Pacific Islanders (S.A.F.E. for APIs). A project of the **Asian and Pacific Islander Forward Movement** (formerly Asian and Pacific Islander Obesity Prevention Alliance), S.A.F.E. for APIs works to increase access to physical activity for Asian and Pacific Islander families with children ages 0–5 by advocating for public parks in high-concentration API neighborhoods to adopt standards for safety, cleanliness, and culturally competent family programming. Using community surveys, S.A.F.E. for APIs identified the following barriers to using existing parks: lighting, walking trails, safety concerns, and a sense of not belonging in their neighborhood. These barriers were shared with the community to develop strategies to address them. Culturally competent programs put on by the organization promote active and healthy lifestyles and health and nutrition information. Multilingual signage (English, Spanish, Tongan) was built into the parks, and maps of walking trails were distributed. A new walking trail was built at one site, and a Pacific Islander walking group was established. S.A.F.E. for APIs built sowing beds and community gardens in one neighborhood to increase access to fresh food and outdoor activity for garden members. In another, it petitioned local elected officials for the addition of a crosswalk.

Southeast Cities Land Use Advocacy Project. **Public Counsel** conducts research, develops recommendations, and disseminates those recommendations to policy makers in cities in Southeast Los Angeles County on zoning and land use policies that would promote access to child care and child-friendly green space. The organization also advocates for changes to zoning regulations and general plans

in those cities to make it easier for child care facilities and green space to be developed. It also engaged local teenagers in a park improvement project that culminated in sandblasting interactive playspace games onto an abandoned volleyball court.

Tot Parks & Trails: Enhancing Toddler Playground Facilities. This RECO investment funds the upgrading, developing, or enhancing of toddler playground facilities and stroller trails. It targets park-deficient communities across LA County to develop Americans with Disabilities Act–compliant, developmentally appropriate play spaces for children ages 2–5. Across seven grantees, community members engaged in the design of parks in their neighborhoods, staying engaged throughout construction and all the way to a grand opening event. Each grantee separately implemented local parks projects, but all aligned with the Tot Parks & Trails mission.

1. **Amigos de los Rios** completed renovation or construction of seven outdoor-space projects. Park improvements included new and improved trails, play equipment, safety fencing, and native trees and plants. It also met with members of communities in which it was active to receive input and promote the importance of physical activity.
2. **Los Angeles Neighborhood Initiative** worked with community members to revitalize neighborhoods through improvement of three parks.
3. **Los Angeles Neighborhood Land Trust** worked to renovate two existing parks and to build two new parks for young children and their families. The Land Trust also created one community garden.
4. **Shane's Inspiration** builds playgrounds designed with disabled children in mind. It constructed five inclusive playgrounds that were accessible to children with disabilities.
5. **LA Conservation Corps** assessed the needs of communities according to the population density of children ages 0–5 in targeting neighborhoods for park renovations. It worked on nine parks total and held a groundbreaking and opening event for each to engage the community.
6. **LA Parks Foundation** built two new wheelchair-friendly parks on the site of existing dilapidated playgrounds. It made a point of engaging community members in the design phase, maintaining child development at the center of its decisions.
7. **North East Trees** built one playground and renovated one park in neighborhoods lacking in outdoor spaces. It ensured easy access for children with special needs, and they are now premier parks for their regions.

Western Center on Law and Poverty: Simplifying CalFresh Regulations. The project employs impact litigation, administrative advocacy, and policy advocacy to ensure that CalWORKs (the state's TANF program) supports pregnant women and children ages 5 and younger. To this end, the **Western Center on Law and Poverty** works to simplify regulations to increase access to CalFresh for children ages 0–5 and to make it easier for mothers and children younger than 5 to access child care, health care, and home-visiting services.

Appendix B: Supplemental Tables

Exhibit B-1: Prevalence of RECO investment activities in LA County and by region

	All LA County	Region 1	Region 2	Region 3	Region 4	Region 5
Total number of census tracts	2054	433	416	392	375	394
Census tracts in which any RECO activity occurred (N)	1,220	289	312	314	160	141
Census tracts in which any RECO activity occurred (%)	59	67	75	80	43	36
ECOPI Investments						
Early Childhood Obesity Prevention Initiative: Choose Health LA Child Care[a]	113	71	20	0	16	6
Early Childhood Obesity Prevention Initiative: Choose Health LA Kids	600	155	163	103	80	95
Early Childhood Obesity Prevention Initiative: Choose LA MOMS[b]	36	13	14	5	1	3
Census tracts in which any ECOPI activity occurred (N)	689	205	176	108	93	103
Census tracts in which any ECOPI activity occurred (%)	34	47	42	28	25	26
Non-ECOPI Investments [c]						
50 Parks: Developing Three Neighborhood Parks	3	0	2	1	0	0
Breastfeeding Works	640	113	188	285	17	37
Child Care Law Center: Streamlining Child Care Subsidies	1	0	1	0	0	0
Community Coalition: Healthy Food and Safe Space Access	7	0	4	2	1	0
Community Health Councils: Assessing Sugar Sweetened Beverage Tax Proposal and Alternatives	71	2	5	0	64	0
FreshWorks Fund: Healthy Corner Store Conversion	10	3	6	1	0	0
Healthy Food Access Initiative: Children's Garden Collaborative	6	2	1	1	0	2
Healthy Food Access Initiative: Market Match (Fruit and Veggie Vouchers)	34	10	16	4	3	1
Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food	48	29	16	3	0	0
Public Health Advocates: Family Voices for Healthy Choices	16	10	2	1	1	2
Safe Active Family Environments for Asian Pacific Islanders–S.A.F.E for APIs	5	0	4	0	1	0
Southeast Cities Land Use Advocacy Project	5	4	0	0	1	0
Tot Parks & Trails: Enhancing Toddler Playground Facilities	46	16	6	8	8	8

	All LA County	Region 1	Region 2	Region 3	Region 4	Region 5
Census tracts in which any non-ECOPI activity occurred (N)	816	164	221	295	89	47
Census tracts in which any non-ECOPI activity occurred (%)	40	38	53	75	24	12

[a] Location data for this investment was only available at the ZIP code level. Activities were assigned to each of the census tracts within a ZIP code when the number of participants for that ZIP code was equal to or greater than five times the number of census tracts within a ZIP code. If this condition was not met, the activity was not assigned a location. Using the cut point of 10 times the number of census tracts, there were CHLA Child Care activities in two census tracts; using the cut point of two times the number of census tracts, there were CHLA Child Care activities in 727 census tracts.

[b] Location data for this investment was only available at the ZIP code level. Activities were assigned to each of the census tracts within a ZIP code when the number of participants for that ZIP code was equal to or greater than 10 times the number of census tracts within a ZIP code. If this condition was not met, the activity was not assigned a location. Using the cut point of five times the number of census tracts, there were CHLA MOMS activities in 33 census tracts; using the cut point of two times the number of census tracts, there were CHLA MOMS activities in 66 census tracts.

[c] California Food Policy Advocates and Western Center on Law and Poverty were not included as they only conducted county-wide activities within LA County.

Exhibit B-2: High-need communities in which RECO activities occurred

	All LA County	Communities with High Prevalence of:		
		Young Children[a]	Poverty[c]	Child Obesity[b]
All census tracts	2,054	403	239	465
Census tracts in which RECO activities occurred (N)	1,220	273	208	349
Census tracts in which RECO activities occurred (%)	59	68	87	75
ECOPI Investments				
Early Childhood Obesity Prevention Initiative: Choose Health LA Child Care[d]	113	21	11	19
Early Childhood Obesity Prevention Initiative: Choose Health LA Kids	600	150	103	186
Early Childhood Obesity Prevention Initiative: Choose Health LA MOMS[e]	36	6	10	9
Census tracts in which ECOPI activities occurred (N)	689	162	108	196
Census tracts in which ECOPI activities occurred (%)	34	40	45	42
Non-ECOPI Investments [c]				
50 Parks: Developing Three Neighborhood Parks	3	1	0	1
Breastfeeding Works	640	141	142	207
Child Care Law Center: Streamlining Child Care Subsidies	1	1	1	1
Community Coalition: Healthy Food and Safe Space Access	7	3	4	3
Community Health Councils: Assessing Sugar Sweetened Beverage Tax Proposal and Alternatives	71	23	19	15
FreshWorks Fund: Healthy Corner Store Conversion	10	2	6	3
Healthy Food Access Initiative: Children's Garden Collaborative	6	2	2	1
Healthy Food Access Initiative: Market Match (Fruit and Veggie Vouchers)	34	5	6	11
Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food	48	15	10	18
Public Health Advocates: Family Voices for Healthy Choices	16	1	2	5
Safe Active Family Environments for Asian and Pacific Islanders (S.A.F.E for APIs)	5	1	1	1
Southeast Cities Land Use Advocacy Project	5	2	0	1
Tot Parks & Trails: Enhancing Toddler Playground Facilities	46	9	9	22
Census tracts in which non-ECOPI activity occurred (N)	816	192	176	255
Census tracts in which any non-ECOPI activity occurred (%)	40	48	74	55

[a] This includes census tracts where children under age 5 comprise more than 10 percent or of the population.

[b] This includes census tracts where more than 20 percent of WIC-participating children between ages 2–5 are obese. Census tract-level information on child obesity prevalence was available only in census tracts with 30 or more WIC-participating children in 2009.

[c] This includes census tracts where more than 30 percent of the populations had incomes at or below the federal poverty line.

[d] Location data for this investment were available only at the ZIP code level. Activities were assigned to each of the census tracts within a ZIP code when the number of participants for that ZIP code was equal to or greater than five times the number of census tracts within a ZIP code. If this condition was not met, the activity was not assigned a location. Using the cut point of 10 times the number of census tracts, there were CHLA Child Care activities in two census tracts; using the cut point of two times the number of census tracts, there were CHLA Child Care activities in 727 census tracts.

[e] Location data for this investment were available only at the ZIP code level. Activities were assigned to each of the census tracts within a ZIP code when the number of participants for that ZIP code was equal to or greater than 10 times the number of census tracts within a ZIP code. If this condition was not met, the activity was not assigned a location. Using the cut point of five times the number of census tracts, there were CHLA Moms activities in 33 census tracts; using the cut point of two times the number of census tracts, there were CHLA Moms activities in 66 census tracts.

[c] California Food Policy Advocates and Western Center on Law and Poverty were not included as they only conducted county-wide activities within LA County.

Appendix C: Supplemental Maps of RECO Activities by CDC Strategy

The five exhibits below depict the geographic distribution of the RECO activities within each region, categorized by the four CDC strategies to reduce early childhood obesity. They include all data collected from the grantee reports and key informant interviews. The shaded census tracts in each map indicate that one or more RECO activities classified under that CDC strategy occurred.

Exhibit C-1: Geographic distribution of RECO activities by CDC strategy—Region 1

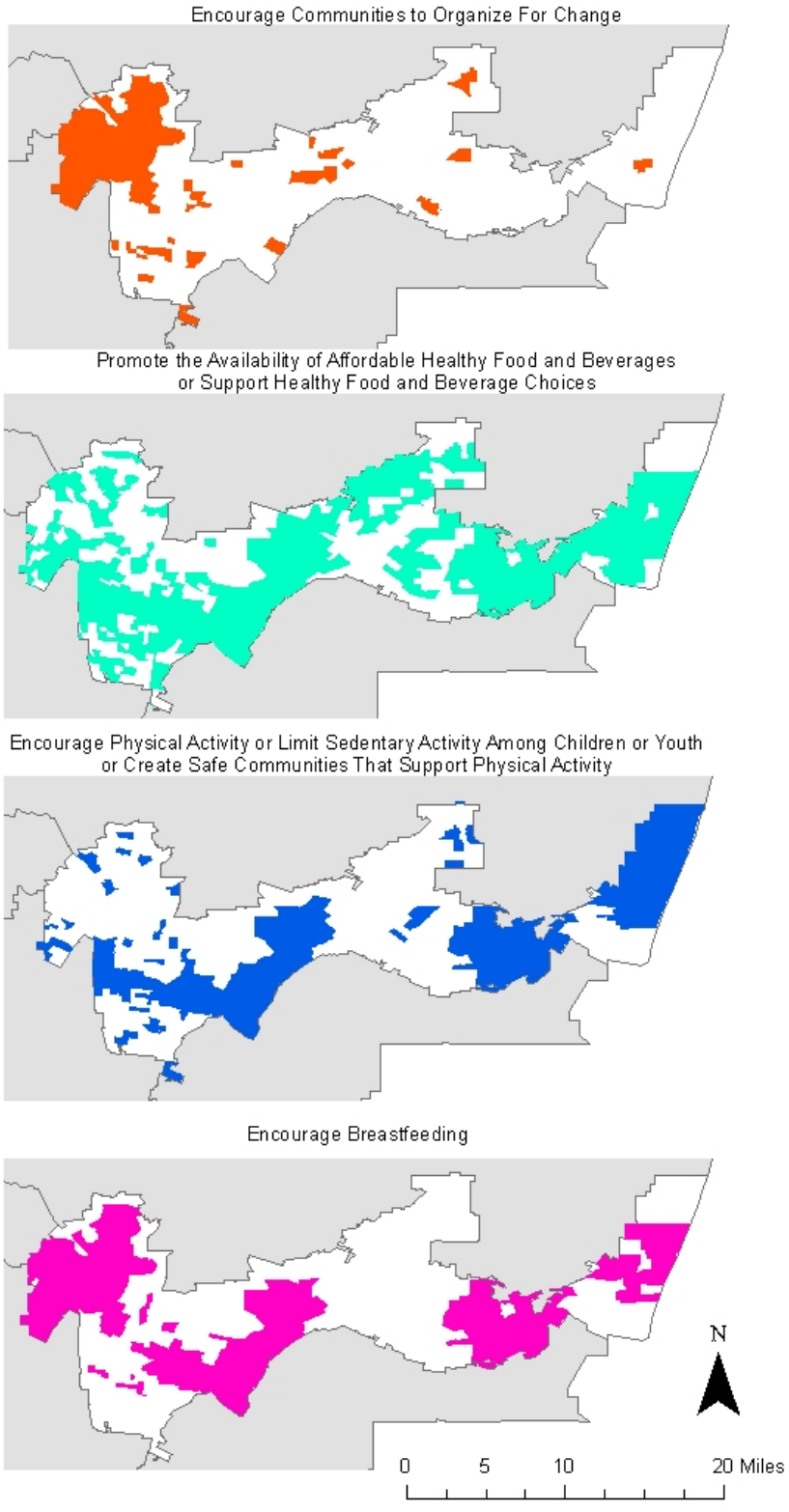


Exhibit C-2: Geographic distribution of RECO activities by CDC strategy—Region 2

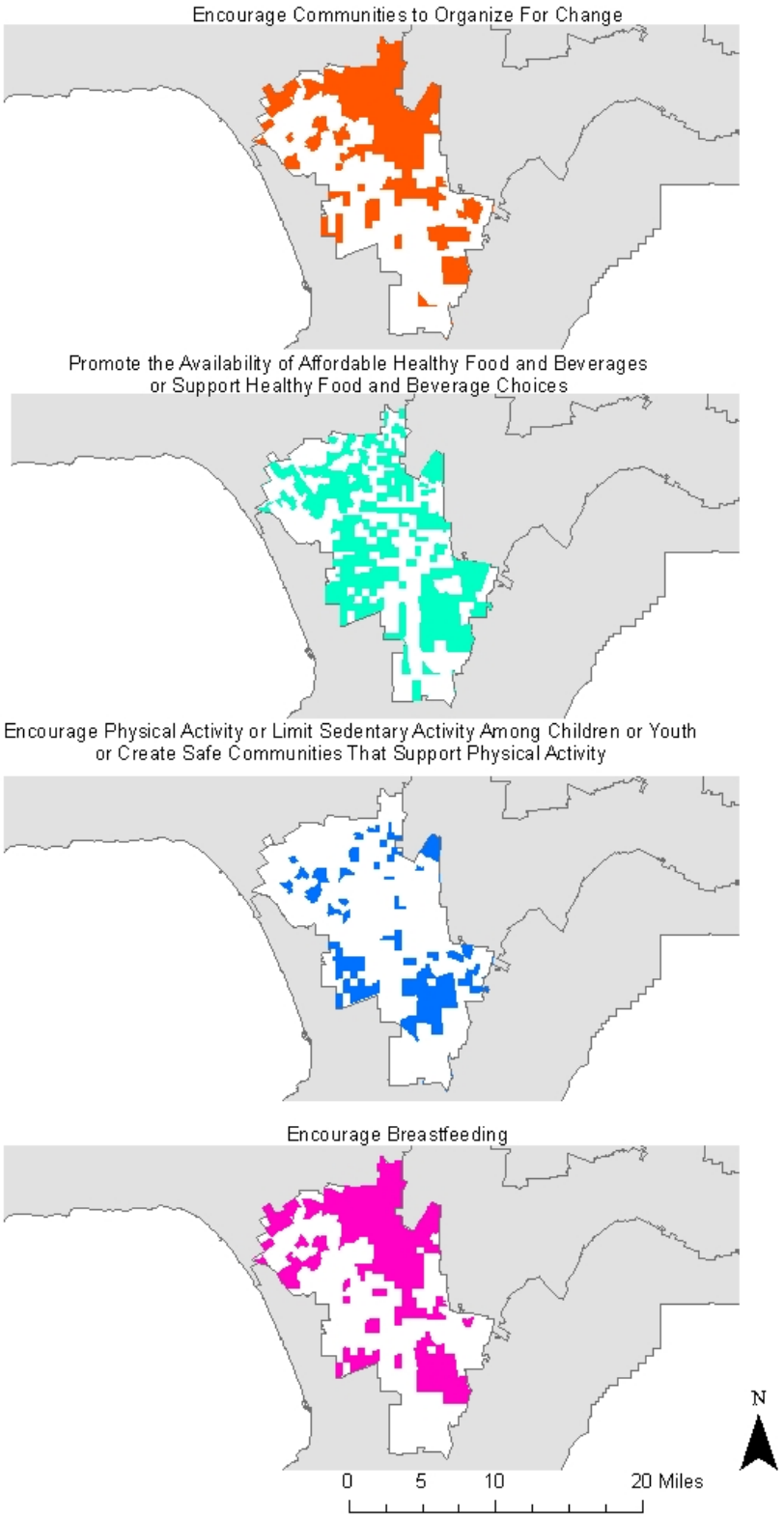


Exhibit C-3: Geographic distribution of RECO activities by CDC strategy—Region 3

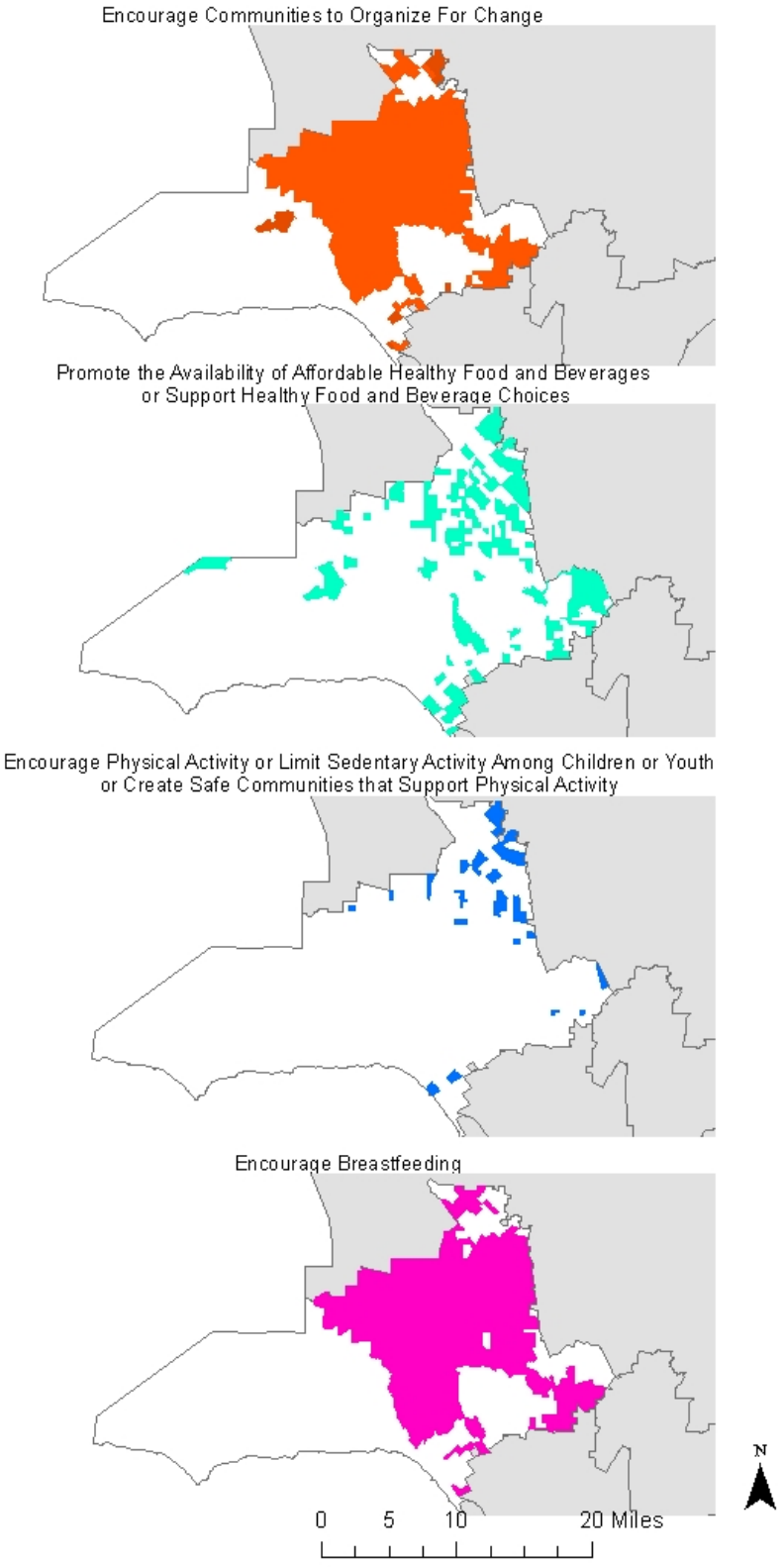


Exhibit C-4: Geographic distribution of RECO activities by CDC strategy—Region 4

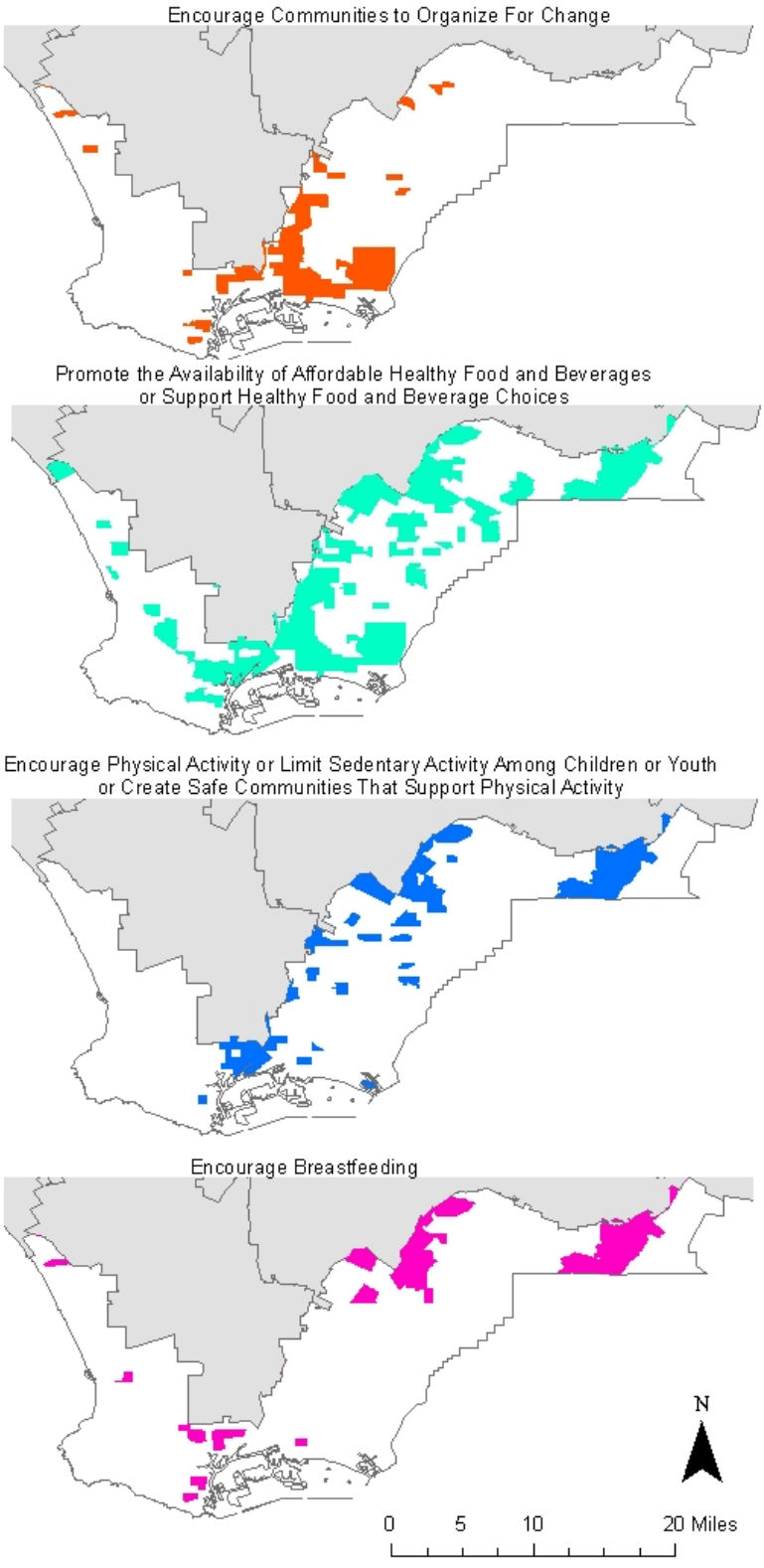


Exhibit C-5: Geographic distribution of RECO activities by CDC strategy—Region 5