REACH STUDY INTERIM FINDINGS REPORT

First 5 LA Contract No: 08834

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First 5 LA Reducing Early Childhood Obesity (RECO) Evaluation

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RECO Reducing Early Childhood Obesity

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List of Exhibits

Executive Summary

Overview

For too many children in the United States, obesity and overweight begins early in life, with many entering school already overweight or obese. Early childhood obesity is of great concern given its links to adverse health outcomes later in life. Strategies targeting obesity must begin with very young children and their families in order to have an early impact on children's healthy development.

This understanding fit **First 5 LA**'s focus on the first five years of life as "establish[ing] the foundation for the future success of our children."[1] Under its 2009-2015 strategic plan, that understanding led the organization to fund a diverse portfolio of investments around children's health—among them a subset referred to collectively as the **Reducing Early Childhood Obesity (RECO)** portfolio.

The RECO investments adopted a wide variety of strategies to address early childhood obesity, with a particular focus on low-income communities. These strategies ranged from education and media campaigns to financial incentives to changes in the built environment such as gardens and parks. Together, they aimed to facilitate change at the individual, community, and policy/systems levels (see Exhibit ES-1).

Key Findings

Reach and implementation successes and challenges at the individual, community, and policy/systems levels:

- *Collectively, the RECO investments targeted and reached a wide range of individuals, communities, and policies/systems across LA County. Grantees reported that they were successfully reaching their target populations.*
- *Grantees and community members reported positive changes among individuals, communities, and policies that they attributed to RECO activities. The changes reflected healthier practices (e.g., healthier eating habits, increased physical activity, more community parks, improved vending policies) that ultimately should reduce early childhood obesity.*
- *When community members were aware of the RECO activities, they were more likely to engage with the activities. However, they often were unaware of RECO activities or didn't recognize its projects by name. Community members reported wanting to know more about RECO activities.*
- *Grantees built important relationships with community members, policymakers, and other key stakeholders, which facilitated their RECO work. Engaging the community was necessary for the reach and implementation of RECO activities, but at times collaboration was challenging.*
- *Overall, RECO grantees and community members expressed great enthusiasm for the RECO investments and their activities.*

To help it understand the impact of its RECO portfolio, First 5 LA commissioned Abt Associates and its partners to design and implement an evaluation of the group of RECO investments. Though First 5 LA's 2015-2020 strategic plan shifted focus, the RECO findings still can offer lessons learned, both for future obesity work and for First 5 LA's work going forward in new areas. This report describes the evaluation's reach and implementation findings to date in three areas:

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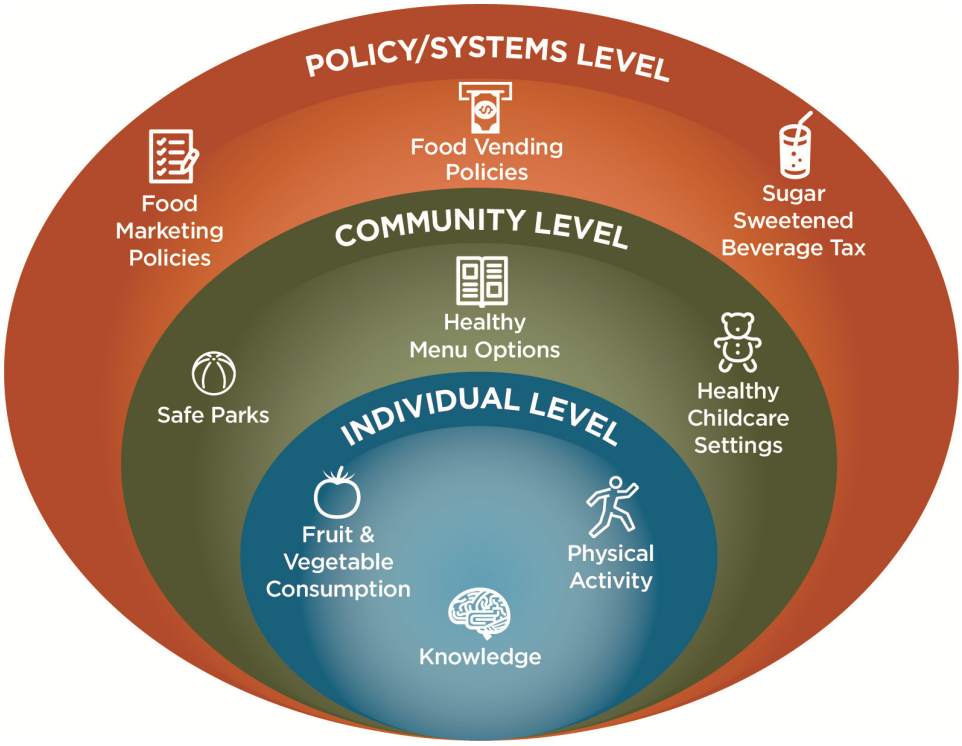
[1] First 5 LA is a leading public grant maker and early childhood advocate organization created by California voters to invest Proposition 10 tobacco tax revenues in Los Angeles County. In partnership with others, First 5 LA strengthens families, communities, and systems of services and supports so that all children in L.A. County enter kindergarten ready to succeed in school and life. Please visit www.first5la.org for more information.

- **Reach of the RECO investments**; that is, which individuals, communities, and systems/policies were targeted, served, participated in, had access to, and/or have the potential to benefit from RECO activities. *Reach* was assessed from the perspectives of both community members and grantees, and thus reflects both community members' engagement with the RECO activities and grantees' outreach efforts.
- **Experiences with and perceived changes** related to the RECO activities.
- **Facilitators and barriers** to the implementation and reach of the RECO activities.

Exhibit ES-1: Changes Targeted by RECO



Data Collection and Analysis

The study team used a variety of data collection and analysis methods. The collection methods included focus groups with community members and interviews with key grantee staff. Analysis methods included qualitative coding and analysis of focus group and interview data, as well as mapping of RECO activities.

Focus Groups

The study team conducted 14 focus groups with targeted beneficiaries of the RECO investments across LA County. In particular, focus groups included community members who were **parents or caregivers of young children and familiar with at least one RECO investment**. Focus groups were held in English, Spanish, and in one instance, Khmer to reflect the language of the targeted community. The number of participants in each focus group ranged from 3 to 15. Community members were asked about their experiences; satisfaction with RECO activities; facilitators and barriers to experiencing the RECO investment activities; and reasons families may or may not have engaged in any RECO activities.

Key Informant Interviews

The study team conducted a total of 25 interviews with key informants across all RECO grantee organizations. In particular, the interviews targeted **staff directly involved in managing and/or**

implementing their organization's RECO activities. Interviewers asked open-ended questions about the interviewee's understanding of the RECO investment and its activities; the communities the organization targeted; the successes, challenges, and feasibility of implementing activities associated with the RECO investment; and perceived impacts of their RECO work at the community and policy levels. Interviewees were also asked where specifically their RECO activities occurred (i.e., in which communities). The study team also conducted a group interview with **First 5 LA program officers and department directors** to gather additional contextual information on the RECO investments.

RECO Activity Mapping

The study team used the information collected from the key informants about the location of RECO activities to determine the **geographic reach of the RECO investments**. Each activity location was assigned to one or more census tracts in order to generate a map of RECO activities.

Findings

Individual-Level Reach and Implementation

Targeted Participants

The ultimate targeted beneficiaries of the RECO investment activities were children under age 5 in LA County. Grantees reached these young children in their obesity-reduction efforts either directly or indirectly by targeting child care providers, teachers, parents, and grandparents. Other target populations and family subpopulations varied depending on the type of RECO investment and the geographic location of the activities. These additional targets included specific racial/ethnic groups (i.e., Latinos, South East Asians, and African Americans), neighborhoods with poor access to healthy foods, community coalitions, children with disabilities, and policymakers.

Individuals' Experiences

RECO's participants reported primarily positive outcomes associated with their experiences with RECO. These included making healthful changes in habits such as cooking, eating, physical activity, grocery shopping, and breastfeeding. Individuals also reported becoming more engaged in their communities overall and advocating for their families and neighborhoods as a result of their experiences with RECO activities, particularly with regard to more healthful practices (e.g., offering healthier snacks at child care facilities). RECO activities also increased the sense of social support for some participants, from connections they made engaging in RECO activities. In particular, they felt supported in making healthy changes for themselves and their families.

Positive Individual Outcomes

- *Changed cooking/eating habits*
- *Modified physical activity*
- *Shifted grocery shopping practices*
- *Changed breastfeeding practices*
- *Advocated for families and neighborhoods*
- *Felt increased social support*

> ***"I learned how to introduce healthy snacks. My daughters are learning to ask for a healthy snack instead of chips. I have learned to give them other options instead of just junk food."***

Few RECO participants had negative experiences. Those who did reported, for example, limited support for implementing the healthier practices they were learning about through RECO activities. Others had issues with the language and cultural responsiveness of program delivery.

Facilitators and Barriers

Community members and grantees reported both facilitators and barriers related to the individual-level reach of the RECO investments (i.e., individuals participating in, accessing, or experiencing the work of

RECO activities). They also reported facilitators and barriers to preventing or reducing obesity among individuals more generally. Exhibit ES-2 summarizes findings from the focus groups and key informant interviews related to facilitators and barriers at the individual level.

Exhibit ES-2: Individual-Level Facilitators and Barriers

Facilitator/Barrier	Key Themes
Facilitators to Reaching Individuals	• RECO recommendations from medical professionals • Internal motivation to learn healthy habits to improve family health • Community events or classes mentioning RECO • RECO activity promotional materials in the community • Information about RECO activities from WIC offices
Barriers to Reaching Individuals	• Lack of awareness of RECO activities • Confusion about and poor recognition of RECO activities • Lack of time to participate in RECO activities • Inconvenient RECO activity schedules and locations
Facilitators to Preventing or Reducing Obesity	• Introducing healthy eating habits, accessing healthy foods • Individual motivation due to personal or family health risks
Barriers to Preventing or Reducing Obesity	• Expensive, inaccessible healthy foods • Cultural norms not well aligned with recommendations for healthy eating behaviors • Little or no support from close family and friends to engage in healthier behaviors

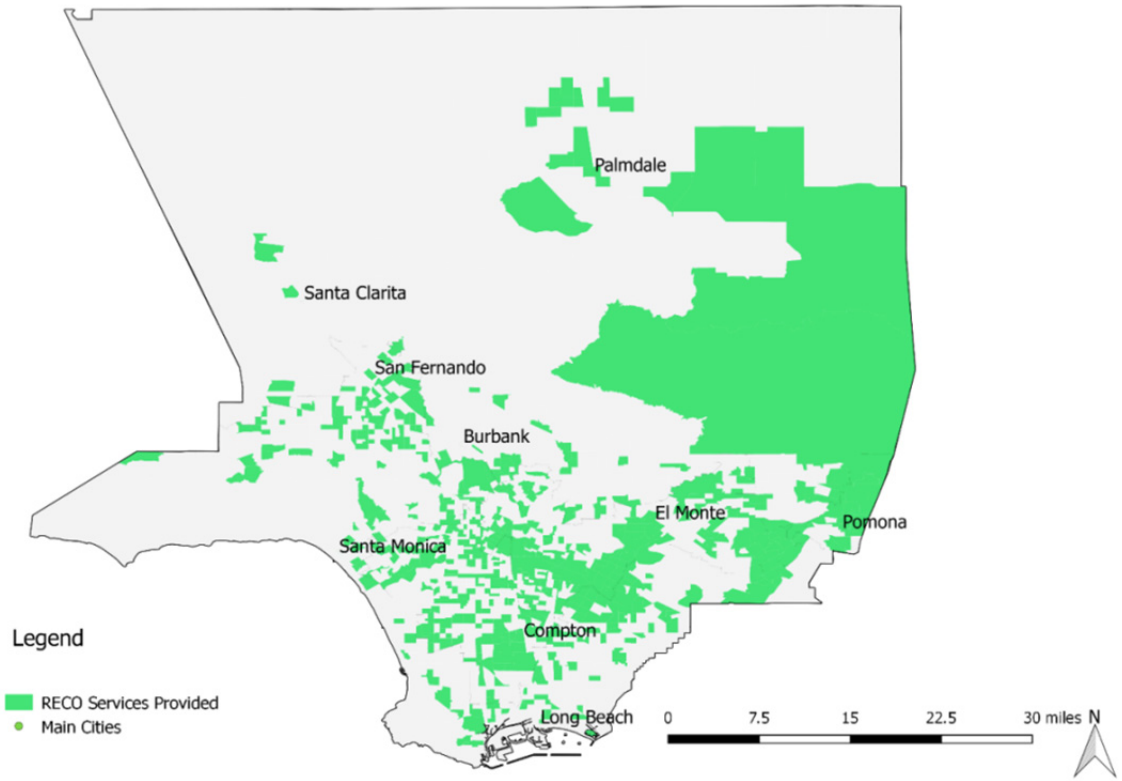
Community-Level Reach and Implementation

Community Reach

RECO activities occurred in many communities across LA County. As shown in Exhibit ES-3, the reach of RECO activities extended across nearly one-third of all census tracts in the county. Grantees also reported successfully reaching their targeted communities.

> ***"I felt like we're reaching who we wanted to 100%."***

Exhibit ES-3: Community-Level Reach of RECO Activities across LA County



Perceived Community Changes

RECO grantees targeted a variety of healthy choices and practices for adoption by communities, ranging from increased physical activity to participation in community gardens. Across that variety, however, community members and RECO grantees reported common themes related to community-level changes. These included increased knowledge and awareness related to obesity and healthy behaviors, changes to the built environment, and changes in norms and behaviors surrounding physical activities and other healthy behaviors, as well as related community advocacy and involvement.

Community-Level Changes

- *Increased knowledge and awareness*
- *Changes to the built environment*
- *Changes in norms and behaviors*

> ***"I have seen more people at the parks. Ever since our park was renovated, it is more accessible now for the children. … I have seen more people going to the groups and the Zumba classes. I do think that these programs are making a difference."***

Facilitators and Barriers

Grantees and community members reported facilitators and barriers to the community-level reach of the RECO investments (i.e., community-level participation, access, and experience of the RECO activities). Community members also reported facilitators and barriers to reducing early childhood obesity at the community level more generally (see Exhibit ES-4).

Exhibit ES-4: Community-Level Facilitators and Barriers

Facilitator/Barrier	Key Themes
Facilitators to Reaching Communities	• Advertising and word of mouth • Community engagement • Targeted outreach to community members
Barriers to Reaching Communities	• Lack of visibility of RECO activities • Limited access to RECO activities due to poor transportation • Safety concerns, especially with use of parks • Community and cultural attitudes • Challenges in low-income communities that supersede desire to adopt healthy practices • Lack of grantee resources (time, capacity, funding) limiting ability to establish relationships within the community and implement activities more widely
Facilitators to Reducing Early Childhood Obesity at the Community Level	• Public awareness campaigns • School initiatives related to nutrition • Leveraging relationships with key stakeholders, other community organizations, and other RECO grantees
Barriers to Reducing Early Childhood Obesity at the Community Level	• Cultural norms (e.g., related to portion size, appropriate weight for a child, which foods are considered "healthy") conflicting with healthy messages • Lack of resources (e.g., time and money) to make healthy changes • Safety concerns that limit physical activity • Unhealthy school food choices • Prevalence of unhealthy options and advertising

Systems- and Policy-Level Reach and Implementation

Policy Changes

The RECO investments targeted a variety of policy and practice targets: *organizational* (e.g., nutrition and physical activity policies among partner organizations), *community* (e.g., food vending policies), *county* (e.g., acceptance of CalFresh dollars at farmers markets), and *state* (e.g., sugar-sweetened beverage tax). Given that variety, the process of changing and/or implementing these policies and practices also varied. Still, three key strategies emerged, all of which involved forms of collaboration—partnering with local officials, collaborating with stakeholders, and engaging communities.

Key Strategies to Change Policy

- *Partnering with local officials*
- *Collaborating with stakeholders*
- *Engaging communities*

Facilitators and Barriers

Grantees targeting obesity-reduction efforts at the systems/policy level reported both facilitators and barriers to changing, adopting, and implementing policies and practices (see Exhibit ES-5).

> ***"We made sure that we had parents of young children who were on the steering committee. We made sure that the parents knew that they could bring the children with them to any meetings that we were conducting. And they did. The kids came, and they participated."***

Exhibit ES-5: Systems/Policy-Level Facilitators and Barriers

Facilitator/Barrier	Key Themes
Facilitators to Changing, Adopting, and Implementing Policies and Practices	• Partnerships with policymakers and community members • Framing the issues to relate to interests of key stakeholders • Staff capacity, buy-in, and support for policy work • Prior experience with legislation and advocacy work • Matching funds to expand grantee capacity
Barriers to Changing, Adopting, and Implementing Policies and Practices	• Collaboration challenges with key administrators and government • Lack of organizational experience and infrastructure to support policy work • Mid-course corrections when initial policy targets did not work as intended (delaying policy implementation)

Lessons Learned

Both grantees and targeted community members reported that they liked the work of the RECO projects and that it was making a difference. Insights provided by grantees and community members were positive regarding implementation and reach of the diverse range of RECO activities.

Thus far, the RECO evaluation has generated several lessons learned, which are applicable to the ongoing work of First 5 LA as well as others aiming to reduce early childhood obesity:

- **More strategic outreach, branding, and marketing** are needed to support recognition, reach, and uptake of activities such as the RECO activities among the targeted population.
- **Conducting community needs assessments** will help ensure that the highest need communities are reached.
- **Building relationships and engaging community members** are necessary to implement and extend the reach of this type of work.
- Challenges that emerged highlight the need for **technical assistance to increase staff capacity** for policy and advocacy work.
- The few negative experiences of community members with RECO activities remind those working with similar populations that activities and programming should be **culturally and linguistically appropriate** for the targeted population.
- It is important to **acknowledge the broader needs of low-income families and communities**, such as financial difficulties, time constraints, safety concerns, and poor transportation, when working with these populations.

Finally, incorporating these lessons learned will likely require **time and financial resources**, an important consideration when planning, funding, and executing future work.

Next Steps

Findings thus far assessed reach and identified implementation successes and challenges at the individual, community, and policy/systems levels. As summarized in this report, those findings will provide important context for upcoming evaluation activities, which will test for **impacts** of the RECO investment activities on healthy behaviors and childhood obesity.

1. Introduction

For numerous children in the United States, obesity and overweight begins early in life, with many children entering school already overweight or obese. Approximately 8 percent of children ages 2 to 5 in the United States are obese (Ogden, Carroll, Kit, & Flegal, 2014); approximately 6 percent are overweight (World Bank, 2012).[2] This estimate has generated great concern among researchers and policymakers alike, given that early overweight and obesity are risk factors for overweight and obesity in adulthood (Guo, Wu, Chumlea, & Roche, 2002), as well as for other adverse health outcomes such as premature mortality, diabetes, hypertension, heart disease, stroke, asthma, and a reduced quality of life associated with social marginalization and discrimination (Reilly & Kelly, 2010).

Childhood obesity also represents a substantial cost to the public. Obesity at age 10 adds lifetime direct medical costs of $19,000 per child compared with children who maintain normal weight into adulthood (Finkelstein, Graham, & Malhotra, 2014). Projected for the total United States, this figure amounts to approximately $14 billion for 10-year-olds alone. The estimate clearly would be substantially greater considering children of all ages.

Childhood obesity can be attributed to a constellation of influences present across social institutions, ranging from socio-cultural norms in the home to policies shaping shared built environments. Commonly cited drivers include increased consumption of less healthy foods and beverages, decreased levels of physical activity, and increased sedentary behaviors such as television viewing, as well as limited access to healthy, affordable food and safe opportunities for physical activity (McConahy, Smiciklas-Wright, Mitchell, & Picciano, 2004; Centers for Disease Control and Prevention [CDC], 2014).

Children's choices and behaviors related to eating and physical activity are heavily influenced by factors in both their immediate and more distal environments. For very young children, their most immediate environments typically are the home and child care settings. Young children's behaviors are largely dependent on their parents' attitudes, knowledge, and modeling behaviors. For example, children's consumption of fruits and vegetables is positively correlated with their parents' consumption levels; and parents can limit their children's obesity risk by limiting their television watching, which in turn decreases their exposure to advertising of unhealthy foods (Van der Horst et al., 2007; CDC, 2011b; Gibson, Wardle, & Watts, 1998; Birch & Fisher, 1998, 2000; Campbell, Crawford, & Ball, 2006; Campbell & Crawford, 2001; Diamant, Babey, Jones, & Brown, 2009).

More distal environmental and socio-economic factors are those that affect young children's access to options for safe physical activity and healthy food and beverage choices. For example, half of U.S. children do not have parks, community centers, or sidewalks in their neighborhood (CDC, 2010); and low-income communities often lack stores and supermarkets that sell healthy, affordable foods and beverages (Larson, Story, & Nelson, 2009). These environmental factors have a link to healthy behaviors, such as being less sedentary, enjoying the outdoors, or eating more fruits and vegetables (Babey, Wolstein, Krumholz, Robertson, & Diamant, 2013).

The consequences of these influences on young children are substantial in LA. Some 20 percent of 3- and 4-year-old participants in the Supplemental Nutrition Program for Women, Infants, and Children (WIC) in LA County are obese (CDC, 2013). Higher obesity rates are correlated with low-income status and race/ethnicity. For example, the national obesity rate in 2011 for children ages 2–5 was 8.4 percent

[2] In children age 2 and older, *obesity* is defined as having a Body Mass Index (BMI) greater than the 95th percentile and *overweight* as having a BMI between the 85th and 95th percentile.

(Ogden et al., 2014) but was nearly double that (14.4 percent) for low-income subgroups (CDC, 2011a). Among 3- and 4-year-old WIC participants in LA County, obesity rates in 2011 were highest for Hispanics (21.7%), followed by Whites, African Americans, and Asians (CDC, 2013).

1.1 First 5 LA's RECO Portfolio

Strategies targeted at preventing or reducing obesity must begin with very young children and their families in order to have an early impact on children's healthy development. This understanding fit **First 5 LA**'s focus on the first five years of life as "establish[ing] the foundation for the future success of our children." Under its 2009-2015 strategic plan, that understanding led the organization to fund a diverse portfolio of investments around children's health. Not initially designed and funded comprehensively to target early childhood obesity, the investments were retrospectively grouped together by their shared focus and named the **Reducing Early Childhood Obesity (RECO)** portfolio. (Accordingly, there was no formal branding or marketing of the RECO portfolio in LA County.)

As seen in Exhibit 1-1, First 5 LA began funding some of the RECO portfolio activities starting in 2010; some investments will continue into 2018.

About First 5 LA

*First 5 LA is a leading public grant maker and early childhood advocate organization created by California voters to invest Proposition 10 tobacco tax revenues in Los Angeles County. In partnership with others, First 5 LA strengthens families, communities, and systems of services and supports so that **all children in L.A. County enter kindergarten ready to succeed in school and life**.*

*Its **2009-2015 Strategic Plan** focused on the goals of (1) healthy births, (2) reducing childhood overweight, (3) increasing children's safety from abuse and neglect, and (4) assuring children are ready for school.*

*Its **2015-2020 Strategic Plan** identifies four target outcomes: (1) Families: increased family Protective Factors; (2) Communities: increased community capacity to support and promote the safety, healthy development, and well-being of children prenatal to age 5 and their families; (3) Early Care and Education Systems: increased access to high-quality early care and education; and (4) Health-Related Systems: Improved capacity of health, mental health, and substance abuse services systems to meet the needs of children prenatal to age 5 and their families.*

Exhibit 1-1: Timing of RECO Investments

	RECO Investment	Funded Organization(s)	2010	2011	2012	2013	2014	2015	2016	2017	2018
1	50 Parks: Developing Three Neighborhood Parks	LA Parks Foundation			x	x					
2	Breastfeeding Works	Breastfeeding Task Force of Greater Los Angeles			x	x	x	x	x	x	
3	California Food Policy Advocates: Nutrition for LA Families	California Food Policy Advocates			x	x	x	x			
4	Child Care Law Center: Streamlining Child Care Subsidies	Child Care Law Center				x	x	x	x	x	x
5	Community Coalition: Healthy Food and Safe Space Access	Community Coalition for Substance Abuse Prevention				x	x	x	x		

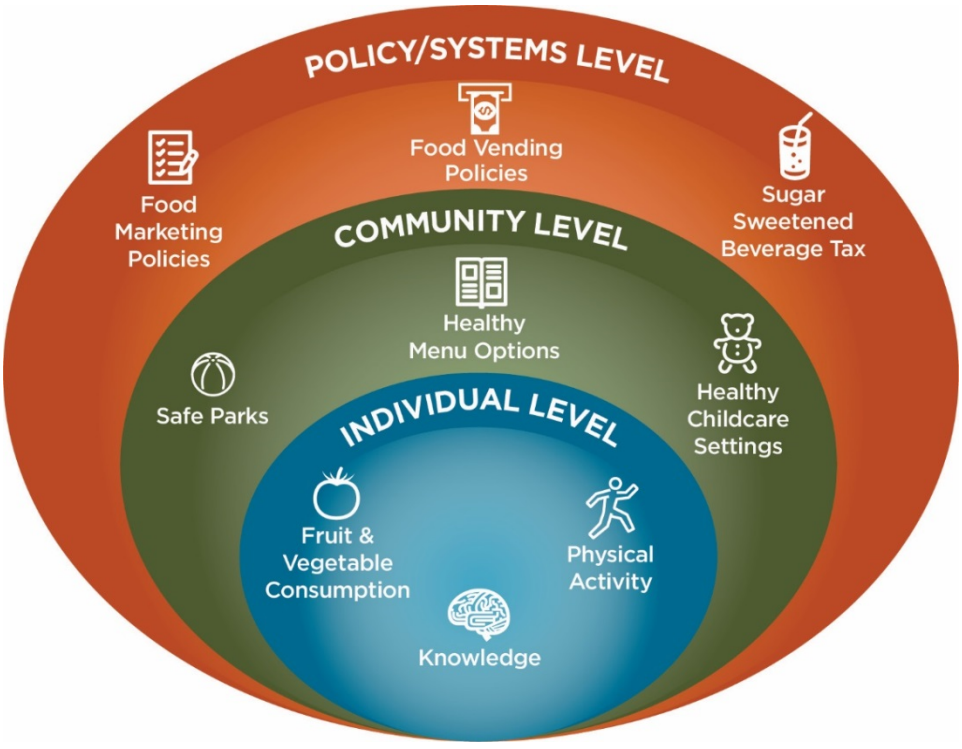
	RECO Investment	Funded Organization(s)	2010	2011	2012	2013	2014	2015	2016	2017	2018
6	Community Health Councils: Assessing Sugar Sweetened Beverage Tax Proposal and Alternatives	Community Health Councils			x	x	x	x	x		
7	Early Childhood Obesity Prevention Initiative: Choose Health LA Kids	Los Angeles County Department of Public Health			x	x	x	x	x	x	
8	Early Childhood Obesity Prevention Initiative: Choose Health LA Managing Obesity in Moms	Los Angeles County Department of Public Health			x	x	x	x	x	x	
9	Early Childhood Obesity Prevention Initiative: Choose Health LA Child Care	Los Angeles County Department of Public Health			x	x	x	x	x	x	
10	FreshWorks Fund: Healthy Corner Store Conversion	Capital Impact Partners					x	x	x		
11	Healthy Food Access Initiative: Children's Garden Collaborative	LA Conservation Corps			x	x	x	x	x	x	
12	Healthy Food Access Initiative: Market Match (Fruit and Veggie Vouchers)	Ecology Center (Lead), Hunger Action Los Angeles, Sustainable Economic Enterprises of Los Angeles					x	x	x	x	x
13	Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food	Occidental College Urban and Environmental Policy Institute			x	x	x	x	x	x	
14	Public Health Advocates: Family Voices for Healthy Choices	Public Health Advocates[a]			x	x	x	x			
15	Safe Active Family Environments for Asian and Pacific Islanders (S.A.F.E. for APIs)	Asian Pacific Islander Forward Movement[b]	x	x	x	x	x	x			
16	Southeast Cities Land Use Advocacy Project	Public Counsel			x	x	x	x	x	x	

	RECO Investment	Funded Organization(s)	2010	2011	2012	2013	2014	2015	2016	2017	2018
17	Tot Parks & Trails: Enhancing Toddler Playground Facilities	Amigos de los Rios; Los Angeles Neighborhood Initiative; LA Neighborhood Land Trust; Shane's Inspiration; LA Conservation Corp; LA Parks Foundation; North East Trees			x	x	x	x	x		
18	Western Center on Law and Poverty: Simplifying CalFresh Regulations	Western Center on Law and Poverty			x	x	x	x	x	x	

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

The RECO investments adopted a wide variety of strategies to address early childhood obesity, with a particular focus on low-income communities. These strategies ranged from education and media campaigns to financial incentives and changes to the built environment. Together, they aimed to facilitate change at three levels: the individual, the community, and policy/systems (Exhibit 1-2).

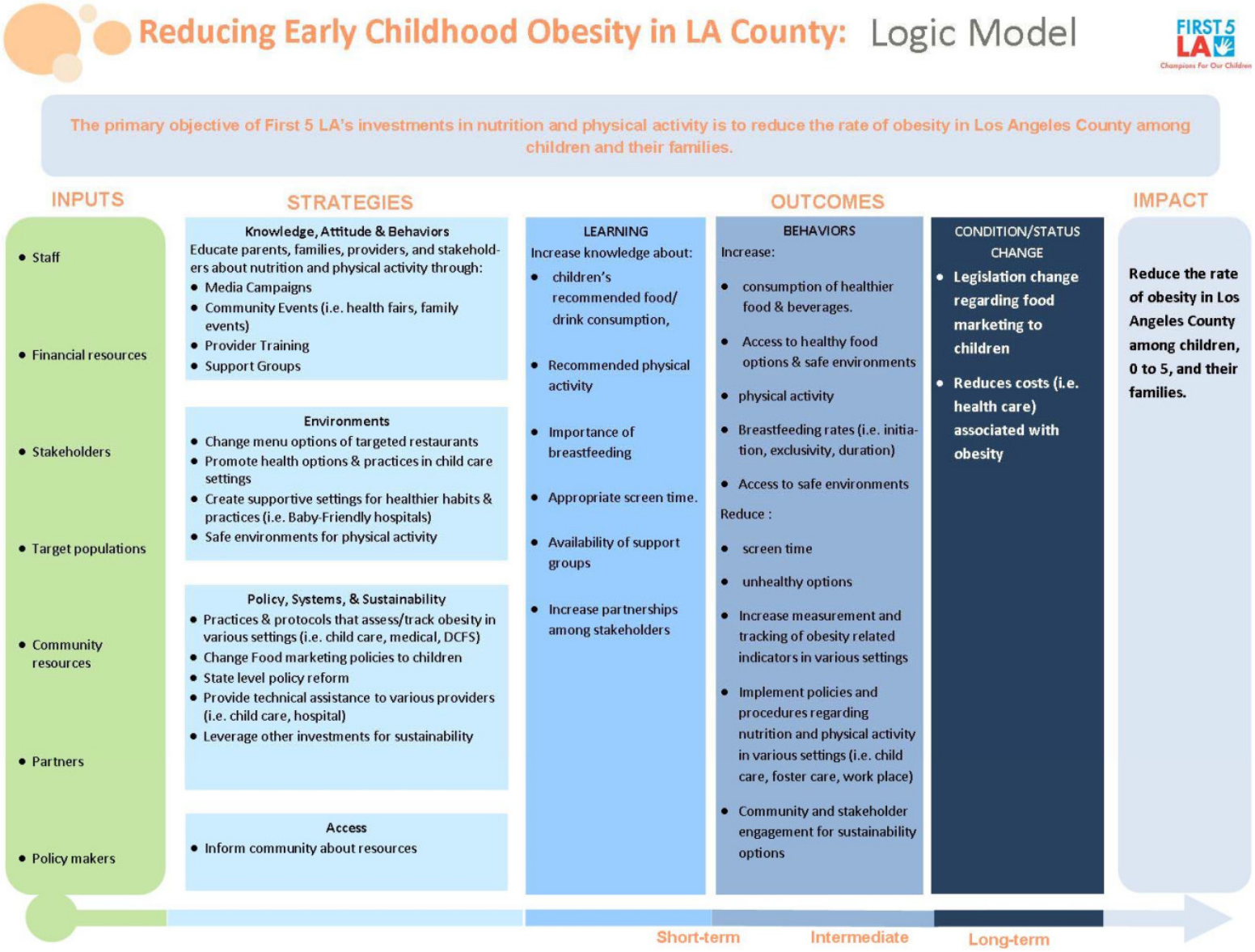
Exhibit 1-2: Ecological Model of Change Targeted by RECO Investments



First 5 LA represents the work of its RECO investments in the logic model shown in Exhibit 1-3. The model shows how First 5 LA imagined its investments would achieve the overall objective, or "**Impact,**" shared across all investments of reducing the rate of obesity in LA County among children, ages 0 to 5, and their families. From left to right across the model:

- "**Inputs**" identifies the participants (staff, stakeholders, targeted families, partners, and policy makers) and resources (financial, community) involved in the work.
- "**Strategies**" are the approaches, activities, and interactions that made up the work supported by the RECO investments and implemented in LA's communities. The strategies focused on reducing health-related disparities, particularly in low-income communities where obesity rates are disproportionately higher. The first strategy focused on ***knowledge, attitudes, and behaviors*** regarding nutrition and physical activity. The second sought to create and improve the healthfulness of ***environments*** where LA's children and families live, learn, and play (e.g., parks, child care settings). In the third strategy area, the investments sought to influence ***policy, systems, and sustainability***, focusing on the formal practices and procedures within the health care, child care, government, and other systems that address children's health. The fourth strategy aimed to increase individual and community ***access*** to obesity-reduction resources.
- "**Outcomes**" are the changes the logic models posits would begin to occur as a result of the work. As seen in the logic model, the RECO investments targeted outcomes in three areas: ***learning***, ***behaviors***, and ***condition or status change***. The logic model expects *short-term indicators of change* to occur first, evidence that individuals are learning new information about healthful behaviors and resources and stakeholders are working together to improve policies and practices. These changes should lead to changes in behaviors associated with a more healthful lifestyle, changes in community access to healthy options, and policy and practice changes (*intermediate outcomes*), which should later result in *long-term outcomes*, such as changes in legislation. Together these outcomes should have the ultimate impact of reducing obesity among young children and their families.

Exhibit 1-3: RECO Logic Model



The RECO portfolio consisted of 18 investments, which covered a wide range of activities, described below. It is important to note that the majority of the RECO funds went to the ECOPI investments, followed by the Tot Parks & Trails investment. For more detail, see Appendix A.

- **50 Parks: Developing Three Neighborhood Parks.** The LA Parks Foundation developed, constructed, and maintained three neighborhood parks, designed specifically for young children and their families, in the Broadway-Manchester and Pacoima Best Start communities.
- **Breastfeeding Works.** The Breastfeeding Task Force of Greater Los Angeles trained providers countywide in a culturally relevant breastfeeding curriculum designed to improve outreach to mothers. It also provided technical assistance to hospitals working toward World Health Organization "Baby-Friendly Hospital" status, ultimately achieving Baby-Friendly status for 21 LA-area hospitals between 2010 and 2015.
- **California Food Policy Advocates (CFPA): Nutrition for LA Families.** CFPA enhanced enrollment procedures for applicants not applying at an office in person, to increase the number of children ages 0–5 enrolled in the CalFresh program[3] in LA County.
- **Child Care Law Center (CCLC): Streamlining Child Care Subsidies.** CCLC advocated to local policymakers to reinstate the Child and Adult Care Food Program (CACFP), which provided state funding for nutrition programs.
- **Community Coalition: Healthy Food and Safe Space Access.** The Community Coalition for Substance Abuse Prevention successfully secured annual public resources to support summer and year-round educational and recreational programming at King Park, and to maintain the park as a safe place for children and families.
- **Community Health Councils (CHC): Assessing Sugar Sweetened Beverage Tax Proposal and Alternatives.** CHC completed a health impact assessment to examine potential effects on low-income families with children ages 0–5 in racially and ethnically diverse communities of a proposed statewide sugar-sweetened beverage tax. CHC explored current policies, developed policy recommendations, and encouraged community stakeholders to support policy adoption.
- **Early Childhood Obesity Prevention Initiative (ECOPI): Choose Health LA Kids (CHLA Kids).** This community-based public education and skills-building campaign promoted community assistance programs and enrollment (CalFresh, WIC) and partnered with agencies to implement a public education campaign about reducing consumption of sweetened beverages, eating healthy, and promoting physical activity over screen time. CHLA Kids also offered 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).** Mothers received an online weight management toolkit that helped keep track of weight loss, exercise, breastfeeding, nutritional progress, and more. They were also sent tips and reminders via text message. CHLA MOMS also provided training to community agencies that served postpartum women and developed and distributed curricula for free courses on topics ranging from breastfeeding to postpartum exercise.

[3] CalFresh is California's Supplemental Nutrition Assistance Program (SNAP).

- **Early Childhood Obesity Prevention Initiative (ECOPI): Choose Health LA Child Care (CHLA Child Care).** The program trained at least 5,500 licensed and license-exempt child care providers on topics including breastfeeding, food and drinks, physical activity, screen time, and environment and policy. CHLA Child Care also provided technical assistance following the training.
- **FreshWorks Fund: Healthy Corner Store Conversion.** The California 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, First 5 LA matched funds from the California Endowment to encourage local grocery stores to provide fresher foods to young children living in food desert neighborhoods.
- **Healthy Food Access Initiative: Children's Garden Collaborative.** Also known as Little Green Fingers, the project built seven community gardens throughout LA County and offered gardening and cooking classes to garden members.
- **Healthy Food Access Initiative: Market Match (Fruit and Veggie Vouchers).** This program distributed incentives to families with children ages 0–5 who received CalFresh, WIC, Social Security, or Supplemental Security Income. These families were eligible to receive up to $10 in vouchers per market day when they spent at least $10 at participating farmers markets. The RECO investment also expanded the program to 26 new farmers markets in LA County.
- **Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food.** This investment organized a vending coalition and developed a model vending ordinance for the City of LA with the aim of legalizing sidewalk vending and creating incentives for vendors to offer healthy foods; worked with market managers to identify potentially interested farmers and to help them with the process of accepting WIC at farmers markets; and produced materials to educate benefits-eligible consumers on the Market Match program. It also established official wellness policies in 14 Pacific Asian Consortium in Employment (PACE) preschools; and disseminated preschool wellness practices to child care providers.
- **Public Health Advocates: Family Voices for Healthy Choices.** Formerly called the California Center for Public Health Advocacy, Public Health Advocates worked for healthy vending policies that passed in five cities and improved the availability of healthy food and beverage options for local residents.
- **Safe Active Family Environments for Asian and Pacific Islanders (S.A.F.E. for APIs).** Asian Pacific Islander Forward Movement (formerly the Asian and Pacific Islander Obesity Prevention Alliance) advocated for the adoption of safety and cleanliness standards and culturally competent family programming at public parks in neighborhoods with high concentrations of APIs.
- **Southeast Cities Land Use Advocacy Project.** Public Counsel provided education and technical assistance to city policymakers in Southeast LA County on zoning and land use policies that promoted access to child care and child-friendly green space. It also engaged local teenagers in a park improvement project.
- **Tot Parks & Trails: Enhancing Toddler Playground Facilities.** This RECO investment upgraded, developed, or enhanced toddler playground facilities and stroller trails. It targeted park-deficient communities across LA County with the aim to develop Americans with Disabilities Act–compliant, developmentally appropriate play spaces for children ages 2–5. Seven grantees received funding, and they separately implemented parks projects that aligned with the Tot Parks & Trails mission.
- **Western Center on Law and Poverty: Simplifying CalFresh Regulations.** The Center worked to simplify regulations to increase access to CalFresh for children ages 0–5 and to make it easier for mothers and children under age 5 to access child care, health care, and home-visiting services.

1.2 Description of Evaluation

To help it understand the impact of the RECO portfolio of investments, First 5 LA commissioned Abt Associates and its partners to design and implement an evaluation. The RECO portfolio comprised multiple investments implemented at different points in time, within different communities, and using many strategies to facilitate change at multiple levels. Given that complexity, the evaluation was designed to assess the contributions of the RECO investments as a group—to help tell the story more completely of how these investments affected childhood obesity rates as well as individuals, communities, policies, and systems. Though First 5 LA's 2015-2020 strategic plan shifted focus, the RECO evaluation still has important implications, both for future obesity work and for First 5 LA's work going forward in new areas.

The RECO evaluation consists of two interrelated studies—the Reach Study and the Impact Study—each with its own set of research questions and features, with the Impact Study building on the Reach Study.

1.2.1 Reach Study

Given the varied nature of the RECO activities, the evaluation defines *reach* as ***which individuals, communities, and policies/systems were targeted, were served, participated in, had access to, and/or had the potential to benefit from RECO activities.*** We assess reach from the perspective of both grantees and community members, and thus *reach* reflects both grantee outreach efforts and community members' engagement with the activities.

The overall goal of the Reach Study is to describe the extent to which First 5 LA's RECO investments targeted and reached the families and other beneficiaries who were most in need of services within individual LA communities and across LA County. To this end, the Reach Study

- Describes the reach of the RECO investments;
- Assesses experiences of participants and grantees with the investment activities and strategies implemented; and
- Explores facilitators and barriers to implementation and reach.

The Reach Study is collecting information from key informant interviews with grantee organizations and First 5 LA program officers, as well as from focus groups with community members. We also analyze location data of the RECO investment activities to portray their geographic distribution. In addition to collecting new data, the Reach Study also takes advantage of existing data, including the required progress reports and year-end reports that RECO grantees must submit to First 5 LA. The study will deploy a variety of analytic techniques, such as descriptive quantitative and qualitative analysis, geospatial analysis (i.e., GIS mapping), and network analysis. In addition, members of the study team will construct an index of reach, strength, and fidelity (*dose index*) for the RECO investments.

Together, the set of activities comprising the Reach Study will provide a comprehensive assessment of the reach, implementation, and facilitators and barriers of these RECO investments at the individual, community, and policy/systems levels.

1.2.2 Impact Study

The Impact Study will assess the impact of the RECO investments in three complementary ways: (1) on LA County as a whole, (2) on communities within LA County, and (3) on individual children and families. Accordingly, the study team organized the Impact Study into three interconnected sub-studies—at the County, community, and individual levels. Each sub-study will yield separate estimates of the impact of RECO investments on improving the health and wellness of children and families. Taken

together, the three sub-studies will comprehensively assess the extent to which the RECO investments have affected individuals and communities within LA County.

For the ***county-level sub-study,*** we will analyze trends—before and after implementation of the RECO investments—on key indicators such as the rates of children who are overweight for their age, healthy eating, and engagement in physical activities in LA County as compared with other California counties. This analytic approach will provide a "big-picture" understanding of how the RECO investments, taken together, have moved the needle on key obesity-related outcomes across LA County.

LA County is a very diverse area. Within its boundaries are communities that differ substantially in demographics such as race, ethnicity, language, and financial resources. The RECO investments will likely affect those communities differently. In addition, in practice there was substantial geographic variation in where activities conducted as part of the RECO investments occurred. For the ***community-level sub-study***, we will take advantage of the differences in the timing and targeting of RECO investments across communities within LA County to estimate impacts. In addition, we will compare impacts across categories of RECO strategies to identify any differences.

The ***individual-level sub-study*** will examine the impact of RECO investments on individual children by modeling and quantifying the impact of exposure to the RECO activities on their risk of developing obesity in early childhood, within the context of the neighborhood environments where the children reside.

1.3 Focus of This Interim Report

This Interim Report focuses on the findings from the Reach Study to date, relying primarily on data from focus groups with community members and key informant interviews with grantee and First 5 LA staff. Specifically, it addresses the research questions in Exhibit 1-4.

Exhibit 1-4: 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. Which healthier choices/practices did communities adopt?
7. What are the facilitators and barriers to reaching communities?
8. What are the facilitators and barriers to communities adopting healthier choices/practices?
Policy/Systems Outcome Level
9. What policies and practices were targeted?
10. What was the process of changing policy and practices?
11. What are the facilitators and barriers to changing or adopting and implementing policies and practices?

2. Methods

In this chapter, we describe the data collection procedures and analytic methods used to produce the Reach Study findings presented in this Interim Report.

2.1 Data Collection

The Reach Study relies on both collection of new data as well as existing data. The focus groups and key informant interviews were designed to provide in-depth qualitative data not already available from existing sources. This chapter details the methods used to collect the focus group, key informant interview, and activity location data.

2.1.1 Focus Groups

Participant Recruitment

The team conducted 14 focus groups with community members, across LA County's five regions,[4] who were the targeted beneficiaries of the RECO investments. Beneficiaries varied across investments and communities, and included individuals or families who had heard about or participated in RECO activities and may have had the opportunity to benefit from the RECO investments. In particular, focus groups targeted parents or caregivers of young children who were familiar with at least one RECO investment.

Participant recruitment occurred over a six-month period from March to August 2016 and followed a multi-step recruitment plan, including outreach, screening, and logistical coordination.

1. ***Outreach.*** The RECO study team enlisted the help of First 5 LA program officers in introducing grantees to the study team via email. Next, the RECO study team scheduled calls with each grantee to gather information on its participant demographics and identify convenient focus group locations. The team provided grantees with recruitment materials to distribute to community members through grantee listservs and networks. Grantees distributed paper flyers as well as via email and social media. Recruitment materials were provided in both English and Spanish.

   Recruitment proved more challenging than anticipated, primarily because few participants were familiar with the RECO investments and because several grantees were no longer in contact with community members. In response to these challenges, the team developed and employed additional recruitment strategies:

   - *Tailored Outreach Materials.* To increase recognition of the RECO investments and interest in the focus groups, the study team tailored flyers to include the names of grantees and investments. We also coded flyers and tear-offs to track where focus group volunteers had received the flyers, to aid with further recruitment.
   - *On-Site Recruitment.* Using information on the location of RECO activities that the study team collected from grantee reports and key informant interviews (described below), we compiled a list of more than 100 potential locations where we might deliver and post flyers. We then cross-checked these locations with the locations that grantees were targeting for recruitment, to avoid duplicating efforts, and also with locations targeted for individual grantee evaluation activities, so as not to interfere. In total, the RECO study team visited more than 20 sites across LA County.

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

- *Best Start Community Outreach.* The RECO study team attended six Best Start community meetings to recruit for focus groups.[5] At each meeting we provided information about focus groups, distributed tailored flyers, and answered any follow-up questions regarding eligibility. We also worked with the Best Start communities to recruit via social media, posting on the groups' Facebook pages when permitted. Social media pages also helped to identify the dates, times, and locations of Best Start community partnership meetings, where the study team could meet with potential focus group volunteers in person. Through this work with Best Start communities, we also connected with organizations and "community champions"[6] willing to help with recruitment.

2. ***Screening.*** Recruitment materials instructed community members interested in volunteering for a focus group to contact the RECO study team via the study's toll-free recruitment line. All volunteers completed a screening interview over the phone to confirm their interest in the focus group and determine eligibility. To be considered eligible, focus group volunteers had to (1) be a resident of the respective region since 2013, in order to have had at least two years of potential exposure to a RECO investment; (2) be fluent in English or Spanish;[7] (3) be a parent or regular caregiver of a child under age 6; and (4) be familiar with at least one RECO investment. Of the 195 community members we screened, 82 percent (n = 159) were considered eligible.

   Eligible community members were asked about scheduling availability, language preference, needs for public transportation, child care, and dietary restrictions. This information helped determine arrangements or accommodations needed for each focus group. Focus group dates, times, and locations were not finalized until the last stages of the recruitment process.

3. ***Focus Group Logistics.*** Two weeks prior to each focus group, the study team secured a site, using geospatial tools to determine the most central location for volunteers based on their home addresses and public transportation. We selected sites to be convenient and comfortable, and they included community centers, libraries, and parks and recreation buildings. Most facilities were secured free of charge; two of the nine sites charged a fee. All sites offered at least two rooms; one for the focus group and one for child care.

   We followed up with each site contact person one week prior, to review the date and time of the group and the number of attendees. Similarly, the week before the focus groups, we sent the volunteers voicemail reminders to confirm locations and start times. Volunteers received this

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[5] 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.

[6] "Community champions" is a term we used to identify key community-based stakeholders or residents who are highly civically engaged and trusted who act as gatekeepers and often use word of mouth to disseminate information.

[7] To incorporate the perspective of the Cambodian community, one focus group was conducted in English and Khmer.

information again via text message 48 hours before the focus group, plus we had a live call-in line available to answer last-minute questions or help locating the focus group.

Focus Group Procedures

A trained two-person team, consisting of a focus group moderator and a note-taker who were bilingual in English and Spanish, conducted each focus group; additional staff assisted with room logistics and administrative tasks.[8] Child care and healthy refreshments were provided for all focus groups.

At the beginning of each group, the moderator read aloud the informed consent protocol and obtained verbal consent from attendees for both their participation and recording. Tardy volunteers arriving after the consent was read were not allowed in. An average of eight community members participated in each focus group (range = 3–15 participants). Focus groups lasted approximately 90 minutes.

To guide the discussions, the moderator used a semi-structured English or Spanish focus group guide (see Appendix B), which we had built from the Reach Study research questions and objectives. It assessed the following:

- Participants' experiences with interventions, policies, and practices developed and implemented as part of the RECO investments;
- Satisfaction with activities of RECO investments;
- Facilitators and barriers to experiencing the RECO investment activities; and
- Reasons they, or other targeted community members, may or may not have engaged in any RECO grantee activities.

Focus groups were audio recorded on digital recording devices. At the end, participants were asked to complete a brief demographic survey. They also signed to receive a $75 Amazon or Target gift card, along with metro passes, for their time and travel expenses.

Sample Description

Focus groups were organized to be representative of all RECO investments, geographic areas, and populations in LA County. Accordingly, focus groups were conducted across all five County regions, in several languages, and with different racial/ethnic groups. Due to the population density and prevalence of RECO investments in Region 1 and Region 2, we conducted more focus groups there. Exhibit 2-1 below shows the characteristics of the 14 focus groups conducted.

Exhibit 2-1: Focus Groups Conducted

Region	English	Spanish	Other	Total
1	1	4	–	5
2	1	2	–	3
3	1	1	–	2
4	0	1	1[a]	2
5	1	1	–	2
Total	**4**	**9**	**1**	**14**

[a] Focus group conducted in Khmer and English.

[8] Khmer translators also were present for the Cambodian focus group.

As shown in Exhibit 2-2, of the 159 eligible community members, 117 participated in a focus group.[9] The large majority participated in focus groups conducted in Spanish. All five County regions were represented in the focus groups, with a third of participants coming from Region 1.

Almost all participants were women.[10] More than three-quarters of the participants were Hispanic, with some African American participants, primarily in Region 2, and some Asian and Pacific Islander participants in Region 4. More than 90 percent of participants had lived in their community for three or more years. On average, participants had one child under age 6.

Exhibit 2-2: Focus Group Participant Characteristics, Overall and by Region

	Overall	Region 1	Region 2	Region 3	Region 4	Region 5
Language[a] (*n*/%)						
Spanish	80 (68.4%)	30 (81.1%)	22 (71.0%)	7 (58.3%)	12 (48.0%)	9 (75.0%)
English	24 (20.5%)	7 (18.9%)	9 (29.0%)	5 (41.7%)	0 (0.0%)	3 (25.0%)
Khmer	13 (11.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	13 (52.0%)	0 (0.0%)
Gender (*n*/%)						
Male	5 (4.3%)	2 (5.4%)	1 (3.2%)	1 (8.3%)	1 (4.0%)	0 (0.0%)
Female	109 (93.2%)	34 (91.9%)	28 (90.3%)	11 (91.7%)	24 (96.0%)	12 (100.0%)
Race/Ethnicity (*n*/%)						
Hispanic/Latino	92 (78.6%)	36 (100.0%)	22 (71.0%)	11 (91.7%)	12 (48.0%)	11 (91.7%)
African American	11 (9.4%)	0 (0.0%)	9 (29.0%)	1 (8.3%)	0 (0.0%)	1 (8.3%)
Asian/Pacific Islander	13 (11.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	13 (52.0%)	0 (0.0%)
Community Tenure (*n*/%)						
2 to 3 years	7 (6.0%)	2 (5.4%)	2 (6.5%)	1 (8.3%)	0 (0.0%)	2 (16.7%)
3 or more years	108 (92.3%)	34 (91.9%)	28 (90.3%)	11 (91.7%)	25 (100.0%)	9 (75.0%)
Number of Children (mean)						
Under age 18	2.4	2.4	2.5	2.2	2.2	2.5
Under age 6	1.4	1.4	1.2	1.5	1.4	2.0
All participants	**117 (100.0%)**	**37 (31.6%)**	**31 (26.5%)**	**12 (10.3%)**	**25 (21.4%)**	**12 (10.3%)**

Source: Participant demographic survey.

Note: *N*s and percentages may not sum to totals due to some participant non-response on the demographic survey.
[a] Refers to the language in which the focus group was conducted.

2.1.2 Key Informant Interviews

As part of the Reach Study, the study team also conducted key informant interviews with stakeholders involved in the management and implementation of activities for each of the RECO grants.

Key Informant Interview Participants

First 5 LA program officers provided the research team with the names and contact information of grantee personnel who had first-hand knowledge of their respective RECO grant. In January 2016, program

[9] Of the 159 community members who were considered eligible, 42 did not participate, primarily due to scheduling or transportation difficulties. In some instances, eligible volunteers were not included in a focus group because we already had more participants than we needed for a particular region.

[10] We initially aimed to conduct a separate focus group of male community members. However, due to the low response rate of male caregivers, it was not feasible to conduct a separate focus group.

officers emailed their RECO grantees an invitation to participate as a key informant, and the study team then contacted each person to schedule an in-person interview.[11]

The majority of the RECO investments funded one grant to one grantee organization each. The Tot Parks and Trails investment funded seven grantees, however, and the Early Childhood Obesity Prevention Initiative (ECOPI) investment funded three separate grants. Between January and June 2016, the study team conducted one interview for each grant/grantee, plus an additional interview for ECOPI overall, for a total of 25 interviews (Exhibit 2-3 below). The grantee staff we interviewed were the main points of contact for each grant; they were directly involved in managing and/or implementing their organization's RECO activities. The interviewees held the following positions within their organizations: Program Director, Health Evaluator, Project Manager, Executive Director, Grants Manager, Lead Attorney, Program Manager, Community Organizer, and Director of Neighborhood Improvement Projects.

Exhibit 2-3: Key Informant Interviews Conducted

	Organization Interviewed	RECO Investment
1	Amigos de los Rios	Tot Parks and Trails
2	Asian Pacific Islander Forward Movement	Safe Active Family Environments for Asian and Pacific Islanders (S.A.F.E. for APIs)
3	Breastfeeding Task Force of Greater Los Angeles	Breastfeeding Works
4	California Food Policy Advocates	California Food Policy Advocates: Nutrition for LA Families
5	Capital Impact Partners	FreshWorks Fund: Healthy Corner Store Conversion
6	Child Care Law Center	Child Care Law Center: Streamlining Child Care Subsidies
7	Community Coalition	Community Coalition: Healthy Food and Safe Space Access
8	Community Health Councils	Assessing Sugar Sweetened Beverage Tax Proposal and Alternatives
9	LA County Department of Public Health: Division of Chronic Disease and Injury Prevention	Early Childhood Obesity Prevention Initiative (ECOPI) – Overall
10	LA County Department of Public Health: Division of Chronic Disease and Injury Prevention	ECOPI: Choose Health LA Kids (CHLA KIDS)
11	LA County Department of Public Health: Maternal, Child, and Adolescent Health Programs	ECOPI: Choose Health LA Child Care (CHLA Child Care)
12	LA County Department of Public Health: Maternal, Child, and Adolescent Health Programs[a]	ECOPI: Choose Health LA Managing Obesity in Moms (CHLA MOMS)
13	Sustainable Economic Enterprises of Los Angeles[b]	Healthy Food Access Initiative: Market Match (Fruit and Veggie Vouchers)
14	LA Conservation Corps	Healthy Food Access Initiative: Children's Garden Collaborative
15	Los Angeles Conservation Corps	Tot Parks and Trails
16	Los Angeles Neighborhood Initiative	Tot Parks and Trails
17	LA Neighborhood Land Trust	Tot Parks and Trails
18	LA Parks Foundation	50 Parks
19	Los Angeles Parks Foundation	Tot Parks and Trails
20	North East Trees	Tot Parks and Trails

[11] Two interviews were conducted by phone, either because an in-person interview was not feasible or because the interviewee preferred a phone interview.

	Organization Interviewed	RECO Investment
21	Occidental College Urban and Environmental Policy Institute	Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food
22	Public Counsel[a]	Southeast Cities Land Use Advocacy Project
23	Public Health Advocates	Public Health Advocates: Family Voices for Healthy Choices
24	Shane's Inspiration	Tot Parks and Trails
25	Western Center on Law and Poverty	Western Center on Law and Poverty: Simplifying CalFresh Regulations

[a] Two interviewees.
[b] A subcontractor to the Ecology Center (the RECO grantee) for the implementation of the investment activities.

Interview Protocol

Experienced interviewers from the study team conducted each of the interviews, which lasted 60–90 minutes. At the beginning of each interview, researchers obtained verbal consent from the interviewees. All interviewees were informed of the purpose of the interview, discussion topics, their rights as volunteers, and measures taken to ensure confidentiality. The interviews were audio recorded and field notes were taken.

Interviewers used a semi-structured interview guide (see Appendix B) with open-ended questions to assess the following:

- Interviewee's understanding of the RECO investment and its activities;
- Communities targeted;
- Successes, challenges, and feasibility of implementing activities associated with the investment; and
- The investment's impact on changes at the community and policy/systems levels.
- Interviewees were also asked about specific locations of their RECO activities (described below in Section 2.1.4).

2.1.3 Interview with First 5 LA Program Officers

The study team also conducted a group interview with First 5 LA program officers and department directors to gather additional contextual information on the RECO investments. At the beginning of the interview, the study team informed them of the purpose of the interview and obtained their verbal consent to be recorded. The interview protocol included background questions, as well as questions to get at First 5 LA's perspective on the implementation, impacts, facilitators, and barriers related to the RECO activities (see Appendix B). This interview recording was also transcribed and shared with the Abt team via a secure file transfer site.

2.1.4 Location Data

For the RECO activities that were place based[12], the study team collected information on their location RECO from multiple sources, including grantee reports, key informant interviews, and other publicly available materials. The process of collecting this information involved four steps as described below.

[12] Some RECO activities were not place based; for example, activities to influence policy or guidance/training provided to city officials. This Interim Report captures those activities in the descriptions of the 18 RECO

Step 1: Identify the Place-Based Activities

Using grantee reports submitted to First 5 LA, the study team compared activities the grantee intended to provide with activities that were implemented each year to date, to determine which of the intended activities were place based and implemented thus far.

Step 2: Estimate the Location of Activities

Grantee reports also provided information on the location of grantee activities. In many cases, this information was specific—indicating an address or identifying a park, school, or other easily identifiable site. In other cases, when the information was more general and referenced neighborhoods and communities, we attempted to determine these locations from Google Satellite or Street View images.

We then produced a series of maps for each grantee noting each RECO activity and its location. These maps also included brief descriptions of the grantee's RECO activities. To reduce the amount of information on each map, we made separate maps for different regions of LA County where each grantee operated and for each year that the grantee provided RECO services.

Step 3: Confirm the Location of Activities with Key Informants

As part of the key informant interviews, we presented interviewees with printouts of the maps we had produced and asked them to confirm or correct whether the described activities took place in those locations. (Electronic copies of the maps had been provided to interviewees in advance.) For each grantee, the key informant interview protocol included specific questions about the location of its activities. We also asked interviewees to indicate whether any of the activities the grantee provided were not represented on the maps. We recorded their responses.

We invited interviewees to make notes or corrections directly on the map. In some cases, grantees provided additional materials via email subsequent to the interview regarding location of their activities. The study team then revised the maps using the new information.

Step 4: Categorize Activities

The study team categorized each place-based RECO activity as representing one or more of six strategies to reduce early childhood obesity defined by the Centers for Disease Control and Prevention (Khan et al., 2009):

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

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investments at the end of Section 1.1, but they are not reported in maps or other location-specific descriptions of RECO activities. There were also some cases in which activities were not sufficiently intense to warrant inclusion in the analyses. Excluded investments and activities are described in Appendix C.

Activities were coded by a group of three trained research assistants under the supervision of a senior RECO study team member. Coders met weekly to discuss common issues in coding and to maintain consistency. Activities were double coded, and coders initially agreed on 83 percent of codes. When coders disagreed, they met with the Impact Study Director to reach consensus.

2.1.5 Extant Data Used for Community Need Characteristics

For the analyses, we combined our new information on the location of RECO activities with two sources of existing data:

- ***WIC Administrative Data.*** From Public Health Foundation Enterprises (PHFE) WIC administrative data, we drew information on the percentage of WIC-participating children ages 2–5 in a census tract who were obese.[13] PHFE staff aggregated the individual-level data from 2009 (just prior to the start of the RECO investments in 2010) to the census tract and provided the study team with census tract–level data. Census tracts in which fewer than 30 WIC-participating children were observed during the time period were marked as missing. Only WIC-participating children were represented in this data; however, we assumed these children were likely similar to children from the low-income families targeted by the RECO investments.
- ***American Community Survey (ACS) Data.*** From the ACS 2005-2009 Five-Year Estimates we obtained census tract–level estimates on the density of young children (ages birth to 5) and the percentage of households with incomes below 100 percent of the federal poverty level. We used five-year ACS data because five-year estimates are more robust than single-year estimates.

2.2 Analysis

To answer the Reach Study research questions, the study team conducted qualitative and geospatial analyses of the focus group, key informant interview, and location data.

2.2.1 Focus Groups

The focus group recordings were transcribed, with the Spanish transcripts translated into English. Transcripts from the focus groups were formatted and imported into NVivo 10™ qualitative analysis software. The study team created a codebook a priori, based on the research questions, which we refined based on its application to one transcript and discussion among coders. Inter-rater reliability was tested and established by ensuring at least 85 percent agreement between coders. The coding team reviewed and discussed any coding with less than 85 percent agreement and determined the appropriate nodes. All coders coded the first transcript; after reliability was established, there was one coder per transcript for subsequent transcripts. The remaining transcripts were then coded, and the research team met to review findings and finalize key themes. Coders employed an inductive thematic analysis process in which codes were refined as themes emerged from the data. Researchers identified and compared the most frequently occurring and/or significant themes across transcripts. Transcript quotes that illustrated the key themes that emerged in the focus group data were extracted and edited slightly for readability.

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[13] Through agreements with the State of California and a research partnership with First 5 LA, PHFE WIC collects and maintains WIC administrative data from all seven local WIC agencies in LA County under the Data Mining Project. Height and weight are obtained from child participants, who are required to be measured every six months by WIC staff. In September 2017, Public Health Foundation Enterprises renamed itself Heluna Health.

2.2.2 Key Informant Interviews

The key informant interviews were transcribed, and transcripts from the interviews were formatted and imported into NVivo 10™ qualitative analysis software. Similar to the focus group codebook, the study team created a key informant interview codebook a priori, based on the research questions that pertained to the key informant interview data. The codebook contained codes as well as the code definitions to ensure consistency among multiple coders. Coders identified and coded themes through content analysis.

The team identified and compared the most frequently occurring and/or significant codes across transcripts, submitting memos analyzing the meaning of these codes as they related to the research questions. Related codes were then grouped to capture broad themes discussed by interviewees, and matrix coding was used to assess themes present across nodes. Two members of the study team independently identified themes to ensure consistency. There was high concordance among the reviewers. Quotes illustrating key themes were extracted and edited slightly for readability.

2.2.3 Location Data

Each activity location was assigned to one or multiple census tracts as appropriate. When it was possible to identify the specific address of a RECO activity, the study team determined the associated latitude and longitude coordinates using the Geocoding application in ArcGIS. These locations included schools, community centers, and program offices, but also billboards, bus shelter advertising, and the like. Activities identified as occurring at specific coordinates were assigned to the census tract containing those coordinates. When the location of a RECO activity was a larger geographic area that was included among LA County's government shapefiles (e.g., a public park), its entire area or polygon was geocoded as having received the service.[14] Activities provided over large areas sometimes crossed census tract boundaries. In such cases, the activity was assigned to all of the encompassed census tracts.

In two cases, it was possible to determine only the ZIP code where the participants of a given RECO activity resided. In LA County, each ZIP code averages four census tracts. For CHLA Child Care, if the number of activity participants for a ZIP code was 5 or more times the number of census tracts within that ZIP code, then the activity was assigned to each of the census tracts within the ZIP code. If not, the activity was not assigned a location. For CHLA MOMS, activities were assigned to each of the census tracts within a ZIP code only when the number of participants for that ZIP code was 10 or more times the number of census tracts in that ZIP code.

The study team created a series of maps in ArcGIS, using this census tract–level information. We also combined the location information with PHFE WIC and ACS census tract–level data in order to conduct descriptive analyses regarding the prevalence of RECO activities in LA communities having certain demographic characteristics.

[14] Parks that were not included in LA County's shapefiles were identified as latitude and longitude coordinates using ArcGIS.

3. Overview of Results

The Reach Study aims to describe the extent to which First 5 LA's RECO investments targeted and reached their intended beneficiaries across LA County. The next three chapters present findings at the individual, community, and policy/systems levels related to the implementation and reach of RECO activities, as well as corresponding facilitators and barriers. We present findings from the focus groups with intended beneficiaries, the key informant interviews with grantees and First 5 LA program officers, and the geospatial analyses, in order to address the Reach Study research questions.

It is important to note that the focus group participants struggled to recognize the RECO investments and RECO activities by name. As a result, we are unable to definitively conclude whether the participants were speaking about RECO activities specifically or about activities that were similar to RECO activities. However, we are confident that reflections on activities that were very similar to RECO activities could reasonably apply to RECO activities, as well.

Analyses of the focus group and key informant interview data yielded multiple themes, which addressed topics covered by the research questions. Exhibit 3-1 presents the most prevalent themes that emerged. These themes are described in greater detail in the following chapters, along with the results from our analysis of location data on the geographic reach of RECO activities.

Exhibit 3-1 Key Themes in Order of Prevalence, by Research Question Topic

Topic	Key Themes from Focus Groups	Key Themes from Key Informant Interviews
Individual Level		
Targeted Participants	n/a	• Children age 0-5 in LA County • Child care providers, teachers, parents, and/or grandparents • Additional variation in targets depending on project type and location
Positive Experiences with RECO	• Change in cooking/eating habits • Modifications in physical activity • Shift in grocery shopping practices • Changes in breastfeeding practices • Advocating for families and neighborhoods • Increased social support	• Change in cooking/eating habits • Modifications in physical activity • Advocating for families and neighborhoods
Negative Experiences with RECO	• Limited support for implementing best health practices • Issues with program delivery	n/a
Facilitators to Reaching Individuals	• Recommendations from medical professionals • Internal motivation to learn healthy habits • Community events or classes • Promotional materials in the community • Information from WIC offices	n/a
Barriers to Reaching Individuals	• Lack of awareness of RECO activities • Brand confusion about RECO investments and lack of recognition • Lack of time to participate in RECO activities • Inconvenient RECO activity schedules and locations	• Lack of time to participate in RECO activities • Self-selection into engagement with RECO[a]

Topic	Key Themes from Focus Groups	Key Themes from Key Informant Interviews
Facilitators to Preventing or Reducing Obesity	• Introducing healthy eating habits, accessing healthy foods • Individual motivation due to personal or family health risks	n/a
Barriers to Preventing or Reducing Obesity	• Expensive, inaccessible healthy foods • Cultural norms conflicting with healthy messages • Little support from family and friends	n/a
Community Level		
Need and Reach	• Limited community-level reach	• Reaching targeted populations as intended • Difficult to adequately reach and serve some high-need communities
Perceived Community Changes	• Increased knowledge and awareness • Changes to the built environment • Changes in norms and behaviors	• Changes to the built environment
Facilitators to Reaching Communities	• Advertising and word of mouth • Community engagement	• Community engagement • Targeted outreach to community members • Coordination of obesity-reduction activities
Barriers to Reaching Communities	• Lack of visibility of RECO investments • Inadequate transportation to access RECO activities • Safety concerns • Community and cultural attitudes • Challenges of low-income communities	• Lack of grantee resources • Safety concerns • Land issues
Facilitators to Reducing Early Childhood Obesity at the Community Level	• Public awareness campaigns • School initiatives related to nutrition	• Leveraging relationships
Barriers to Reducing Early Childhood Obesity at the Community Level	• Cultural norms conflicting with healthy messages • Lack of resources to make healthy changes • Safety concerns limiting physical activity • Less healthy school food choices • High prevalence and advertising of less healthy food options	• Prevalence and advertising of less healthy food options • Bureaucratic roadblocks limiting project implementation
Policy/Systems Level		
Strategies to Change Policy	n/a	• Partnering with local officials • Collaborating with stakeholders • Engaging communities

Topic	Key Themes from Focus Groups	Key Themes from Key Informant Interviews
Facilitators to Changing, Adopting, and Implementing Policies and Practices	n/a	• Partnerships with policymakers and community members • Prior experience with legislation and advocacy work • Staff capacity and support • Positively framing the issues • Matching funds to expand grantee capacity
Barriers to Changing, Adopting, and Implementing Policies and Practices	n/a	• Collaboration challenges • Lack of organizational experience and infrastructure • Delayed implementation due to mid-course corrections

n/a = Topic not covered in the data collection method.
[a] Emerged in the group interview with First 5 LA program officers.

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

In this chapter, we discuss the implementation and reach of the RECO investments at the individual level. In particular, we discuss who was targeted by the RECO investments, individuals' experiences with the RECO activities, and facilitators and barriers to reaching individuals—or in other words, facilitators and barriers to individuals participating in, accessing, or experiencing the activities or work of the RECO investments. In addition, focus group participants spoke more generally about facilitators and barriers to reducing early childhood obesity, providing important context for the findings reported here.

4.1 Targeted Participants

To understand the reach of the RECO investments, it is important to understand which individuals the RECO investments targeted when aiming to reduce early childhood obesity. Accordingly, in interviews with grantees and First 5 LA program officers, the study team asked about the characteristics of individuals targeted to accomplish the goals of their RECO activities. This section summarizes their responses and addresses the research question: *Who is/are targeted by the RECO investments?*

Most interview respondents reported that the ultimate target of the RECO activities was children ages 0–5 in LA County. Grantees' obesity-reduction efforts reached these young children by targeting their child care providers, teachers, parents, and grandparents.

Other characteristics of the targeted populations reported depended on the type of project the grantees were implementing (e.g., policy change versus installation of parks) and on the geographic location of the activities. Grantees that targeted specific racial and ethnic neighborhoods identified Latinos, South East Asians, and African Americans as target groups. A grantee working to build community gardens targeted neighborhoods identified as food deserts. Another grantee worked directly with a city-wide vending coalition to educate its members on healthy vending practices and to collaborate on changing vending policies.

Target populations also varied within investments. For example, one Tot Parks and Trails grantee aimed to reach children with disabilities, whereas other Tot Parks and Trails grantees targeted local community residents from neighborhoods adjacent to their parks. Another grantee described a two-tiered target population: Working to distribute microloans through intermediaries, this grantee targeted small food enterprises reaching low-food access areas; in turn, these small food enterprises reached families with children ages 0–5 in these areas:

> ***"By reaching out to intermediaries that service those areas, we believe that we're able to penetrate those communities, and we're also looking for families. It's a mapping exercise, the degree that the intermediaries are working in those communities, to see if the demographics show that there's a high concentration of families with young children, and if they're low—low access or low resources—communities."***

Policy implementation grantees identified policymakers (e.g., city council members, elected officials), community agencies (e.g., Department of Public Health, wellness centers, WIC agencies), and community organizations (e.g., Best Start communities, organizations serving SNAP-eligible individuals) as their target populations. From First 5 LA's perspective, policy grantees could have targeted the entire county or state. These grantees were not required to have a regional focus within LA County; it was only required that their policies affected children in LA County. If a grantee proposed work with a regional focus, its project needed to be replicable or beneficial to other parts of LA County. A subset of policy projects were

statewide or had a regional focus, but the majority of the RECO policy work was county wide. When grantees asked for assistance targeting particular communities, program officers referred grantees to the 14 Best Start communities for guidance on geographic specificity:

> ***"We always refer them to the 14 Best Start communities. Because those were chosen because of their need and the number of children that live in those areas, it's an easy way for them to reduce the amount of work they have to do in choosing."***

4.2 Individuals' Experiences

This section describes individuals' experiences with RECO activities, as well as perceived changes made by individuals and attributed to RECO activities, as described in the key informant interviews and focus groups. It addresses the research question: *What are individuals' experiences and successes with the RECO activities?*

4.2.1 Positive Changes

Focus group participants primarily spoke about positive changes they had made in their regular practices based on information and support provided by RECO activities or similar programming. These changes are discussed below.

Cooking/Eating Habits

The most commonly reported change in practice was a change in cooking or eating habits, such that individuals cooked and ate healthier foods. Almost all focus groups discussed this change. One participant described a change in the snacks she offered her children:

> ***"I learned how to introduce healthy snacks. My daughters are learning to ask for a healthy snack instead of chips. I have learned to give them other options instead of just junk food."***

Another focus group participant described how classes taught her to "make better choices" (i.e., healthier food choices) whether in her home or at a restaurant or neighborhood event.

Focus group participants also reported that the RECO activities stressed the importance of parents making healthy food choices for their families that would trickle down to their children. Participants reported learning about these healthy food choices and going on to encourage other parents in the community to get involved in setting a positive example for children and saying no when children requested unhealthy food options:

> ***"It's important to be conscientious that we are also teaching through example. Sometimes we want to teach children how to eat healthy, but we won't change our [own] eating habits. … Those classes have personally helped me enormously. I was extremely overweight and had very high blood pressure. I applied changes, and my weight and health are much better. It is advisable that we lead our children into small changes that can cause large differences."***

Grantees also noted changes in habits by postpartum mothers. Specifically, grantees observed an increase in water consumption, weight loss, walking for fitness, and changes in breastfeeding perceptions and practices. Other grantees reported healthier eating habits among children in child care centers whose providers had undergone RECO trainings on health promotion:

> *"They were able to really train a lot of child care providers, especially licensed child care providers, on how to adopt different menus that involved a lot of fresh fruit, produce, in a way that was economical."*

Physical Activity

Most focus group participants discussed changes in their exercise routines because of what they learned through the RECO activities. For example:

> *"One of the positive changes in my household is that in a class I took, they taught us to do yoga. … I have two kids, 6 and 2. They think we are playing, when in fact we are exercising. I have noticed that my son becomes more relaxed when it's time to do yoga. It really helps him. He's become a bit calmer at school. I try to take them out and not have the kids indoors all the time. … Once a week, I try to take the kids riding on their bikes. So, we are exercising a bit more."*

> *"With [CH]LA MOMS, you can track your steps. They have the text messages that you click on the link and it logs you into your account online. … It's made a difference."*

Grantees targeting postpartum mothers reported also observing changes in their physical activity, including walking for fitness. Grantees also discussed higher levels of physical activity among children who attended child care centers whose providers had undergone RECO health promotion trainings. They also noted that as a result of providers participating in RECO trainings on how to provide physical activity opportunities to children in their facilities, providers became more physically active themselves.

Grocery Shopping Practices

Another common change in practice that focus group participants reported was in their grocery shopping practices, including learning to read labels and understanding portion sizes of processed foods:

> *"I looked at a label and didn't understand it. Now I know about sodium and trans fat and I can teach my kids about it when we go to the grocery store. We know what we can eat and what is healthy."*

A small subset of focus groups discussed how RECO investments enabled them to afford and therefore purchase more expensive, organic produce for themselves and their families through voucher programs. One participant explained how vouchers at farmers markets increased access to fruits and vegetables:

> *"There's vegetables there that are not at my local market, vegetables that maybe we don't [usually] cook with. They have samples, which the children love. … Because it's mostly organic, it's more expensive, so I wouldn't usually go there to buy my produce. I'd go wander around. But now [vouchers] give me the opportunity to be able to afford some of those fruits and vegetables."*

Breastfeeding Practices

Several focus group participants emphasized the effectiveness of breastfeeding programs in particular, especially for new parents. Their positive experiences with the programs, often discussed in combination with WIC breastfeeding programs, included assistance with breastfeeding in the hospital and during home visits, plus support to address breastfeeding challenges and access to breast pumps. One focus group member compared her experiences with her first and second child to illustrate the efficacy of the breastfeeding interventions:

> ***"When I had my first daughter … I didn't have much help. My daughter was bottle-fed. Now it's so different. The breastfeeding program had a nurse checking up on me and would follow me at home, too. After that support, I had WIC. I even saw a nutritionist, and she taught me what to eat to be able to feed my child the right nutrients. Those two programs in the first couple of weeks were very helpful."***

Another focus group participant discussed how the RECO investment had made a difference by increasing knowledge of breastfeeding's benefits and adoption and duration of breastfeeding in the target population:

> ***"Even if maybe not for a long period of time that people are breastfeeding, they're at least starting their kids off for a few months. Hopefully it'll keep going, because I did speak to many moms before about the breastfeeding. 'Oh, prior to this we didn't have this knowledge and I did not breastfeed my kids for a long time. Now my goal is to do this, and I've exceeded my goal,' they say."***

Grantees also mentioned changes in breastfeeding perceptions and practices among postpartum mothers.

Advocating for Family and Neighborhoods

Focus group participants discussed how education on healthy eating and lifestyle habits empowered them to advocate for their families and their neighborhoods. One participant described advocating to improve the nutritional quality of the foods at her daughter's child care:

> ***"My 9-year-old daughter, I used to leave her when I worked. I always offered veggies. … When I put her in daycare, the daycare offered junkie snacks, and my daughter stopped eating vegetables. She saw other kids eating junk. On weekends she would complain. I asked the caregiver, and she said she didn't offer fruits and vegetables to her own kids or the daycare. I told her it was important to give them healthy food. I told [my daughter] she was to eat what I sent … and then I saw the woman changed the foods she offered."***

Similarly, grantees observed increased community engagement and involvement in general, and even further educational achievement motivated by the desire to advocate for change in one's community. For example:

> ***"We had a child care provider that came to every training, really opened her eyes on the political process and what she could do for her community that she went on to get her bachelor's degree. She took over her mom's child care center. She went back to get her master's, and she ran for political office. That was very awesome to see."***

Many grantees engaged community members in their work, and some reported being surprised by the level of empowerment that certain individuals would develop as a result. One grantee described a woman who started by joining in the organization's efforts:

> ***"[There] was a woman who joined the steering committee and hadn't had a lot of experience doing that sort of thing before, and she just lit up. She really became extremely engaged to the point where she joined the neighborhood council. It just ignited something in her, and she became very active in the neighborhood."***

Increased Social Support

Social connectedness was not a clear intent of the RECO investments, but it was an unintended positive outcome. Several focus groups noted that they experienced an increased sense of social support through

participation in RECO activities. Some commented how renovated parks served as space to build community and social connectedness A number of participants benefited from the peer support network they found through RECO and appreciated having a place to learn and implement change in a comfortable, supportive environment. One participant described how participation in a RECO program, which included information on healthy eating, sleep, and stress, made her feel less isolated in the learning process:

> ***"[Classes] help with support. You don't feel alone. You realize that you are not the only one against the world. You realize there are other parents that are also trying to make a change."***

4.2.2 Negative Experiences with RECO Programming

The majority of feedback was about positive changes related to RECO activities, but a small number of focus group participants reported the following negative experiences worth considering to improve future similar work.

Limited Support for Implementing Best Health Practices

Participants from a small number of focus groups discussed having too little follow-up support to implement the healthy changes they were learning about. One reported that the encouragement to pump for and breastfeed her child was not accompanied by enough material support for her to follow through:

> ***"That was one of my issues that I had, where I was going through bags and bottles like crazy and … I had to resort to finding other areas or other hospitals and different things like that that can provide those resources."***

Other participants commented on a lack of support or positive encouragement from some of the program staff. Another was frustrated when project implementation was delayed, thereby delaying support for healthy changes:

> ***"I don't like the meetings that say, 'Well, by 2025 we should have all the parks ready.' That don't help me now. … I would like to see us organize as bigger groups and communities to apply more pressure on these people. We need more places with healthy food and not as much junk food, and more parks."***

Issues with Program Delivery

Participants in a few focus groups also had issues with program instruction. One reported that an instructor was unprepared, and another disliked a program's bilingual instruction. For example:

> ***"I have attended workshops where the person was Hispanic and class was in Spanish. When I go to these classes, I like to ask if it is going to be given in English or Spanish because I do not like going to the bilingual ones. They just seem super long and boring."***

Another respondent commented on the linguistic and cultural competency of instructors:

> ***"They need to know the culture and the language. If we have a person who doesn't understand our culture, the way we eat, etc., they may not be able to make their point across. Sometimes they even use Spanglish because they don't know how to say a certain word in Spanish, so they kind of just leave you hanging and wondering what was actually just said."***

4.3 Facilitators and Barriers

In order to assess the reach of the RECO investments at the individual level, the study team asked about factors that facilitated or served as barriers to individuals experiencing or having the opportunity to benefit from the RECO activities. This section summarizes these discussions and addresses the following research question: *What are the facilitators and barriers to reaching the targeted individuals?*

4.3.1 Facilitators to Reaching Individuals

Awareness of RECO activities is a key facilitator to individuals experiencing those activities. Community members were most often aware of RECO's nutrition classes and the Fruit and Veggie Vouchers program. Focus group participants reported hearing about RECO programming from a variety of sources, including health clinics, hospitals, health fairs, community meetings, schools, promotional advertising, resource tables at parks, WIC centers, and word of mouth. Focus group participants also cited self-motivation as a facilitator to individuals' engagement in RECO activities.

Recommendations from Medical Professionals

Participants in half of the focus groups reported learning about RECO (or similar programs and activities) from doctors, hospitals, and clinics, which served to facilitate individuals' participation in RECO activities. Recommendations from medical professionals recognizing signs of health issues were a very effective outreach and communication strategy. One parent explained how information provided at the local clinic prompted her family's participation, which in turn led to behavior change:

> ***"I guess we participate because they talk to us about nutrition and they tell us how we can eat more healthy, how we can help our children. … My oldest son, we got used to buying him Gatorade and other things by the case, so he started to gain a little bit of weight. When I took him to the clinic, I was told that he was seven pounds overweight; they also explained to him that it wasn't a good weight for him. I've seen that it does help not to give them too many drinks with sugar and to not purchase food out on the street, and after that he lost the weight again. Now we eat healthier with more fruits and vegetables, more water. Now we go take walks and we play with them."***

Community Events or Classes

Focus group participants heard about First 5 LA and its programs, including RECO, in Best Start community meetings and other such meetings and events. This visibility of First 5 LA in the community made it easy for participants to learn about and participate in RECO programs.

Promotional Materials in the Community

First 5 LA activities, including RECO, were also promoted in communities via fliers, billboards, and commercials. Content ranged from First 5 LA specifically (i.e., the organization, its programs, its objectives) to child obesity more generally. Focus group participants reported they often discovered new programs and opportunities from fliers they received at classes and programs they were already attending.

Information from WIC Offices

Focus group participants reported that WIC offices encouraged them to participate in RECO activities by providing information when they received WIC benefits:

> ***"I have heard about them through WIC and because there are also people who come to invite you to the different workshops. That's how I've signed up to attend to some, not all."***

Internal Motivation to Learn Healthy Habits

Internal motivation also facilitated individuals experiencing the RECO investments. Focus group participants commonly reported that they participated in RECO activities because they were motivated to learn healthy habits to improve their children's health. For example:

> ***"[My motivation is] my children. Particularly health wise, because I'm considered obese. I want to make sure that I prevent that for my kids and all the risks that come with it. I'm trying to educate myself and to educate my kids on being healthy and having healthier eating habits."***

Focus group participants also reported being motivated to educate themselves on healthy habits to improve their own and their spouse's health.

4.3.2 Barriers to Reaching Individuals

Both the key informant interviews and focus groups mentioned individual-level barriers to experiencing RECO activities. Focus groups revealed a real lack of awareness and confusion about the RECO brand, and focus group participants and grantees reported a number of logistical difficulties.

Lack of Awareness of RECO Activities

That individuals in targeted populations were not aware of the RECO investments or the activities they funded was a key barrier to reaching them. Exhibit 4-1 below details the number and percentage of focus groups in which at least one participant had heard of each investment,[15] and the number and percentage of individuals across all focus groups who had. To be familiar with at least one RECO investment was required to be considered eligible to participate in a focus group, and there was at least some awareness of each of the RECO investments across all of the focus groups (CHLA Kids and Market Match were the most frequently recognized.) However, in every focus group, there were multiple investments that none of the group's participants were aware of.

Exhibit 4-1: Focus Group Participant Awareness of RECO Investments

	Focus Groups In Which At Least One Participant Had Heard of the Investment (N=14)		Focus Group Participants Who Had Heard of the Investment (N=117)	
RECO Investment	***n***	**%**	***n***	**%**
Healthy Food Access Initiative: Market Match (Fruit and Veggie Vouchers)	14	100.0	108	92.3
Early Childhood Obesity Prevention Initiative: Choose Health LA Kids	14	100.0	71	60.7
Tot Parks & Trails: Enhancing Toddler Playground Facilities	13	92.9	38	32.5
Healthy Food Access Initiative: Children's Garden Collaborative	13	92.9	61	52.1
Breastfeeding Taskforce of Greater Los Angeles: Technical Assistance to Hospitals "Breastfeed LA"	12	85.7	58	49.6
Western Center on Law and Poverty: Simplifying CalFresh Regulations	10	71.4	39	33.3
California Food Policy Advocates: Nutrition for LA Families	10	71.4	54	46.2

[15] Focus group participants were given the name of each RECO investment operating in their home region, along with a description of the investment's activities.

	Focus Groups In Which At Least One Participant Had Heard of the Investment (N=14)		Focus Group Participants Who Had Heard of the Investment (N=117)	
RECO Investment	***n***	**%**	***n***	**%**
Early Childhood Obesity Prevention Initiative: Choose Health LA Managing Obesity in Moms	9	64.3	28	23.9
FreshWorks Fund: Healthy Corner Store Conversion	8	57.1	33	28.2
Community Health Councils: Assessing Sugar Sweetened Beverage Tax Proposal and Alternatives	8	57.1	29	24.8
Early Childhood Obesity Prevention Initiative: Choose Health LA Child Care	7	50.0	14	12.0
Child Care Law Center: Streamlining Child Care Subsidies	6	42.9	12	10.3
California Center for Public Health Advocacy: Policies to Improve Nutrition Standards	5	35.7	22	18.8
Community Coalition: Healthy Food and Safe Space Access	2	14.3	3	2.6
Public Counsel: Policy Advocacy Fund	1	7.1	2	1.7
Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food	1	7.1	1	0.9
Safe Active Family Environments for Asian and Pacific Islanders (S.A.F.E. for APIs)	1	7.1	1	0.9
50 Parks: Developing Three Neighborhood Parks	1	7.1	3	2.6

Some focus group participants lamented not being aware, because they were interested in the RECO activities mentioned and would have participated. One discussed the need for better advertising:

> ***"There's not a lot of knowledge, or not a lot of resources out there for families to know there are programs. To me, even just by hearing the names, they sound like really good, important programs that we need help but we just don't know how to get the resource from."***

Brand Confusion about RECO Investments

Related to lack of awareness, another major barrier to RECO participation was that many focus group participants did not recognize RECO, its investments, or the RECO activities by name (i.e., brand confusion). Participants in all focus groups were unclear about exactly what the RECO investments did or were called. This brand confusion also could account for the low reported awareness described above. For example one focus group participant explained how lack of clear branding led to confusion:

> ***"It is not clear for us what is what. I have participated in some programs like breastfeeding and the other where you get coupons or vouchers for famers' market, and I have heard of others. But if I was to look for them, I would have a hard time because I do not know the programs' proper names."***

Lack of Time to Participate in RECO Activities

Both the key informant interviews and the focus groups identified lack of time as a major barrier to individuals participating in RECO activities. Grantees reported that many parents targeted by the investments were too busy to engage in the activities. Focus group participants mentioned struggling to balance working and taking care of their families with attending RECO programs. One mother described this struggle with a hectic lifestyle and limited time:

> *"My school is by Orange and my husband's job by Rosecrans, and we share a car. So I need to drop him off at work, and I drop off my baby at the day care. My time is very limited even if I wake up before six. I don't have enough time to fix breakfast. I would have to do it the night before…"*

Grantees reported that lack of time also was a major contributor to program attrition, thereby limiting program reach at the individual level.

Inconvenient RECO Activity Schedules and Locations

A number of focus group participants noted that the program schedules did not offer many options on nights and weekends, thereby limiting their ability to participate. One shared his frustration:

> *"I think it's geared more towards a lot of stay-at-home moms that have the time. Of course, a lot of moms work also, too. But I feel sometimes like [planners] don't take it into consideration, because usually the dad is the breadwinner of the home, for the main part. I feel like I fall in that category. It's like sometimes they don't even offer these programs on Saturdays."*

Participants also mentioned limited availability of program locations acting as a barrier to participating in RECO programs. They did not have time to travel to where the classes were held if the site were not near their homes. One focus group participant noted that transportation and distance posed a significant challenge to individuals in her community:

> *"I receive some workshops and resources through my clinic, but there are some programs where I have to travel far from where I live. I found out about the classes through my doctor. I signed up. I told other people in my community. Because of transportation or distance, they were not able to make it."*

Self-Selection into Engagement with RECO

First 5 LA program officers noted that individuals and families already engaged in healthy lifestyle choices before RECO implementation were more likely to engage in the health-promotion activities funded by RECO. These individuals self-selected into the activities, whereas those who were not previously engaged in healthy behaviors participated to a lesser extent. Individuals and families not already engaged also were harder to reach. For the Fruit and Veggie Vouchers program in particular, families that were already attending farmers markets participated in the voucher program, whereas families that did not frequent the farmers markets had lower program participation rates.

> *"The barrier for a lot of the families … is that it's really great for those who are already looking for better ways to help their families. If you're going to make the commitment to farm a plot of land at a garden or come to a specific farmers market and save your WIC voucher or CalFresh dollars to know you're going to spend them at that farmers market, you've spent a lot of time, effort, and thought already about what you feed your children and what you can provide for them. The difficulty is that there's a whole other set of families out there who don't have that time and space."*

4.3.3 Facilitators to Preventing or Reducing Obesity

The focus group discussions in particular also included reflections on facilitators to preventing or reducing childhood obesity for individuals, and for their families more broadly. In some cases, RECO investments targeted these facilitators. Asked what facilitated obesity prevention for them, focus group participants discussed shifts in food behavior and also identified personal and family health as motivation to change.

Introducing Healthy Eating Habits, Accessing Healthy Foods

Participants from half of the focus groups reported introducing healthy eating habits and accessing healthy foods as a primary facilitator for preventing obesity. For example, one participant discussed her household's shift away from purchasing sugar-sweetened beverages, stating that she no longer buys soda in an effort to prevent weight gain.

Individual Motivation due to Personal or Familial Health Risks

Personal or familial health risks motivated some respondents to take care of their own health and the health of their families, with sound medical advice from doctors spurring them into action. After receiving a diabetes diagnosis, one focus group participant reported she was moved to make changes, including introducing healthy behaviors for her family:

> ***"From my last three pregnancies I got diabetes. They changed my diets around so I wouldn't be solely dependent on medicine. We got used to eating a healthy diet. Today I don't have any issues or troubles with getting my family to eat healthy. We go shopping and we get fruit and veggies. I don't struggle. I'm not happy I have diabetes, but I'm happy the changes it made in our family."***

4.3.4 Barriers to Preventing or Reducing Obesity

Focus group participants discussed individual-level barriers to reducing childhood obesity, some of which were targeted for improvement by the RECO investments. There were three major themes, as follows.

Expensive, Inaccessible Healthy Foods

Half of focus groups discussed how healthy foods are often expensive or difficult to buy in their communities. Immigrant participants highlighted disparities between the healthy, fresh foods they had accessible to them in their home country and the cheap, processed food they find in their LA neighborhoods. One participant posited why store owners in her community did not sell organic produce:

> ***"Store owners are so smart that they know that in our area those things won't sell because it's more expensive. Honestly, I love organic, but it's expensive. I don't know if there is a way to make things accessible to us."***

Another participant described challenges immigrants face transitioning to a new environment where foods from their home country are not readily accessible:

> ***"When you come to this country you do what's easiest. You buy fast food or whatever they're selling in the market. You don't know how to get the same healthy foods you got in your country. It took me 15 years to figure out that I could get the same foods, such as strawberries. I didn't know they had agricultural markets here."***

Cultural Norms Conflicting with Healthy Messages

Many focus group participants also discussed how their home culture directly affected their ability to make healthier choices for themselves and their family. In particular, some cultures encourage larger portion sizes and consider heavier children to be healthier.

> ***"I come from a place where processed foods were a luxury. In order to keep yourself healthy, you needed to finish all the food on your plate. … Now that we live here and have access to all the packaged foods, it's like, 'Wow! Now or never.' That is just how we are programmed."***

Another participant shared her experience facing criticism regarding her child's weight and how cultural norms can prevent the recognition of obesity as a problem:

> ***"I still breastfeed my son. He is 15 months and people always make comments about him because he's not chubby. He's the right weight that he's supposed to be according to his doctor, but not according to other people. ... I have a friend that has a daughter the same age as him, and her daughter is the weight of a 2-year-old and she's 1, and people always say, 'Oh, she's such a healthy cute little chubby baby.' … I have a daughter who's going to fifth grade. I've noticed big kids in her school, where they're severely overweight and it's not [seen as] a problem."***

Little Support from Close Family and Friends

Participants from more than half of the focus groups cited little or no support from close family and friends as being a major barrier in their efforts to reduce childhood obesity or increase healthy behaviors for themselves and their children. For example:

> ***"It's hard because I'm very conscious about what I eat and what I bring into my home. No one else in my family is like that. They all think that I'm weird. They're always eating fried chicken and black-eyes peas. I'm like, 'Guys, [my son] can't even walk yet. He doesn't need fried chicken right now. Give it a couple of years.'"***

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

In this chapter, we discuss the implementation and reach of RECO investments at the community level. In particular, we identify the communities targeted by these investments and address the reach of the RECO investments relative to the need in those communities. Additionally, the chapter identifies the variety of healthier practices adopted at the community level that focus group participants and grantees attributed to the RECO investments. We also discuss the facilitators and barriers to communities experiencing the RECO investments, as well as broader facilitators and barriers to reducing childhood obesity in the community.

5.1 Need and Reach

To understand the reach of the RECO investments at the community level, it is important to see where the RECO activities occurred. Given the multifaceted nature of the RECO investments and the considerable diversity of children and families living in LA County, it is also important to examine reach of the RECO investments in relation to community need, defined in several ways. This section presents the results of a geospatial analysis to examine the communities targeted by the RECO investments, the prevalence of RECO investments in high-need communities, and the geographic dispersion of different types of RECO activities. These geospatial analyses are supplemented with a brief summary of discussions from interviews and focus groups on the community-level reach of the RECO activities. We address the following research questions: *Which communities are targeted by these investments? What is the reach of these investments relative to community needs?*

5.1.1 Reach of RECO Investments across LA County

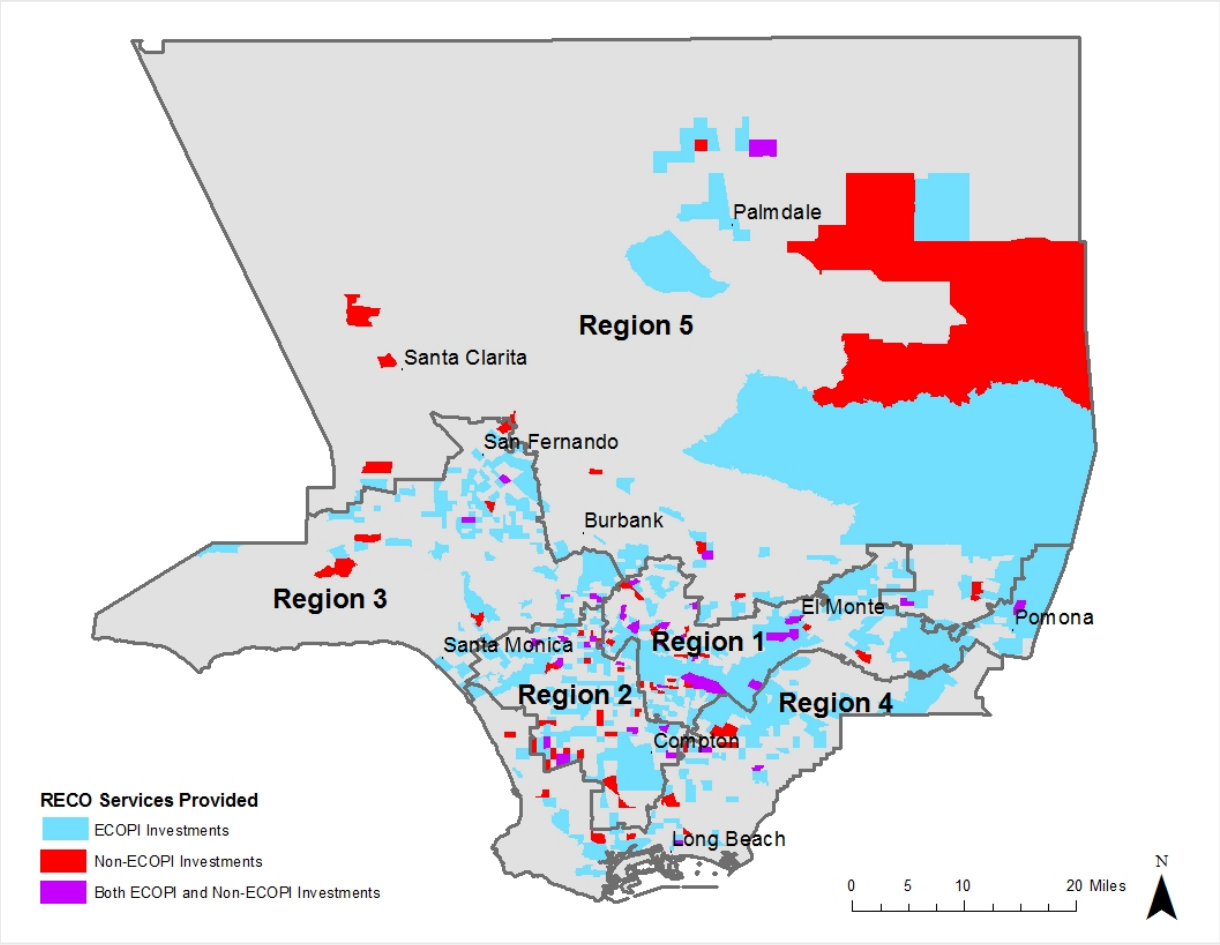
RECO activities were provided in many communities[16] across LA County. To get a sense of the geographic reach of the RECO investments, and which communities were targeted by these investments across LA County, Exhibit 5-1 displays the location of RECO investment activities by census tract from 2010 through the spring of 2015. Due to the size of the ECOPI investments relative to the other investments, we distinguish between ECOPI and non-ECOPI in this exhibit and indicate where there is overlap.

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

From Exhibit 5-1, it becomes clear that the RECO activities cover a wide range of areas in LA County, and that most of the reach of the RECO investments comes from the ECOPI activities.

[16] In this section of the report, *community* is defined as census tract.

Exhibit 5-1: Reach of RECO Activities in LA County



Note: Map does not display San Clemente and Santa Catalina Islands in Region 4, but RECO activities were not provided in these areas.

Across LA County, nearly one-third (32 percent) of its total census tracts received some type of RECO-funded activity (Exhibit 5-2). Region 1 and Region 2 had the highest saturation of RECO activities, with 47 and 39 percent of census tracts in each region, respectively, receiving at least one RECO activity. The percentage of census tracts receiving at least one RECO activity in Regions 3, 4, and 5 were somewhat smaller.

ECOPI investments funded activities in more census tracts than did the non-ECOPI investments. Across LA County, there were 592 census tracts (29 percent) in which ECOPI investment activities were located, whereas non-ECOPI investment activities were located in 103 census tracts (5 percent). (See Appendix Exhibit D-1 for the community-level reach of the 13 individual RECO investments mapped.)

Exhibit 5-2: 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	659	203	164	112	96	80
Percentage of census tracts in which any RECO activity occurred	32%	47%	39%	29%	26%	20%
ECOPI Investments						
Total number of census tracts in which any ECOPI activity occurred[a]	592	186	145	103	85	69
Percentage of census tracts in which any ECOPI activity occurred	29%	43%	35%	26%	23%	18%
Non-ECOPI Investments						
Total number of census tracts in which any non-ECOPI activity occurred	103	35	30	10	14	14
Percentage of census tracts in which any non-ECOPI activity occurred	5%	8%	7%	3%	4%	4%

[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

We also examined how the reach of the RECO investments overlaps with community needs, as shown in Exhibit 5-3. The exhibit displays three maps for each region, each representing a different characteristic of community need relevant to the RECO investments:

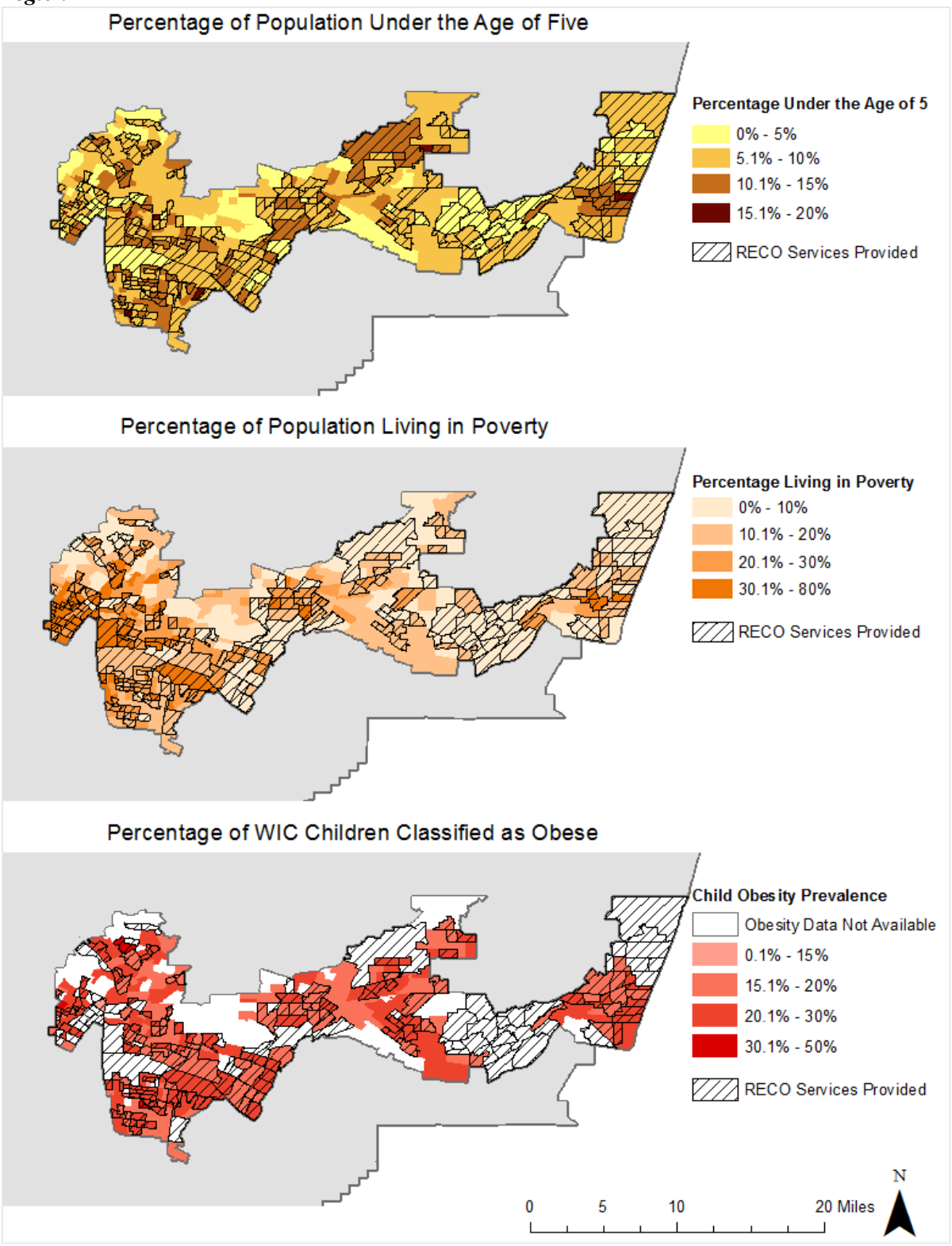
1. Percentage of the population within the community that is under age 5.
2. Percentage of the population within the community with incomes less than 100 percent of the federal poverty level.
3. Rate of obesity within the community among WIC-participating children ages 2–5.

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 5-3 shows that RECO activities are reaching LA County's high-need communities. However, the maps also show there are high-need communities not reached by RECO activities, and there also are some areas reached by RECO activities that are not high-need communities as we have defined it here (i.e., density of young children, poverty, and obesity).

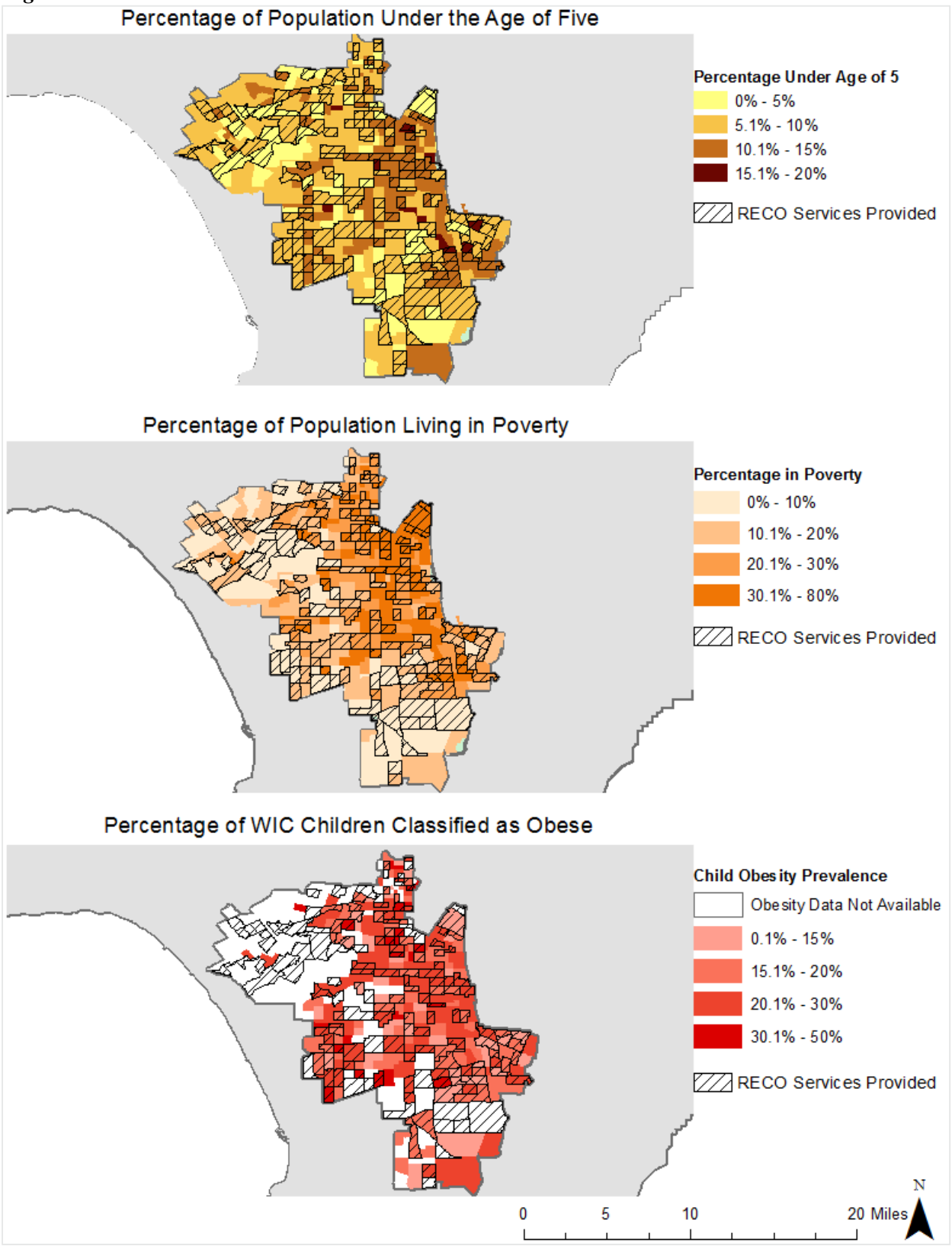
Exhibit 5-3: Communities in Which RECO Activities Were Provided, by Community Need Characteristics

Region 1



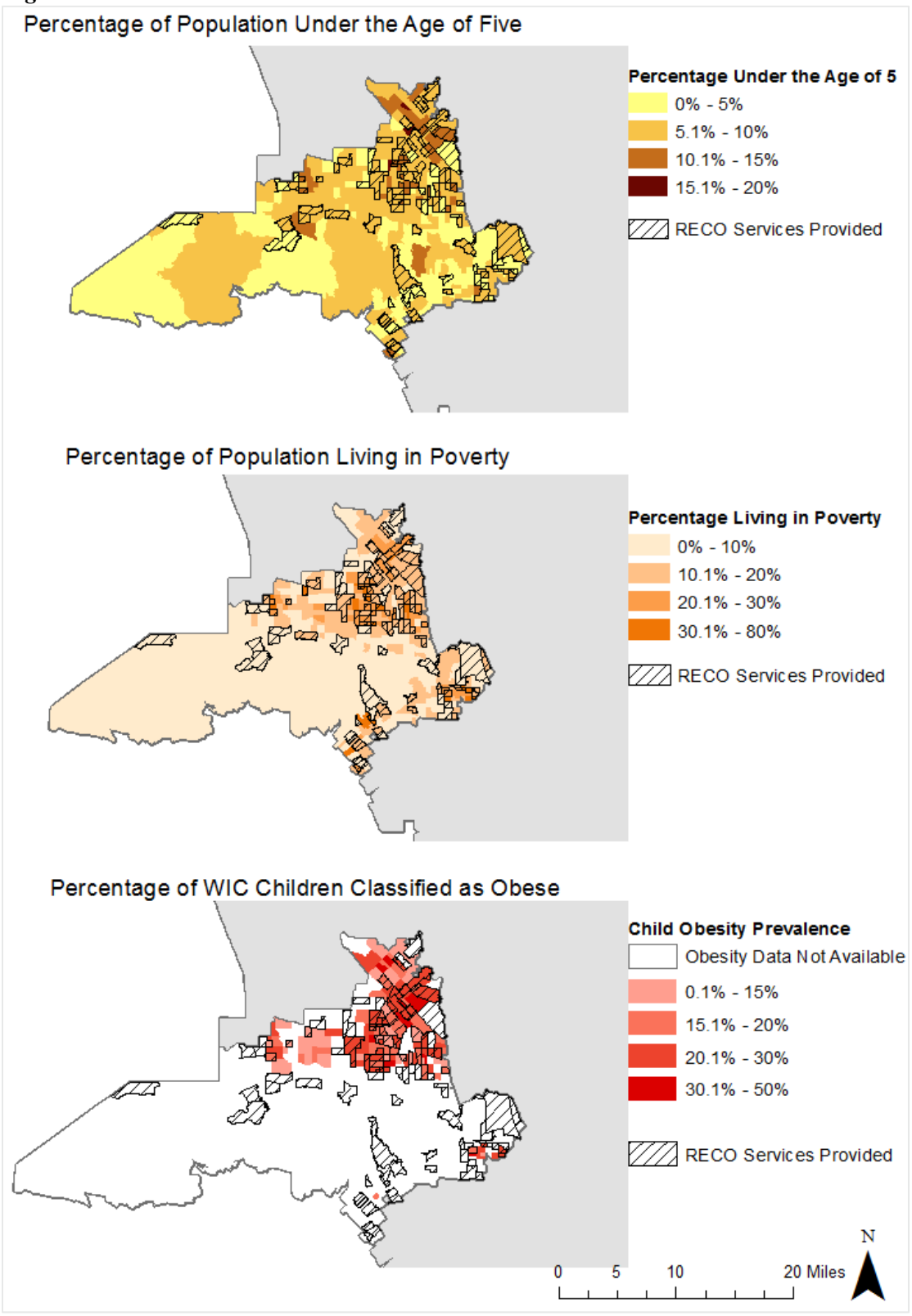
Note: Census tract–level information on child obesity prevalence was available only in census tracts with 30 or more WIC-participating children in 2009.

Region 2



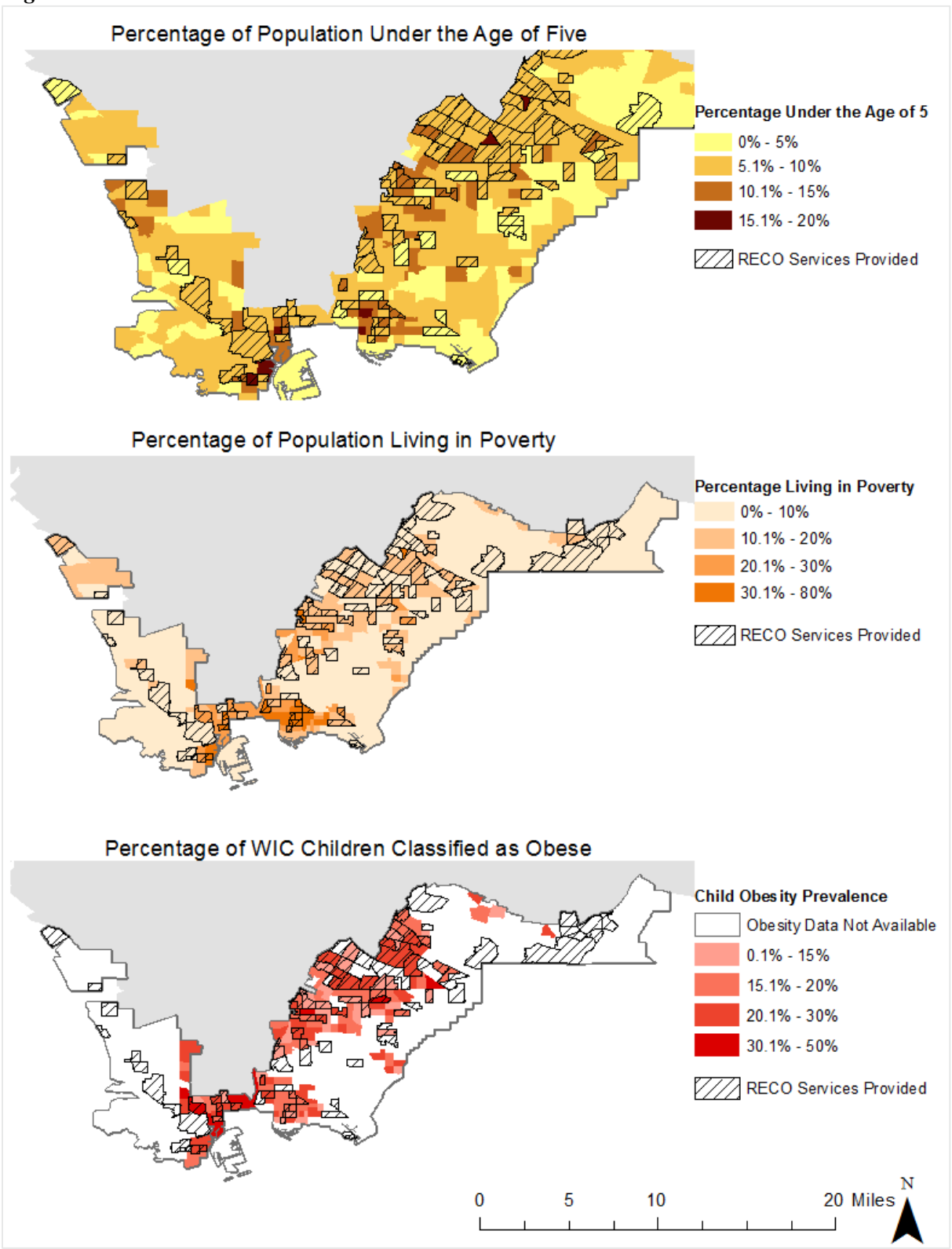
Note: Census tract–level information on child obesity prevalence was available only in census tracts with 30 or more WIC-participating children in 2009.

Region 3



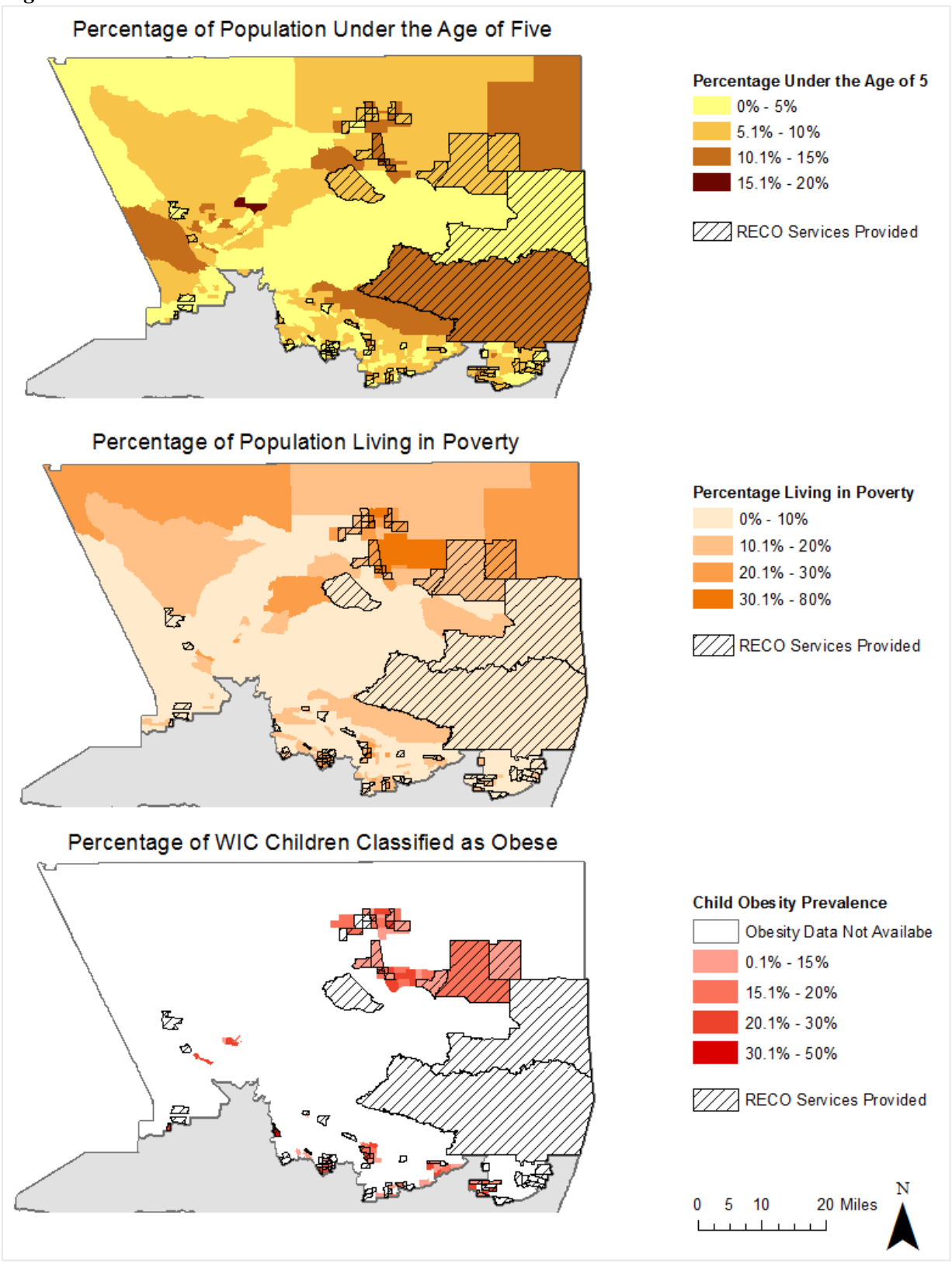
Note: Census tract–level information on child obesity prevalence was available only in census tracts with 30 or more WIC-participating children in 2009.

Region 4



Notes: Census tract–level information on child obesity prevalence was available only in census tracts with 30 or more WIC-participating children in 2009. Map does not display San Clemente and Santa Catalina Islands in Region 4, but RECO activities were not provided in these areas.

Region 5



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

In Exhibit 5-4 we present the number of high-need communities in which RECO activities were provided. (See Appendix Exhibit D-2 for detail for the 13 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*).[17]

To some extent, the RECO investments appear to have successfully targeted their activities to the LA County communities with the highest levels of need. However, regardless of category, most high-need communities were not reached by any RECO investment. RECO activities were provided in

- 35 percent of child-dense communities (140 of 403 census tracts);
- 42 percent of high-poverty communities (100 of 239 census tracts); and
- 41 percent of high-child obesity communities (191 of 465 census tracts).

As show in the exhibit, ECOPI services were provided in about one-third of high-need communities, and non-ECOPI services were provided in just 5 percent of high-need communities. Comparing the different categories of high-need communities, RECO investments were slightly more successful in reaching high-poverty communities and high-child obesity communities than they were in reaching child-dense communities.

Exhibit 5-4: 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	659	140	100	191
Percentage of census tracts in which RECO activities occurred	32%	35%	42%	41%
ECOPI Investments				
Total number of census tracts in which ECOPI activities occurred[d]	592	127	89	164
Percentage of census tracts in which ECOPI activities occurred	29%	32%	37%	35%
Non-ECOPI Investments				
Total number of census tracts in which non-ECOPI activities occurred	103	18	22	42
Percentage of census tracts in which non-ECOPI activities occurred	5%	4%	9%	9%

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

[17] As with the maps above, 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, 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.

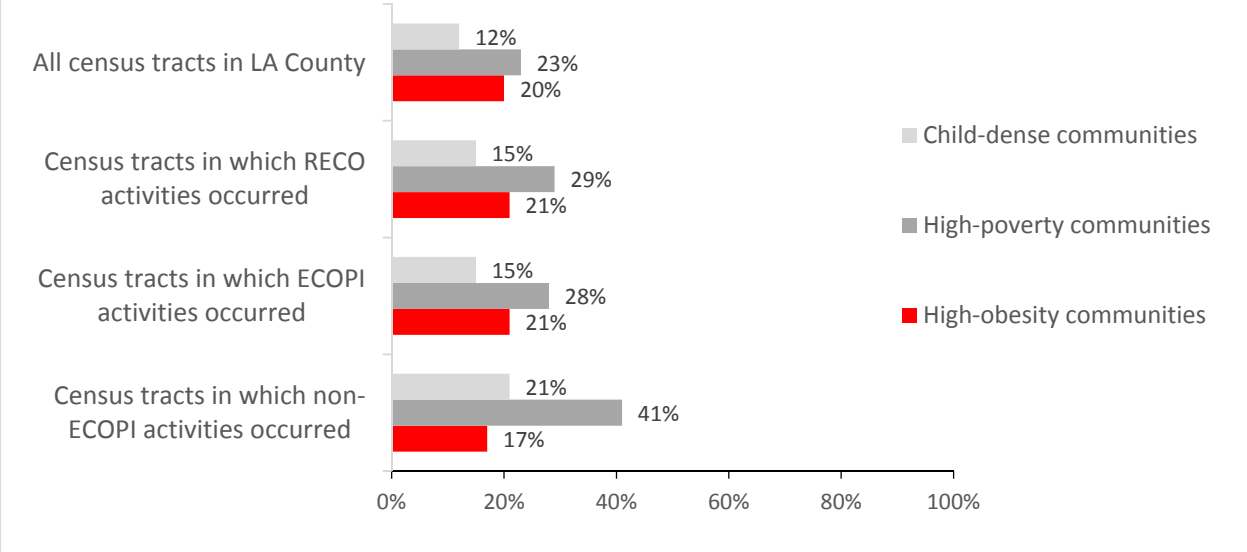
Conversely, of the communities served by RECO activities:

- 21 percent (140 out of 659) were child-dense communities;
- 15 percent (100 out of 659) were high-poverty communities; and
- 29 percent (191 out of 659) were high-child obesity communities.

Of these 659 communities served, RECO activities were more often provided in high-child obesity communities than in communities in the other high-need categories. Twenty eight percent (164 out of 592 census tracts) of the communities in which ECOPI activities occurred had high rates of child obesity and 41 percent (42 out of 103 census tracts) of the communities in which non-ECOPI services were provided had high levels of child obesity (see Exhibit 5-5).

Although RECO investments did not reach the majority of high need communities in LA County, and the majority of communities served by RECO were not high need, there was higher need in the communities served by RECO compared with communities across LA County. For example, 23 percent (465 out of 2054 census tracts) of all census tracts in LA County had high levels of childhood obesity, but 29 percent (191 out of 659 census tracts) of RECO treated communities had high levels of childhood obesity. Similarly, 15 percent of communities in which RECO services were provided (100 out of 659 census tracts) were high-poverty while across all of LA County, a smaller percentage of communities (12 percent, 239 out of 2,054 census tracts) were high-poverty (see Exhibit 5-5).

Exhibit 5-5: Percentage of RECO-Served Communities That Were High Need



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

Findings from key informant interviews with grantees and focus groups with community members echoed these mixed results on the reach of the RECO investments relative to need—indicating some success, but also some room for improvement. In the key informant interviews, the majority of the grantees reported reaching their target populations as intended, commenting on robust program attendance as an indicator of successful reach.

Conversely, one grantee reported being unable to adequately serve a high-need community, discovering that its needs were too large (the community actually needed a reliable food retail outlet) and beyond the organization's scope of work and capacity:

> ***"[The] market unexpectedly closed down. If you look at where the next supermarket was, it was more than a mile outside. That's what the community wants; the community needs a sustainable, large-scale food source. We haven't achieved it, [but] we know that what we need [to do] is to actually get a large-scale market in the community."***

Focus group participants also commented on the limited community-level reach of the RECO investments. Participants from a small number of focus groups believed that the programming could be expanded to more communities to reach more people effectively. One participant reported that existing programming does not always target young children. Another participant commented on limitations of RECO's reach:

> ***"The schools where my child attends do not provide information like this. I don't see these types of programs in North Long Beach. I would like something closer."***

5.1.3 Reach of RECO Investments by Obesity-Reduction Strategy

In understanding the reach of the RECO investments across communities in LA County, it is useful to determine the reach of different types of activities. As noted in Chapter 2, the study team coded each of the place-based RECO activities as representing one or more of the six Centers for Disease Control and Prevention strategies for reducing obesity in children (Keener, Goodman, Lowry, Zaro, & Khan, 2009).

To understand the reach of these different strategies as used by the RECO activities, Exhibit 5-6 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 about one-fifth of all census tracts, RECO activities supported healthy food and beverage choices, and in another one-fifth of the census tracts, RECO activities promoted the availability of affordable healthy food and beverages. The other four strategies were less commonly used in RECO activities. The relative prevalence of these strategies was quite similar across the five regions.

Exhibit 5-6: Prevalence of Obesity-Prevention Strategies used by RECO Activities in LA County and in Each 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	
Support healthy food and beverage choices	422	21%	138	32%	98	24%	81	21%	56	15%	45	11%
Promote the availability of affordable healthy food and beverages	410	20%	148	34%	104	9%	54	14%	56	15%	34	11%
Create safe communities that support physical activity	258	13%	109	25%	58	14%	21	5%	38	10%	30	8%
Encourage breastfeeding	144	7%	68	16%	36	9%	11	3%	19	5%	10	3%
Encourage physical activity or limit sedentary activity among children and youth	47	2%	11	3%	9	2%	9	2%	9	2%	9	2%
Encourage communities to organize for change	36	2%	15	3%	3	2%	3	1%	5	1%	4	1%

[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.

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

5.2 Perceived Community Changes

The following section describes healthy community changes targeted by each investment, as well as the changes in the community as a result of RECO programming, as perceived by participants in the key informant interviews and focus groups. This section addresses the following research question: *Which healthier choices/practices did communities adopt?*

As discussed previously, the RECO investments were diverse in their focus. Accordingly, grantees reported targeting a diversity of healthy choices and practices for adoption by communities, such as increased physical activity and participation in community gardens. Exhibit 5-7 details the primary healthier choice or practices targeted and adopted by communities according to the key informant interviews with RECO grantees.

Exhibit 5-7: Healthier Choice/Practice Adopted by Communities, for Each RECO Investment

RECO Investment	Healthier Choice or Practice Adopted by Communities
50 Parks: Developing Three Neighborhood Parks	Increased physical activity in communities
Breastfeeding Works	Breastfeeding education and practices adopted by hospitals
California Food Policy Advocates: Nutrition for LA Families	Improved nutrition and physical activity in child care centers
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

RECO Investment	Healthier Choice or Practice Adopted by Communities
Early Childhood Obesity Prevention Initiative: Choose Health LA Child Care (CHLA Child Care)	Healthier foods consumed and increased physical activity in child care settings
Early Childhood Obesity Prevention Initiative: 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: 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
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 across LA County

Though the focus of the RECO investments and the targeted healthier choices and practices varied, the key informant interviews and focus groups revealed common themes regarding healthier choices and practices adopted at the community level. Three major themes emerged: *increased knowledge and awareness*, *changes to the built environment,* and *changes in norms and behaviors.*

5.2.1 Increased Knowledge and Awareness

Participants from almost all focus groups spoke about increased knowledge within the community related to obesity, as well as healthy behaviors, as a result of the RECO investments (or similar programming). They indicated a greater awareness of the problems related to obesity and diabetes in the community. Participants reported RECO investments (and similar programming) increased families' nutritional knowledge, including the importance of fruits, vegetables, and whole grains and of reducing sugar consumption. They also reported programs provided community members with information on healthy eating practices and on accessing healthy foods. One focus group participant reported how information provided in RECO programs had influenced her community:

> ***"In my community, I have seen many changes. For example, some of us can't afford organic foods. When you take those classes, they give you ideas about what might be possible. … We take initiative and go forward to do it. For example, we had a chance to ask for Zumba classes. We saw Zumba as something that might be positive for our community. We had a class three times a week."***

Community members reported sharing the knowledge they acquired from these programs and activities, particularly nutrition classes, with family and friends, further promoting healthy eating within the community. RECO activities helped to dispel community misconceptions regarding nutrition and obesity.

5.2.2 Changes to the Built Environment

Focus groups and key informant interviews discussed many changes to the built environment that had influenced community behavior; namely changes to grocery stores, schools, and parks. First 5 LA program officers reported that the parks built with RECO funding benefited large numbers of children:

> ***"I can tell you that [thousands of] children benefited from 32 parks. What's satisfying about that investment is that it's sustainable, it was permanent."***

In their key informant interviews, grantees explained specific changes made with RECO investments to improve parks. One grantee incorporated features to make a park more accessible to disabled children. Others improved park safety. One grantee leveraged its relationship with local law enforcement to improve the safety of parks in the community by holding a meeting with the sheriff and community members to discuss safety issues. This meeting led to future safety improvement activities that were funded by another grant. In another case, community members took the initiative to establish a community watch network to maintain the park's improved safety.

Grantees implementing parks projects also reported that their park sites were used for programming that engaged community members. Parks built or renovated with First 5 LA funding provided a space to reach a broad range of community members through other activities, whether directly supported by First 5 LA funds or not, further contributing to community change. Grantees often reported that implementing health-promotion programs at the parks provided a great opportunity for engaging targeted communities.

Focus group participants highlighted additional changes to the built environment, including grocery store modifications. In particular, they described structural updates to preserve fresh produce, as well as a grocery store initiative focused on removing junk food from displays at checkout counters.

5.2.3 Changes in Norms and Behaviors

Both changes in knowledge and awareness and changes in the built environment were linked to changes in community norms and behaviors, according to focus group participants and grantees. Focus group participants spoke at great length about changes they noticed within their communities, which they attributed to RECO activities. The most notable were increased physical activity and greater park utilization. RECO investments in park renovations led to a change in community behavior around parks. Focus group participants reported increased presence of families and youth, suggesting that renovations made the parks more accessible, increasing park-going behavior and providing opportunities for physical activity in the community.

> ***"I have seen more people at the parks. Ever since our park was renovated, it is more accessible now for the children and comfortable. I have seen a lot of shade, and I have seen more people going to the groups and the Zumba classes. I think that it is making a difference. It may start with a few persons (five or six), but they will spread the word. When people see the change in you, they would want to know what you are doing."***

Similarly, grantees noted that children and adults living in the communities adjacent to their park projects were using the parks for physical activity. They also reported that entire families were using the parks, and that young children in particular were benefitting from the new space. One grantee reported high levels of park usage by handicapped children as well as the broader community. Grantees also reported positive changes in community cohesion.

These changes in normative behavior pertaining to increased physical activity and park usage were accompanied by intergenerational education to change norms, particularly around eating. Community members educated both older and younger generations about the benefits of healthy eating based on what they had learned through RECO activities, and involved these generations as they learned how to make healthier food choices.

Changes in community norms and behaviors sometimes spurred advocacy for changes within the communities. A focus group participant described how RECO had provided a platform for community advocacy to improve community access to healthier foods:

> ***"Besides learning about good nutrition, I am in an advocacy program that advocates for the grocery stores to offer healthy snack options at the registers instead of junk food. For example there are three stores now in LA in which all the things that are near the checkout stand are healthy options [like] fruit, yogurt, things that have more nutritional value for the kids. So being involved in some of the RECO programs, these are some of the things we have been able to accomplish. Also at school, we are trying to get rid of the sodas and Gatorades. It takes a lot of time to change some of these things, but so far this is what we have been able to accomplish."***

5.3 Facilitators and Barriers

The following section details the facilitators and barriers to reaching the communities targeted by RECO investments, describing the facilitators and barriers to community participation, access, and experience of the RECO activities. In addition, the section summarizes discussions of the facilitators and barriers to reducing early childhood obesity at the community level more generally, providing helpful context for understanding the reach, implementation, and potential effectiveness of the RECO activities. This section addresses the following research question: *What are the facilitators and barriers to reaching communities? What are the facilitators and barriers to communities adopting healthier choices/practices?*

5.3.1 Facilitators to Reaching Communities

Grantees, First 5 LA program officers, and focus group participants reported multiple facilitators to communities experiencing RECO activities, including community engagement, advertising or word of mouth, targeted outreach, and activity coordination. These themes are discussed below.

Community Engagement

Some grantees engaged communities in the implementation and planning of their projects. This community engagement in the development of the RECO activities facilitated communities' access, use, and participation in these activities. Many of the parks projects in particular engaged the community, both youth and adults, in the design process. In addition to contributing to the successful completion of the projects, this engagement increased community investment in and connection to the parks, which facilitated community use of these parks.

> ***"Families attended the community design meetings, giving their input and guiding us on the design process on the playground themes. When the playgrounds opened, [we had] those families attend the grand opening and talk about what this project meant to their family."***

Community engagement in the development of parks was also reported as a facilitator during the interview with First 5 LA program officers. For example, one park was under construction in a site that had experienced gang violence prior to construction. The grantee engaged the community, asking for

input on the design of the park and on safety issues in the neighborhood. After completion, a summer day camp was successfully held at the new park, and the park was viewed as a symbol of the community-driven positive transformation. The park now provides a safe space for physical activity among other healthy activities, including Food Bank deliveries. The program officer elaborated:

> ***"The parks director, when he took the job he was told, 'Don't go there. It's too dangerous.' It turns out in the first summer after the park was done they had summer day camp there, where the Food Bank would deliver food every day for 100 children. That's one of my favorite stories because it shows that you go from two to four murders a night, to 100 children at day camp. It's because the community was brought into the planning."***

Program officers described other park projects that had similar successes engaging community members. During the planning for another park, community engagement highlighted opposition to a liquor store across from one of the targeted park sites. With the help of the community, a health-promoting partnership developed between the store owner and the park. This partnership translated into healthful changes, including increased access to healthy foods, that the whole community experienced:

> ***"They used to protest that store. Now that store is their partner. They started bringing fresh produce weekly as a farmers market as a test, then they worked with the owner to bring in the cold storage and have fresh fruit. Having that community-organizing component, encouraging people to use the park and the store, has made it more successful than if we were just funding [store] conversions with that community engagement."***

One grantee reported engaging the community in working with mobile food vendors to offer healthier products while vending in areas in close proximity to children. This engagement increased community-level awareness of health issues and facilitated the community's engagement in RECO activities:

> ***"If a vending machine wasn't compliant, the residents came up with this toolkit where they would go and audit it. They would either drop it in a box or call the City staff person to let them know. … It really empowered the residents to take ownership of the project."***

These creative ways of bringing community members into program development and keeping them engaged facilitated the reach of the RECO activities at the community level. Ensuring that communities experienced the RECO activities, by getting them invested in the work, ultimately contributed towards communities adopting healthier practices on their own.

Advertising and Word of Mouth

Advertising within certain environments, such as doctor offices and WIC centers, promoted RECO investments in the community and facilitated community participation. Focus group participants cited word-of-mouth communication and seeing community stakeholders participating and leading by example as effective methods to promote RECO investments within the community. Focus group discussions also noted how locations with RECO advertising served as spaces to spread information about programs and helped communities to "start connecting with other programs."

Targeted Outreach to Community Members

Other facilitators to communities experiencing RECO investments reported by the grantees included conducting outreach on a small and more targeted scale. This targeted outreach included promoting healthy choices at particular events and partnering with Best Start communities. Many grantees specifically reported that partnerships with the Best Start communities were instrumental in engaging a wider, neighborhood level, audience. In addition, appropriately targeting outreach to the intended RECO

beneficiaries by providing culturally relevant materials and having these materials available in multiple languages facilitated the reach of the investments at the community level. Multiple grantees indicated that door-to-door community outreach with tailored flyers, as opposed to more generic efforts such as media campaigns, facilitated communities' experience with and engagement in RECO activities.

Coordination of Obesity-Reduction Activities

Coordinating RECO and other obesity-reduction activities in a way that simplified community access further facilitated communities experiencing or participating in RECO activities. Grantees reported coordinating multiple program activities in one location as a way to increase community engagement. This coordination included working directly within communities and conducting activities in a consistent location that community members could come to depend on over time. For example, one grantee program provided vouchers to eligible participants to purchase produce at farmers markets. The grantee also implemented healthy eating educational programming and engaged children in health-promotion activities while participants shopped at the farmers market. This coordination of multiple activities facilitated the community's engagement.

Program officers also reported efforts to reach target communities by improving coordination such that program benefits were easier to access. For example, one grantee had initially provided Fruit and Veggie Vouchers at WIC clinics near farmers markets, but the vouchers were not well utilized. However, offering the vouchers directly at the farmers market increased utilization greatly. By coordinating the RECO activity with a location that was convenient for the community to access, more of the community was able to experience it:

> ***"WIC provides a separate $20 farmers market voucher that can only be used at a farmers market. They [WIC] started only giving you that voucher [onsite] at the farmers market. Of course redemption rate went to 100 percent as a result. That was great. That was a year where they [the Market Match Program] spent way more than they had hoped. They [Market Match] were matching it dollar for dollar, so that was a $20 match, $40 that families were able to spend. They were having to recalibrate based on the success of the program."***

5.3.2 Barriers to Reaching Communities

Key informants from grantee organizations and focus group participants spoke about barriers to reaching communities, including what kept communities from accessing, using, or participating in RECO activities. Key themes emerged and are described below.

Lack of Grantee Resources

A lack of resources, including time, staff capacity, and funding for RECO projects, prevented some grantees from implementing their activities more widely. When financial constraints served as a barrier to reaching the community, one grantee ended up fundraising in order to meet its goals, because the First 5 LA grant was not sufficient. In key informant interviews, grantees frequently cited lack of time to develop strong relationships with community members and limited staff capacity to reach a broader audience as barriers to communities experiencing the RECO investments.

Multiple grantees indicated that the time available in the grant period limited potential expansion of their work and its reach. Because many grantees were working on a relatively short timeline, they often had difficulty reaching their targeted communities because they did not have the time to spend developing relationships with the community and soliciting their buy-in:

> ***"I would say it's time. A lot of it is building up that relationship with the elders in the churches. … I think when you come in with 'This is our four- to five-year plan to do***

> ***this' and they don't feel like they were a part of planning what this was, I think that was difficult."***

Some grantees that took the time to build relationships in the communities reported that by the time those relationships were established, limited time remained for program implementation, which reduced the reach of their work just as they were gaining momentum. One grantee expressed the frustration that resulted:

> ***"[We were] at that critical tipping point where the infrastructure is built, the momentum is there, [but] now we're winding down. It just doesn't feel right. They're at these great points with delivering services, with doing the policy work."***

Resource limitations also affected the ability of the RECO work to continue beyond the grant period. Multiple grantees reported regretting not incorporating program sustainability into their planning and implementation, and they wanted to incorporate sustainability into future programs in order to improve their reach. Grantees reported that in the future they would like to work more intensely on sustainability with their state representatives or County-level agencies:

> ***"I wish that we could have had the Department of Public Health and the Department of Health Services take greater ownership of this so that they would put more resources into this. Because ultimately this is a wellness issue that impacts a community. It should be a priority, and it was. … I wish that there would have been more sustainability built into the program."***

Related to staff capacity, one grantee reported that though the organization had experience in program development and implementation, it lacked the outreach and communications capacity to effectively reach a large audience and would have benefited from technical assistance and support from other entities such as First 5 LA, WIC, or other government agencies.

Many grantees reported that because their targeted communities were culturally and linguistically diverse, resources and outreach communications required translation into multiple languages to be effective. The ability of grantees to offer multilingual resources varied. Some had existing staff capacity to address linguistic needs; for others, that it was not feasible limited their ability to successfully reach the broader community.

Acknowledging these barriers of limited time, financial resources, and staff capacity, grantees reported that in future work they would adjust project goals to be more realistic with the allotted timeline:

> ***"What would I do differently? I think we were a little overzealous on what we could get done, given the level of issues. Probably would've spent a little more time thinking through the level of complexity you can handle within [a two-year] timeline."***

Lack of Visibility of RECO Investments

Limited visibility and recognition of RECO activities in the community presented a barrier to community engagement in RECO activities. According to focus group participants, RECO programs were not very visible within the targeted communities, with advertisements confined to spaces such as doctor's offices and WIC centers. Participants in the majority of focus groups noted that improved branding and an integrated marketing campaign would make the RECO program more recognizable and increase community participation. This was an especially common issue among the Spanish-speaking community, who raised concerns regarding poor recognition of English-titled programs. Focus group participants suggested that more accessible marketing might allow for broader community recognition of RECO activities, especially among Spanish speakers:

> *"A lot of these [programs] we haven't heard of, so I would have hoped or think that there would be some initiative to try to bring these programs to the forefront, to where people would know about these programs out in this area. Maybe in LA, greater part of LA, these may be well known. But here, I believe we went through about eight [program names] or so. Out of those, [I recognized] only maybe two that we were talking about. That's a concern at least, because we're all mothers and we want the best for our children and to be helped if we can be."*

Inadequate Transportation to Access RECO

The focus groups identified inadequate transportation and transportation costs as prominent barriers to community participation in RECO activities. Transportation was a major concern in their communities. Transportation issues combined with the distance to the RECO activities limited the access some communities had to the RECO activities.

> *"We don't have access to transportation. There is just one bus, and it only passes by every hour or two. There's no shade—it's the desert. I missed an appointment once because the bus takes a long time. It's not easy. The store is not nearby; it takes us 45 minutes walking. A lot of us don't have cars, so it can be hard for us to get all the way over here. So transportation is a huge barrier."*

Safety Concerns

Grantees developing parks reported that community members felt unsafe going to parks in certain neighborhoods, thereby limiting community usage of these RECO investments. The First 5 LA program officers reported underestimating issues of personal safety in some communities as a barrier to communities using the parks built with RECO investments. There were many unanticipated reports of vandalism, theft, and damage to properties where the parks were built. Focus group discussions also noted that safety issues prevented communities from accessing some RECO activities, and parks in particular. One participant explained that even if the programs were available, communities could not access them due to safety issues:

> *"They have plenty of activities for children at this park, but parents don't want to take their kids there because so many people abuse drugs there. There are tons of people smoking weed. People use the bathrooms to prostitute themselves. Parents don't want their children exposed to that. I tried to sign up my 12-year-old daughter for baseball. There was a person at the park who was smoking weed. He was catcalling my daughter, calling her sexy. He tried to touch her. There are a lot of parents who have had the same experience. You can't take kids to these activities."*

Community and Cultural Attitudes

Community and cultural attitudes served as another barrier to community-level participation in RECO, according to focus group discussions. In certain cultural contexts, community attitudes discouraged participation in RECO programming in the form of criticism and stigmas in regards to program involvement. These negative attitudes often emerged when activities encouraged behaviors that communities perceived to be in opposition to cultural norms. For example, some RECO activities encouraged eating behaviors such as smaller portion sizes:

> *"I think it's our culture from Mexico just has us accustomed that way. It's a huge barrier. We're accustomed to eating too much. I think some folks won't participate and won't assimilate. We still overeat. Participation is key, yet some won't go."*

Participants described the community disapproval when starting to get involved with RECO programming. For example:

> ***"When you start to get involved [in RECO or related activities] it's the belief that you are doing something wrong. You are either cheating or being nosey, gossiping, etc. You are leaving the house too often and not taking care of your children. All of these factors make it difficult to get involved because others in your household don't understand."***

Additionally, participants discussed the challenges of shifting cultural attitudes and generational conflict. Parents reported having their efforts to make healthy changes undermined by other family members:

> ***"It's hard, because breaking habits that are generational are really difficult, but understanding that those ways aren't working any more. There is new ways to do things that are healthier and better. You have to make the effort to start doing it even if you don't have backing or support from anyone else in the household. Make the effort to start doing stuff and stick with it, because I know for myself, personally, it's like when I have aunts and uncles and cousins and grandparents say, 'Oh. Well, we did it this way.' That's difficult."***

Challenges of Low-Income Communities

Focus group participants cited the challenges of living in low-income communities as barriers to their communities participating in RECO activities. Many participants described the struggle of balancing work, family life, and making ends meet with the desire to adopt healthy practices. The high cost of living (rent, transportation, food) necessitates prioritization of work over other things, including adoption of healthy practices. Additionally, participants reported that undocumented immigrants believe their immigration status prohibits their participation.

> ***"Those mothers who work so much, even if they want to help their kids or go to the classes they can't because they don't have time. There are single moms or the undocumented who think that because of their status they cannot participate in these programs or services."***

One participant reported that programs may aim to help low-income communities, but they don't always provide the resources these communities need in order to participate in the activities:

> ***"A lot of these programs do offer the information; however, I think sometimes community members stop and do not participate not because of their level of interest, but because you might go to these meetings and they don't offer child care, or they don't offer snacks or meals, depending on how long the meeting might be. They are in the evening, having the obstacle of having to get ready for the next day, the kids have to do homework, cook food for the next day."***

Many focus groups discussed how financial pressures and limited time pose significant barriers to low-income communities experiencing RECO investment activities, reporting that many parents in their communities work multiple jobs and don't have time to plan healthy meals and attend programming.

Land Issues

The interview with First 5 LA program officers highlighted that procuring land for park or garden construction was difficult for some RECO projects. There was also one case of environmental contamination, where a plot of empty land targeted for park development was found to contain lead at hazardous levels. Remediation caused extensive delays, thereby limiting community access to and utilization of the park:

> ***"It was empty land and nothing had been on it, but it turns out that when they started building they found out there's lead poisoning. The state environmental department had to get involved, then the county environmental department had to get involved. You think that this is a shovel-ready project, it's empty land, there's nothing on it, we'll build on it. No. Two years later a park that we thought was going to open in December 2015 now might open in June."***

Land issues presented a barrier for the community gardens project, as well. Its original plan was to open eight gardens in three years. But after five years, some gardens still were not yet built due to landowners changing their minds, even after the design had been completed.

> ***"If you don't have a willing landowner who will lease the land, or if there is no available land, then that wouldn't make it possible to build a community garden there."***

This project also had issues with subcontractors not prioritizing its work, compounding the land issues, thereby further limiting the reach of these activities among the community.

5.3.3 Facilitators to Community Changes to Reduce Early Childhood Obesity

In addition to the facilitators and barriers to communities experiencing the RECO investments, grantees and community members also discussed facilitators and barriers to communities making changes to reduce early childhood obesity more generally. The following emerged as key themes.

Leveraging Relationships

Many grantees partnered with key stakeholders, other community organizations, county agencies, and other RECO grantees to achieve community-level changes related to obesity reduction. Leveraging these relationships facilitated the development and implementation of projects to ultimately achieve community-level change. Working with these partners also helped to build sustainability into program models, such that communities could adopt and then continue healthy practices. For example, one grantee partnered with elected officials to gain support for its work and ultimately bypass barriers that would have impeded establishment of its program. Another grantee worked with the City of LA's Parks Department:

> ***"We have been able to leverage our relationship with the Parks Director, who is new to the park and is very enthusiastic about changing the atmosphere of the park. In that regard, we have achieved the ability to get more folks out to the parks and do engaging exercises."***

Public Awareness Campaigns

Focus group participants reported that advertising on social media, television, and radio facilitated awareness of the health problems caused by obesity within the community and underscored the need to address them as a community:

> ***"Every single day that goes by there is more interest, on TV or on the radio. The shows are talking more and more about [childhood obesity]."***

School Initiatives Related to Nutrition

School initiatives, such as improved school meals and nutritional education, emerged as facilitators to community-level change. Focus group participants reported how school initiatives have led to a healthier selection of food in the schools in their community. A few focus group discussions mentioned school initiatives as a means of facilitating change within communities at large. One participant described how school programs extend to the home environment, encouraging change in families, not only in the students:

> ***"My kids, when they teach them about all of these vegetables and fruits … they come home and they're more excited: 'Oh, Mommy, my teacher gave me this [handout] about apples. Did you know all of this?' You may not be able to reach the adults because they're already set in some tradition. But by teaching the kids, they will come home, and then if the kids say, 'Oh, I don't want that,' then adults will have to change their ways and buy the kids some [healthier] stuff."***

5.3.4 Barriers to Community Changes to Reduce Early Childhood Obesity

Several themes emerged during the key informant interviews and focus groups regarding barriers to reducing childhood obesity and adopting healthier practices in the community more broadly. These themes, discussed in this section, are advertising, cultural norms, lack of resources, safety concerns, school food choices, and bureaucratic roadblocks.

Prevalence and Advertising of Less Healthy Food Options

Focus group participants noted the abundance of advertising of less healthy and unhealthy foods and the lack of visibility of healthy food selections as a factor that led to poor eating habits at the community level and made adopting healthy choices more difficult:

> ***"One thing that really affects us in terms of childhood obesity is advertisement. For example, McDonalds always tries to grab their attention with toys and Happy Meals. Sometimes, because we work, we don't have time to cook and need something fast. The kids ask for food that includes toys. I feel that really affects children from an early age. You see it everywhere. You're driving down the freeway and see a giant advertisement for a fast-food joint."***

First 5 LA program officers discussed the difficulties smaller RECO grantee organizations had promoting healthy lifestyles when they had to go up against the media of large food and beverage companies promoting unhealthy choices. Families are deluged by advertisements for sugary cereal, soda, and fast food positioned as the easy and affordable choice to feed a family. They report this exposure to marketing campaigns for unhealthy foods presented a barrier to adopting healthier eating practices at the community level:

> ***"[Food and beverage companies] took their playbook right out of the tobacco industry, of constant bombardment and messaging around cereal, soda. There's not counter balance. From a marketing perspective, how easy it is to feed your family off the [fast food] dollar menus? There wasn't a concerted effort to try and pushback against these broader messages."***

In addition to pervasive advertising, One grantee noted the relative prevalence of food options:

> ***"There are not very many [large supermarkets] in South LA compared to the amount of fast food restaurants there are."***

Cultural Norms Conflicting with Healthy Messages

As for individuals, cultural conflicts can also make it difficult for communities to adopt healthier practices. Cultural norms related to portion sizes, unhealthy eating, children's weight, and the like, can stifle attempts at reducing childhood obesity among certain communities. One focus group participant elaborated:

> ***"In our culture, we don't recognize that the potato is a carb and are taught to eat big portions and we develop bad eating habits. So it's not always about spending a ton of money on certain foods. It also has to do with a person knowing what the right portions are when eating."***

And another:

> ***"Our culture teaches us that the chubbier the child is, the cuter or prettier. I think that the older generation has that mentality."***

Lack of Resources to Make Healthy Changes

Lack of resources was a major theme discussed across most of the focus groups. Focus group participants reported how limited time and money were some of the greatest barriers to making changes to reduce obesity in their communities. They noted that even though communities may be aware of programs or healthy behaviors to prevent or reduce obesity, making change is not always financially feasible:

> ***"Everything that's sugary is the cheapest. If you have a family that can only afford a certain amount of groceries, they're going to go for that 99 cent stuff that has all the high fructose and all that, because that's what they can afford. Definitely because of income, of poverty level, because they wish they could do better, they know better, but they can't afford that. I think that's one of the biggest things."***

Focus group participants also reported how their communities found affordable, convenient options in fast food and did not have the time to engage in physical activity.

A number of focus group respondents discussed rent as a major source of financial stress, suggesting that housing is an important area to address prior to encouraging communities to make changes related to obesity reduction. Addressing housing costs could then free up time, energy, and money to support community engagement in healthier behaviors and activities, such as physical activity and healthier eating.

Safety Concerns Limiting Physical Activity

Some focus groups had noted safety issues when discussing barriers to participating in various RECO activities, but it emerged as a top concern in the broader discussion of reducing childhood obesity in the community. Safety concerns can prevent whole communities from engaging in physical activity.

> ***"It's difficult because sometimes I want to go for a walk, but I don't live in a very safe neighborhood. I have daughters. and I just don't feel safe. It's very hard to make changes because of the circumstances."***

Another participant echoed these safety concerns:

> ***"Yeah, because where you live at, if there's gangs, or even the police now, they just mess with people. It depends where you live. ... I don't take my kids walking around where I live at. It's not safe."***

Less Healthy School Food Choices

Some focus group participants identified initiatives surrounding school nutrition as a facilitator to reducing childhood obesity, but many reported the poor nutritional value of school meals as a barrier. Communities had very little say in school nutrition, and found that it often interfered with positive changes parents were trying to make at home. One focus group participant described the food selection at her school:

> ***"I work in a cafeteria, and I'm looking at this food. … I'm like, 'None of that is good. None of it.' The pizza, none of it is good. They give you the worst vegetables because half of it is no good. They don't give you the fresh fruits and vegetables."***

Another participant reported that schools were working to reduce childhood obesity, but that the food choices available were not consistent with the nutrition education messaging, thereby limiting community-wide change:

> ***"I find it stupid that schools are trying to make parents aware of childhood obesity, but they're still selling chips and brownies and ice cream. That makes no sense."***

Bureaucratic Roadblocks Limiting Project Implementation

Some RECO grantees experienced challenges when attempting to work with government entities to implement their obesity-prevention projects, thereby delaying project implementation and limiting potential community change. For example, one grantee had trouble in the execution of contracts for its RECO work due to delays in county processes. Other grantees ran into challenges working with county administrators who did not want local input on their work and thus were resistant to new program recommendations from RECO grantees. Another had trouble getting appropriate permits:

> ***"They didn't value what we were trying to accomplish in the larger context, they just wanted to get the shade structure up and move on. That was a problem, because the inflexibility of County people wasn't allowing us to achieve some of the things we would have wanted to."***

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

In this chapter we discuss the implementation and reach of the RECO investments at the policy/systems level. In particular, the chapter details RECO policy initiatives at the organizational, community, county, and state levels and summarizes the facilitators and barriers to enacting policy change.

6.1 Policy Changes

This section examines the types of policies and practices targeted and implemented by RECO investments and the strategies used to achieve policy changes. It addresses the following research questions: *What policies and practices were targeted? What was the process of changing policy and practices?*

Not all RECO investments were funded to or aimed to have policy/systems-level outcomes. Across the group of RECO investments, however, activities did target a variety of policies and practices at the organizational, community, county, and state levels, as discussed in the interviews with key informants from grantee organizations (Exhibit 6-1).

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 (CACFP) • Funding for a Nutrition Incentive Matching Grant program • Establishment of a statewide sugar sweetened beverage tax • Increasing eligibility criteria for SNAP benefits

Given the wide array of policies and practices that were targeted by the RECO investments, the process of changing and/or establishing new policies and practices also varied. Grantees identified as key the following three strategies employed to change policy, all of which involved collaboration:

6.1.1 Partnering with Local Officials to Change Policies

Grantees recognized city council members as champions of their health policies and worked to facilitate dialogue between council members and the community on the community's policy needs. Many grantees reported working with local officials, such as the LA County Board of Supervisors, to change policies, raise awareness, and garner support. Grantees discussed advocacy efforts to pass new policies, describing

the process of working with administrators and officials in local and state governments to help them craft regulations, rules, and programs.

6.1.2 Collaboration with Stakeholders to Change Policies

Another approach to changing policies was to collaborate with, and encourage collaboration among, key stakeholders. Grantees held meetings with community stakeholders (e.g., elected officials, non-profit organizations), first to determine how to assess their community's needs and then to decide which policies to target to best address those needs. Grantees agreed that changing policies requires that multiple stakeholders at different levels be on board and involved. Thus, facilitating conversations and collaboration among stakeholders served as an effective change strategy. Bringing stakeholders together also allowed them to learn from one another and come to consensus:

> ***"A lot of it was around raising awareness among stakeholders, trying to connect the dots and trying to make sure that people weren't working on these issues [separately], but working together."***

In one case, an advocacy training was held to educate community stakeholders on the legislative process to help facilitate their work towards policy change.

6.1.3 Engage the Community to Change Policies

Distinct from facilitating collaboration among stakeholders, many grantees built relationships with community members, giving them a primary voice in the establishment of new policies and practices that ultimately would affect them. Grantee engagement with the community varied, including inviting community members to meetings, involving them in leadership-development activities, and having them collect data and suggest what changes they wanted for their community.

> ***"We wanted to make sure that we had the community, and also the government, working together on this. We wanted to make sure that everything that we did with the community was sustainable, so after we left it could sustain itself."***

6.2 Facilitators and Barriers

Grantees and First 5 LA program officers also discussed the facilitators and barriers faced when targeting obesity-reduction efforts at the policy/systems level. This section summarizes those discussions and addresses the following research question: *What are the facilitators and barriers to changing or adopting and implementing policies and practices?*

6.2.1 Facilitators to Changing, Adopting, and Implementing Policies and Practices

Key informants from grantee organizations and the First 5 LA program officers reported facilitators to the RECO policy activities, which included partnerships, prior experience, staff capacity and support, re-framing the issues, and matching funds.

Partnerships with Policymakers and Community Members

Facilitators related to partnerships overlapped with key elements of the policy change process described above. Respondents described partnerships in general—and more specifically, partnering with and engaging both policymakers and the community—as important facilitators for policy work. Grantees highlighted partnerships with other agencies. Valuable partnerships were formed with a variety of entities, ranging from community organizations to community champions to government officials. When there were strong partnerships formed in support of the targeted policy or practice, its implementation and adoption were more likely to be successful.

Partnering with policymakers in order to educate them and communicate the community's policy recommendations was discussed as a facilitator to policy change. In particular, one grantee mentioned the importance of informing policymakers on the impacts of cuts to nutrition programs.

Community engagement was one of the most commonly mentioned facilitators to policy change and implementation. Many RECO projects were better able to implement their policy-related activities when community members were engaged in their work. When community members were supportive of policy changes, policy implementation and adoption were more successful.

Many grantees had unique ways of engaging the community. Some facilitated community groups that developed plans for policies on their own, others included community members in planning meetings:

> ***"They had cities hold their own community stakeholder meetings to find out what do the cities want? … The city staff there hear from residents and hear specifically what they were looking for. ... That, I think, really helps us get an understanding of what the residents in our target cities want to see and what their children need in order to … develop those healthy active habits early on."***

Other grantees worked directly with parents and children, allowing them to shape the policies themselves:

> ***"We made sure that we had parents of young children who were on the steering committee. We made sure that the parents knew that they could bring the children with them to any meetings that we were conducting. And they did. The kids came, and they participated."***

Some grantees exposed community members to the legislative process, encouraging the community to engage directly in the planning and implementation of new policies. One grantee reported bringing community members to meetings with legislators so that their voices were heard:

> ***"We were successful in raising the discourse and the conversation about it, and helping community stakeholder residents gain a deeper awareness in helping them to see that they could make a difference. Especially inviting them to legislative visits, and having a conversation with their elected representative. They can feel that something can be done about this. Their voice can be heard. That's a success."***

In its many forms, community engagement was discussed as the most robust facilitator for policy success.

Prior Experience with Legislation and Advocacy Work

Having staff (and the organization generally) with prior experience in legislative and advocacy work facilitated policy change. As reported by First 5 LA program officers, grantees that had extensive experience in policy work were successful in proposing legislation and made great progress on their RECO policy work:

> ***"Depending on where they were, it really was where they landed in terms of how successful they were. We had some organizations who knocked it out of the park … had been doing this for 30 years, they proposed legislation, talked to people to get things done. [One grantee] is highly efficient, they use their volunteer force of lawyers, get things done, talk to a lot of different city folks about their city plans, and got really amazing progress throughout the project."***

Staff Capacity and Support

In addition to experience, internal support within grantee organizations and buy-in from grantee staff were essential for the labor-intensive policy change work. Grantees reported that policy change took a significant amount of time and labor, and having sufficient staff capacity was a key facilitator for this work.

Positively Framing the Issues

In working with community members, policymakers, and other key stakeholders, multiple grantees reported the need to change the discussion and more positively frame issues related to obesity reduction, which served as an important facilitator to policy change and implementation. Reframing the conversation such that new policies were viewed by stakeholders and the broader community as innovative and positive changes that would promote health in the community, rather than mundane ideas not worthy of attention, helped to facilitate support from community members and other key stakeholders. One grantee described reframing green space as being interconnected with affordable housing. Another reported its policy to change breastfeeding practices in hospitals was unpopular initially, so they worked to build a sense of pride around hospitals achieving "Baby-Friendly Hospital" status, which made the policy something they hospitals aspired to implement:

> ***"We were definitely successful about changing [our policy] from something that was almost whispered at the beginning. Nobody really wanted to talk about it being something that was really sought after. … So we changed that kind of narrative."***

By reframing policy changes in a more positive light, stakeholders and community members became more supportive, thereby facilitating change, implementation, and adoption.

Matching Funds to Expand Grantee Capacity

The First 5 LA program officers identified the ability to acquire matching funds as a key facilitator to changing policies and practices. Matching funds allowed grantees to expand their policy work. One project's success was due to First 5 LA matching the federal funds the grantee received. With the added funds, and the ability to expand its work, the grantee achieved several successes:

> ***"The project has performed above and beyond what we could have ever hoped it would do. They managed to get a federal grant that's $1.8 million in matched funds, utilizing our $2.5 million investment [as the match]. They also got a state regulation passed so that in the future, the state can service the match and that was last year. They've done really well, they've expanded. They've recently been able to force the City of LA that all farmers markets have to accept EBT."***

One grantee reported on how it was able to use First 5 LA funds to augment funding from other funders, which allowed it to expand its work:

> ***"With First 5 funding it really established a longer-term view for the organization and for our markets, and we were really able to plan up more how this program could affect the market customers that are shopping at the market, rather than it being like a seasonal bonus."***

6.2.2 Barriers to Changing, Adopting, and Implementing Policies and Practices

Key informants from grantee organizations and First 5 LA program officers discussed the following three themes related to barriers to changing, adopting, and implementing policies and practices, as follows.

Collaboration Challenges

Although collaboration was a key facilitator to policy work, many grantees reported challenges working with administrators, and with government overall, as one of the greatest barriers to changing policies, including getting regulations passed to support their work. Issues encountered pertained to communication, misalignment of goals, and weak administrative support of the policy goal or process. Other grantees reported challenges around local political elections, both that candidates did not want to champion their work and that champions of their work did not win reelection.

> ***"We had a late start because of the political climate. Our ally was running for Council or for Mayor at the time. He didn't want to pick up issues at the time, so the work didn't get started right away. It was a tense city."***

Some grantees reported disillusioned and negative County staff as barriers to successful collaboration. One grantee described some county staff as unwilling to adopt new approaches and skeptical of being able to achieve positive policy change:

> ***"We literally had some staff saying, 'We haven't done anything here for 40 years. We are waiting for a child to get hurt, then sue us. If you come in here and do this, you own all this.' To have this attitude of entropy, like, 'We are just sitting here rotting, and we aren't going to do a darn thing until we have a lawsuit.' That amount of disempowerment … is really something that needs to be … addressed."***

Lack of Organizational Experience and Infrastructure

First 5 LA program officers reported that policy inexperience was a barrier for some grantees. Grantees lacking extensive advocacy experience, and others whose inexperience made them overly ambitious in what they planned to accomplish, experienced greater challenges in their policy work:

> ***"You had those who struggled with every decision because they didn't have the mechanisms within their organization to navigate the policy. Something new would happen, they would try to figure out what to do and struggle with how to move forward."***

Delayed Implementation due to Mid-Course Corrections

The First 5 LA program officers reported a barrier to policy adoption and implementation was when initial policy targets did not function as intended and mid-course corrections then were necessary. For example, in one case, targeted policy changes resulted in unexpectedly lower profits for key stakeholders, which led to the need to change the policy target, which necessarily delayed the work. For example, one grantee focused its policy work on changing the practices of corner stores. Initially it loaned money to small grocers to offer more healthy foods; but partway into this work, the grantee discovered that the change in practice was not profitable for the business owners. It switched its strategy, causing delays:

> ***"They were taking out loans to convert their groceries, and they were not seeing an increase in the amount of sales as a result. It's really a bad investment for a local grocery or liquor store owner to take on. We've changed the program to micro loans [to be used for a wider range of business development costs in addition to grocery items], and it's taking a lot longer to get out. The project keeps getting extended."***

7. Conclusions, Lessons Learned, and Next Steps

The associated health risks, as well as societal costs, make childhood obesity an important public health issue. Preventing or reducing it, however, is a difficult and complex task, complicated further by the targeted population's broader set of needs. Accordingly, the work of the RECO grantees is quite diverse, using a variety of strategies and encompassing a range of activities.

First 5 LA may have begun funding the RECO activities described in this Interim Report under a previous strategic plan (one that explicitly focused on "reducing childhood overweight"), but they delivered lessons about programming, impacts, and audiences that should be applicable to the ongoing work of First 5 LA around children's health, as well as others aiming to reduce early childhood obesity.

7.1 Conclusions and Lessons Learned

Findings from the Reach Study thus far have revealed reach and implementation successes and challenges at the individual, community, and policy/systems levels. Those findings, and related **lessons learned**, follow:

- Collectively, the RECO investments targeted and reached a wide range of individuals, communities, and policies/systems across LA County. The RECO investments in the Early Childhood Obesity Prevention Initiative had much greater reach than the non-ECOPI investments, likely because the ECOPI investments were much larger.
- Across all investments, grantees reported that they successfully reached their targeted populations. Our geospatial analysis, however, suggests that there is still some room for improvement in the alignment of the RECO activities with communities that are high need based on their density of young children, poverty, and child obesity. **Future work should consider conducting community needs assessments related to early childhood obesity (or otherwise when targeting other outcomes) prior to identifying communities to target, in order to ensure that the highest-need communities are reached.**
- Grantees and community members reported positive changes among individuals, communities, and policies that they attributed to RECO activities. Reported changes include healthful improvements in individuals' eating habits and physical activity, improvements to parks and gardens and increased physical activity in targeted communities, and improvements in policies such as vending policies. These successes all reflect healthier practices that ultimately should reduce the prevalence of early childhood obesity. In some cases, these positive changes were even greater than expected. Other unexpected positive outcomes of the RECO work included greater reach (i.e., greater interest and participation in the activities) than expected in some cases, unexpected partnerships with local agencies, and positive capacity building.
- The few negative reports of limited support for implementing healthier practices or lack of cultural competency in programming should be considered in future work with similar goals or with similar populations. In particular: **Staff working with diverse populations to reduce early childhood obesity (or otherwise) should ensure that their activities and programming are culturally and linguistically appropriate for the targeted population.** Ensuring that programming and activities, as well as outreach and communications, are culturally responsive to the targeted population should increase reach, improve implementation, improve participants' experiences, and increase positive impacts. Providing grantees with additional technical assistance and resources could provide needed support in this area.

Interviews and focus groups revealed key facilitators and barriers to RECO investments reaching and changing individuals, communities, and policies to be more healthful, and ultimately reduce early childhood obesity, that should be considered in similar future work. Both facilitators and barriers stemmed largely from awareness and visibility of the RECO activities, as well as from community engagement and relationship building.

- Hearing about RECO from medical professionals, at community events or WIC offices, and in promotional materials encouraged individual and community participation and engagement and facilitated the reach of the RECO investments. However, a pervasive lack of awareness of RECO activities highlighted the need for more strategic outreach, branding, and marketing to support the recognition, reach, and uptake of such activities among the targeted population. **Future projects related to early childhood obesity (or otherwise) should engage in more widespread outreach and dissemination, using consistent marketing and branding.**
- Grantees also echoed the need to improve outreach to better reach and connect with their target populations. Grantees built important relationships with community members, policymakers, and other key stakeholders, which took significant time and effort but greatly facilitated the reach of their work. They also found that engaging the community was necessary for the implementation and reach of their activities. Some grantees could have benefitted from additional support and technical assistance on best practices for developing relationships and reaching the broader community. **Future work targeting individual community members, community-level change, or policy/systems changes should allocate both time and financial resources to building relationships prior to implementation.** Both funders and those doing the work should consider this crucial step, adjusting budgets, timelines, and expectations accordingly.

In addition to the importance of cultural and linguistic responsiveness, awareness and outreach, and community engagement and relationship building, the evaluation thus far revealed additional lessons learned:

- **It is important to acknowledge and consider the broader needs of low-income families and communities.** Low-income families and communities face many challenges, including financial difficulties, time constraints, unpredictable and unstable work hours, safety concerns, and poor transportation. These challenges and constraints make it difficult for these families and communities to prioritize adding new and different activities and behaviors (related to reducing early childhood obesity or otherwise) to their already stressed day-to-day life. These challenges reflect larger societal, community, and individual challenges faced by high-need, under-resourced communities in LA, and do not necessarily reflect limitations of the RECO activities themselves. Nevertheless, the ongoing challenges of the low-income families targeted by RECO (and similar programs) must be taken into account in future work.
- Other challenges and successes that emerged highlighted the **need for technical assistance to increase staff capacity for policy and advocacy work, in particular.** Experience with policymaking and advocacy was a key facilitator, but lack of experience and unrealistic goal setting inhibited the work. At times, grantees' work also was limited by financial constraints. These findings are particularly relevant for First 5 LA's ongoing efforts related to policy and systems change. Increased technical assistance and funding could improve the reach and implementation of future policy and systems work.

Put together, these findings and lessons learned discussed by community members and grantees should be considered in future efforts aiming to reduce early childhood obesity, as well as in other future programming, particularly that targeting low-income families and communities. Additional technical assistance, support, and resources to address these lessons learned could help grantees to better conduct, continue, improve, and sustain this work.

7.2 Next Steps

The RECO evaluation activities remain ongoing. The study team is continuing with additional components of the **Reach Study**. Among them:

- Collecting and analyzing grantee report data;
- Following up with grantees whose grants are still in progress; and
- Developing a "dose index" to reflect the reach of the RECO investments.

The **Impact Study** is also under way. The Reach Study findings presented in this report, as well as upcoming Reach Study activities, offer important context for the Impact Study. That Impact Study will more rigorously examine the impacts of the RECO investments at the individual, community, and LA County levels in promoting healthy behaviors and reducing early childhood obesity.

The **Final RECO Evaluation Report** will discuss findings from both the Reach and Impact Studies. However, insights provided by grantees and community members through the Reach Study activities thus far shine a positive light on the implementation and reach of the diverse range of RECO activities. Grantees and community members alike have expressed great enthusiasm for these programs.

Appendix A: Description of RECO Investments

Through the key informant interviews, the study team obtained a more complete understanding of the varied activities undertaken by the RECO grantees. This appendix summarizes the aims and activities for each of the 18 RECO investments.

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 support for hospitals to achieve 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 outreach to mothers. Between 2010 and 2015, 21 LA-area hospitals achieved "Baby-Friendly" 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. CFPA's 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 policymakers 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 policymakers 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 to 5 in the racially and 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, 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, 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 different 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, 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 onsite or at the 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. The California 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 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, the Children's Garden Collaborative 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. 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 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.

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 employed a three-pronged approach:

1. ***Promote policies that encourage mobile healthy food options***—The Institute organized a vending coalition and worked with stakeholders to develop a model vending ordinance for the City of LA legalizing sidewalk vending and creating incentives for vendors to offer healthy foods. The coalition continues to work towards moving the ordinance through the legislative process.

2. ***Identify and reduce barriers for farmers and SNAP customers to wider utilization 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 Market Match program, including manuals in English and Spanish.

3. ***Promote programs that encourage healthy eating in early childhood education settings***—The Institute established official wellness policies in 14 Pacific Asian Consortium in Employment (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 policymakers 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 API 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 non-belonging in their neighborhood. These results were shared with the community to develop strategies to address the barriers. 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 at one site.

Southeast Cities Land Use Advocacy Project. Public Counsel conducts research, develops recommendations, and disseminates those recommendations to policymakers 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. ***LA 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, and maintained 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 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: Reach Study Focus Group and Interview Guides

Focus Group Discussion Guide

FOCUS GROUP PROTOCOL AND BRIEF DEMOGRAPHIC SURVEY

APPROVED BY IRB ON NOVEMBER 30, 2015

UPDATED ON APRIL 22, 2016

INTRODUCTION AND CONSENT (5 minutes)

Thank you for coming today! My name is [Researcher Name] and I will be leading the discussion today. This is [Note-taker] and s/he will be taking notes and may also jump in with some additional questions throughout our conversation. This focus group is part of a larger evaluation of the RECO investments conducted by Abt Associates and its partners, and funded by First 5 LA.

We are **here on behalf of First 5 LA**, an organization that has created some programs in your community that are trying to reduce childhood obesity. The programs are funded as part of what's known as the "RECO" initiative – which stands for Reducing Early Childhood Obesity. They've asked us to help them find out whether these obesity prevention programs have worked and how community members like you might have benefited from them.

This is **one of many conversations** we're having throughout L.A. County. We are also talking with First 5 LA staff and representatives from the programs they support to better understand the work that First 5 LA is doing to prevent childhood obesity. All of this information will be put into a report that First 5 LA will make available to you and other community members throughout L.A. County.

The goal of today's discussion is for you to share with us your experiences with obesity prevention initiatives in your community. Before we get started, we want to explain the **process** for today's focus group, and how we will **use your responses** in our report to First 5 LA.

- This group interview will last approximately **1.5 hours**.
- Your participation today is **voluntary**. This means you do not have to answer any questions that make you feel uncomfortable. You can also leave the room at any time, and this will not affect your participation in any of the programs we're talking about today.
- We only foresee minor **risks** from participating in this focus group, related to loss of confidentiality. However, the team has developed a set of procedures to reduce this risk. Your name or any identifying information will not be linked to any quotes that we use from today's discussion. This applies to both the reports and interview transcripts that we will provide to First 5 LA.
- We would like to **tape record** the discussion so that we can be sure to capture everything that is said. The recordings will not be shared with anyone outside of Abt Associates and SSG, Samuels, or UCLA, our partners on this project. Once I've read all the key points, I'll ask everyone to provide verbal consent to participate and be recorded. This will allow us to better understand and make sure we completely remember the information you tell us. After this project is completed, we will delete the recording.
- Your comments, and those of others in the group, will be used in a summary document that will be given to First 5 LA. We will **NOT use your names** or other personally identifiable information that you share in the report.

- We ask that you respect each other's **privacy** and not repeat anything that is discussed today outside of this group.

Now we just have a few **ground rules** about how we would like the discussion will go to make sure everyone feels comfortable sharing their thoughts:

- Please do not share what you hear today with anyone outside of this room.
- Be careful not to talk all at once; I don't want to miss anything that is said.
- My job is to make sure we hear from everyone. Some people talk more than others, and I'll be encouraging everyone to speak up.
- There are no right or wrong answers – we want to learn from your experiences.
- Our purpose is to have a discussion. If you disagree with what someone else says, or have had a different experience, please say so or I'll think that you all agree.
- Some of you may have strong opinions about the topic we'll be discussing; please be respectful of others' opinions.
- We hope to finish by [INSERT TIME]; if by chance we run a little longer and you need to leave, that's fine.
- Are there other rules that you would like us to include today?

[Note: Pause. List rules suggested by participants on butcher paper.]

Do you have any questions before we start? Do we have your permission to record the focus group?

BACKGROUND (5 minutes)

1. Let's start by having each of you **introduce** yourself briefly.
    - Please state your first name, the neighborhood you live in and how many years you've lived in this neighborhood.
    - Can you also tell us if you have a child who is 0-5 years old or take care of a child that age for your family, neighbors or friends?

AWARENESS AND PARTICIPATION (15-20 minutes, depending on # of investments)

First, I'd like to start by asking you some questions about a specific set of programs. I have a set of questions to ask you about each particular program, and then we'll discuss all of these programs together. *[Note: Write or point to each RECO investment on butcher paper, as it is being discussed.]*

1. Raise your hand if you have **heard of** [Name of RECO investment]. [Note: Describe the investment in case participants know it by different names. Repeat question for each investment.]

   - Ask only if there are participants who have not heard of any RECO investments listed to determine whether they have actually heard of any of the investments: For those of you who haven't heard of any of the programs we just talked about, are there are other programs or activities you've participated in that sound similar to this?

2. From now on, I'm going to refer to the list of programs we just discussed as RECO programs. Thinking about the RECO programs you've heard of, when and how did you first hear about them?

   - *Probe if necessary: Did you first hear about these through a person, another program, or advertisements?*
   - *Probe if necessary: If you heard about different programs in different ways, please share that too.*

3. By a show of hands, how many of you have **taken part in** any of the RECO programs?

4. For those who raised your hands:

   - What **motivated** you to take part in any of these programs?
     - *Probe: Was there something in particular about the program(s) that attracted you?*
     - *Probe: Was there a particular person, organization, advertisement or something else that made up your mind to participate?*
     - *Probe for what aspects of that outreach were convincing/ came from trusted sources.*
   - Can you tell me more about your **participation or involvement** with the RECO programs? *[Probe for: how long, how frequently, etc. Tailor base on investment types.]*

5. By a show of hands, have any of you **heard of** a RECO program, **but not participated** in it?

   - What are some of the reasons that you have haven't been involved in those programs?
   - What would have encouraged you to participate?
     - *If necessary, probe for different methods of outreach, different activities, different timing/locations, depending on types of investments.*

BENEFITS (20-30 MIN)

Next I want to ask a few questions about the benefits of the RECO programs.

1. Based on your experiences, what do you think the programs are trying to **accomplish**?
   - *Probes if necessary: What are their goals? What are they trying to change?*
2. What have you **learned** while participating in the RECO programs?
   - Have you gained any **skills or knowledge** from participating in the RECO programs?
   - Do you think about **child obesity** differently now that you've participated in RECO programs?
   - Have you or your family made any positive changes to your **lifestyle or routines** because of the RECO programs?
     - *Probe: For example, in terms of what you eat, or how much you exercise?*
3. Are you **sharing what you learned** from the RECO programs with others (e.g. spouse, family, friends)?
4. What are some other ways you or your family have **benefited** from programs we were just talking about?
5. Do you think these programs are making a difference in childhood obesity in your **community** overall?
   - Based on your experience, which programs on the list have made the **most difference** in childhood obesity in your community? And which the least? Why?

CHALLENGES AND BARRIERS (20-30 minutes)

Next I want to talk about factors that may influence you or other people in your community to get involved or keep you or others from getting involved in these types of programs.

1. What would you say are the **biggest problems** related to childhood obesity in your community? Are there things in your **daily surroundings** that make it hard to be active and eat healthy? *(Probe if necessary: sidewalks, community safety, access to affordable fresh fruits and vegetables, access to green space or places for physical activity) [NOTE: The bullet below is what we are mainly interested in, but need this question to provide context. However, do not spend too much time on this question; focus on bullet below.]*
   - Are the RECO programs on this list [*point to list*] that we've been discussing helpful in **overcoming** these problems? How so?
     - *Probe if necessary: Are any programs in particular, especially helpful?*
2. Let's talk about people's **attitudes** about childhood obesity. Do you think people in your community see obesity as an important issue? *[NOTE: The bullet below is what we are mainly interested in, but need this question to provide context. However, do not spend too much time on this question; focus on bullet below.]*
   - Does your **community's level of interest** in obesity affect whether you or others have participated in these RECO programs?

3. Which attitudes or behaviors do you think are the hardest for your community to **change** when it comes to reducing childhood obesity? Why? *[NOTE: The bullet below is what we are mainly interested in, but need this question to provide context. However, do not spend too much time on this question; focus on bullet below.]*

    - Of the RECO programs on this list we've discussed, are any of them particularly good at changing these attitudes or behavior? *Probe if necessary: Can you explain?*

4. Are there certain **people, neighborhoods, areas, or populations** in your community that might benefit a lot from these RECO programs, but are not involved in these programs?

    - *Probe: Who are these people and why do you think they are not involved? Are they unable or unwilling to access them?*

    - *Probe: What would increase their involvement?*

5. Are there better or other ways that RECO programs could make a difference in reducing childhood obesity?

    - *Probe: Can you think of any **new or different approaches** that these RECO programs could take to reduce or prevent childhood obesity?*

6. *If time available:* What other programs do you think your **community still needs** to help reduce childhood obesity?

FINAL IMPRESSIONS (10 minutes)

We'd like to finish up by asking about your overall thoughts and impressions of the RECO programs.

1. What do you **like** about the RECO programs you have participated in?

    - *Probe if necessary: Are you **satisfied** with location, time availability, materials, and staff friendliness (as applicable)?*

2. Would you **recommend** the RECO programs to others?

    - Why? Or why not?

3. Is there anything else that you want to add about your experience with the RECO investments?

Thank you for sharing your thoughts with us. We really appreciate you taking the time to participate in our discussion. Before you leave today, we would like you to complete a short survey that will help us collect some basic information on the people who participated in these discussions. The survey is confidential and should only take a few minutes to complete. As a token of our appreciation, we would like to give you a gift card.

Focus Group Demographics Survey

Thank you for helping us by being a part of this focus group. Your feedback will help First 5 LA understand better the impact of the different early childhood obesity reduction programs like the one we just discussed today. We just have a few more questions to ask you. This information will help us keep track of how many people we've talked to. This survey will be kept confidential. Your name will not be linked to your survey responses.

1) **How many years have you lived in this community?** (Please check only one response.)
   O Less than 1 year
   O 1 to 3 years
   O 3 to 5 years
   O More than 5 years

2) **What is your gender?** (Please check only one response.)
   O Male
   O Female
   O Transgender

3) **What is your racial/ethnic identity?** (Please check all that apply. *Optional: you can tell us your specific ethnicity if you like, e.g. Filipino, Salvadoran, Samoan, etc.*)
   O Hispanic/Latino *(Specify: _____)*
   O African American *(Specify: _____)*
   O Asian *(Specify: _____)*
   O Pacific Islander *(Specify: _____)*
   O Middle Eastern *(Specify: _____)*
   O White *(Specify: _____)*
   O Other *(Specify: _____)*

4) **How many children under 18 years of age do you have? _____**

5) **How many children under 6 years of age do you have? _____**

6) **Do you *regularly* take care of children under 6 years of age for others? (e.g. your grandchildren, you nieces/nephews, your friends' or neighbors' children, etc.)**
   O Yes
   O No

Thank you for completing this survey!

For Official Use Only:

- Grantee:
- Date/Time:

Key Informant Interview Guide

KEY INFORMANT INTERVIEW PROTOCOL
APPROVED BY IRB ON NOVEMBER 30, 2015

INTRODUCTION AND CONSENT (5 minutes)

Thank you for participating in this interview. My name is [**Researcher Name**] and I am with [**Name of Organization**]. This is [**Note-taker Name**], from [**Name of Organization**], and s/he will be taking notes and may also jump in with some additional questions throughout our conversation. First 5 LA has contracted with Abt Associates and partners to help them understand how their childhood obesity strategies and activities have reached and benefited communities in LA County.

You are here today because of your involvement in [**Name of RECO investment**] as **[name of interviewee's role**]. I will be asking you a series of questions about [**Name of RECO investment**], including your understanding of the investment and its activities and the communities it targets, your opinion about the successes, challenges, and the feasibility of implementing the activities associated with this investment, and your thoughts about the impact it may have had/be having on the community.

If there are questions to which you do not know the answer, or you wish to not answer, feel free to say you would like to skip the question. Please know that your participation in this interview is voluntary and you may choose to end the interview at any time.

Your responses will be synthesized with that of about 15-20 other interviewees and in some instances we may use direct quotes from this interview. There is a small risk of loss of confidentiality, including the possibility that someone might identify your information in the report, given the small number of interviewees. However, there are procedures in place to reduce this risk. For instance, your name or any identifying information will not be linked to these quotes. This applies to both the reports and interview transcripts that we will provide to First 5 LA. Because we will anonymize your responses, your responses will not affect your relationship with First 5 LA or the status of your grant. The interview should take approximately one hour to 90 minutes. We would like to audio record this interview for data collection purposes only; the audio recordings will only be used to transcribe the data

Do we have your permission to record this conversation? Do you have any questions before we begin?

BACKGROUND (5 minutes)

1. Can you describe your **role** in [**Name of RECO Investment**]?

2. Next we are going to ask for you to provide some details about [**Name of RECO Investment**].

   2a. Please describe the overall goals or what you hope to achieve as a result of the work of [**Name of RECO Investment**].

   2b. Please briefly describe the plan or strategies for achieving the goals of the [**Name of RECO Investment**]

2c. Start /End Dates:

2d1. According to grantee reports, for your [**Name of RECO Investment**] RECO grant, you began implementation between **[Month/Year of initiation of implementation* activities – Month/Year of completion of implementation activities].** To the best of your knowledge is that correct? If no, please provide the correct start and end dates for [**Name of RECO Investment**] implementation.

[***NOTE TO DATA COLLECTOR: elaborate on "implementation" depending on the type of grant and expected activities. This should not include planning time, capacity building, etc. Only the time when activities should be expected to reach the community and its members e.g., when direct services were provided for direct service grantees)]**

2d. Location:

2d1. First 5 LA is interested in documenting where in LA county RECO investment activities were implemented each year. In **[Year 1 of investment implementation – January through December - filled in from previous question]** did **[Name of RECO Investment]** implement activities in specific locations or to the county as a whole?

2d2. **(If specific areas)** This paper has a map of Los Angeles county. Please look closely at the map and indicate with this pencil in which parts of LA county [**Name of RECO Investment**] implemented activities in [**Year 1**]? You may mark single points for activities that were conducted in a specific place or circle larger areas for activities that were provided neighborhood or community wide. We have also brought this tablet computer if you would find that useful to search for specific places or neighborhoods. Note that we are interested in identifying where the services, activities, policies, etc. were provided not where the targeted participants/population lived.

[**NOTE TO DATA COLLECTOR: Please take detailed notes on the KI's comments while identifying the location of services.]**

2d3. [**NOTE TO DATA COLLECTOR: potential grantee- specific location probe to added by the impact study team]**
2d4. Are they any additional details you think would be useful for understanding the location of [**Name of RECO Investment**] services for [**Year 1**]?

[NOTE TO DATA COLLECTOR: Please repeat 2d1, 2d2, 2d3 and 2d4 for each calendar year that the investment implemented activities]

3. Please describe the target participants for [**Name of RECO Investment**].
[NOTE TO DATA COLLECTOR Probe for specifics regarding race/ethnicity, family structure, income status]

4. **How often/how long** are participants engaged in the activities of your project and does this match your intended participation goals?

5. Where did the **participants come from**? Did most of the come from the immediate neighborhood? Please describe.

6. To what extent do you feel you have/are **reaching the target population** that you intended to serve through the First 5 LA grant?

7. If certain target participants are **not being reached**, what might be preventing this? [**NOTE TO DATA COLLECTOR: Please take note of any barriers mentioned here to reference in barriers section below if relevant**.] ***Probe for***:
    - *Time*
    - *Access*
    - *Other?*

POLICY IMPLEMENTATION (20 min)

We are also interested in understanding any **policies** that your First 5 LA grant worked to establish or implement within LA County.

1. Please describe which **policies** your program has helped implement as part of [**Name of RECO investment**], or that you anticipate will be implemented, in LA County.

2. If there are policies that your investment is targeting to develop/promote, where are you in this process? I.e., have you met with stakeholders in the community, reached out to policy makers?

3. If targeted policies were not able to be implemented/adopted, can you describe **what inhibited** the adoption? **[NOTE TO DATA COLLECTOR: Take note of barriers mentioned here to reference in barriers section below.]** ***Probe for****:*
    a. Lack of resources- financial, staffing or time
    b. Lack of community buy-in or political support

4. If policies were implemented, can you describe the **process and key milestones** or factors that led to the adoption of the policy? ***Probe for****:*
    a. Key individuals or organizations involved
    b. Community involvement
    c. Time/ Resources (human and financial) involved

5. If policies were implemented, did all **targeted communities** adopt these policies?
    a. *If not all, **probe for** which census tracts implemented the policies and in which year, using provided maps if needed, but recording answers narratively.*

BENEFITS AND BARRIERS (20 min)

We're interested in understanding the impact of your project on community members' adoption of healthier practices and behaviors, as well as the barriers that might prevent some people from adopting these changes.

1. Do you think your project has been **successful** in achieving its intended impacts?
2. Were there any **unexpected** or **unintended** outcomes of your work, either positive or negative?
3. Were there any **barriers** or factors that prevented you (as a provider) from **implementing** your project as it was intended?
    a. Did any of the barriers you mentioned **prevent or stop** the implementation of your program/activity altogether?
    b. Were barriers **greater** in some communities and not others?
    NOTE TO DATA COLLECTOR: If yes, use provided maps to identify location(s) of greater barriers and then record, narratively, a description of which communities barriers were present, where.
    c. Did these barriers change over time?
    d. What action, if any, was taken to overcome these barriers?
4. What were the most important factors that helped you to implement your project?
5. Were there any resources used or decisions made that were critical in getting community members engaged in [**name of RECO investment**]? If so, what were they?
6. (See Q1 in this section) If [**RECO investment name**] was successful in helping community members [**identify healthy practice/behavior**], can you describe the **process and key milestones** as well as key factors and facilitators that led to the adoption of this practice? ***Probe for:***
    a. Key individuals or organizations involved
    b. Community involvement
    c. Time/ Resources (human and financial) involved
7. In what ways did you make the community members aware of the project? ***Probe for:***
    a. Did outreach differ from community to community? If yes, indicate how and where
    b. What can be done to make your activities more widely known and more accessible to the target population?

COMMUNITY PARTNERSHIPS (10 min)

The next set of questions is about collaboration and partnerships.

1. Have you or anyone in your organization **collaborated** with anyone at the list of organizations below to implement the activities of your First 5 LA grant?
    a. [**See checklist with all First 5 RECO grantee organizations for KIIs to select, as well as accompanying investment description reference guide**] If yes, ask:
    b. What was the nature of the collaboration?
    c. How critical was this collaboration to the successful implementation of your project?

2. Are there any **other organizations** you have collaborated/are collaborating with or have developed a partnership with to do this work? If yes, ask:
    a. Name up to 5 additional organizations
    [**NOTE TO DATA COLLECTORS: Please record full organization name for consistency]**
    b. What was the nature of the collaboration?
    c. How critical was this collaboration to the successful implementation of your project?

WRAP-UP QUESTIONS (5 min):

We have a few final wrap-up questions for you.

1. If you could do this work all over again, what would you do **differently**?

2. Is there **anything else** you'd like to share that we haven't talked about?

First 5 LA Program Officer and Department Director Interview Guide

KEY INFORMANT INTERVIEW PROTOCOL WITH F5LA PROGRAM OFFICERS AND DEPARTMENT DIRECTORS

INTRODUCTION AND CONSENT (5 minutes)

Thank you for participating in this interview. As you are aware, First 5 LA contracted with Abt Associates and partners to help them understand how the childhood obesity interventions that fall into the RECO portfolio have reached and benefited individuals and communities in Los Angeles County.

You are all here today because most of you are program officers who have been engaged in one or several of the investments within the RECO portfolio. Our colleagues at the Samuels Center and SSG have been speaking with RECO grantees and community members who have participated in RECO activities, but getting your perspective is an important complement to these other efforts so that we can fully describe the reach and implementation of these programs and investments. We will be asking you all a series of questions about the **RECO portfolio investments** including:

- your understanding of the investment and its activities,
- your opinion about the successes and challenges,
- the feasibility of implementing the activities associated with this investment, and
- your thoughts about the impact it may have had/be having on individuals and communities.

If there are questions to which you do not know the answer, or you wish to not answer, feel free to say you would like to skip the question. Please know that your participation in this interview is voluntary and you may choose to end the interview at any time.

The time for this group should take approximately 90 minutes. We would like to audio record this interview for data collection purposes only; the audio recordings will only be used to transcribe the data. Do we have your permission to record this conversation? Do you have any questions before we begin?

BACKGROUND

1. Can you briefly introduce yourself and tell us which of the RECO investments you oversee/oversaw?

2. Next we are going to ask for you all to provide some details about the different RECO investments as well as talk about First 5 LA's obesity prevention mission and goals overall.

    2a. What would you say was the overall goal or goals that First 5 LA hoped to achieve through the broad set of investments in the RECO portfolio?

    2b. How do you see the RECO investment that you oversaw as fitting into that overall goal or vision you all just described?

    2c. Can you briefly describe the plan or strategies within the investment that aligned it with First 5 LA's overall goal and vision?

    2d. Did First 5 LA have any goals in terms of intended beneficiaries of your RECO investment (i.e. ethnically or otherwise)?

IMPLEMENTATION

1. From your perspective, to what extent were the RECO investment activities **implemented as planned**?

2. Reflecting on the RECO investment you oversaw, were there any **barriers** or factors that prevented the project from **implementing** as it was intended?

   - Were barriers **greater** in some communities than others?
   - Did these barriers change over time?
   - What action, if any, did you and your grantee take to overcome these barriers*?*

3. What were some of the most important factors that helped you and your grantee to implement the project **successfully**?

IMPACTS

1. What are some of the ways that **individuals** in Los Angeles County have **benefited** from the RECO investments?

2. What are some of the ways that **communities** in Los Angeles County have **benefited** from the RECO investments?

   - Do you think these investments are making a difference in childhood obesity in c**ommunities** overall?

3. What are some of the **policy** impacts of the RECO investments, if any?

4. In your opinion, are any of the RECO investments **making more of a difference** in reducing early childhood obesity? Why?

5. Reflecting on the RECO investment(s) with which you've worked most closely, do you think this/these investments have been successful in reaching intended communities? Why or why not?

6. Do you this these investments have been successful in reaching the intended individual beneficiaries?

7. Again, for your own specific RECO investment, were there any unexpected or unintended outcomes of the work, either positive or negative?

8. Is there anything else noteworthy about individuals' or communities' experiences with these investments?

BARRIERS

Next I want to talk about factors that may influence or inhibit community members from getting involved in programs like the RECO investments.

1. What would you say are the **biggest challenges and barriers** are in dealing with childhood obesity in the communities the RECO investments were meant to serve?

    - How well do you think the RECO investments you're most familiar with did in terms of **addressing these challenges and barriers**?
    - What could your RECO investment have **done better** to address challenges and barriers?
    - What other programs do you think **communities still need** to help reduce childhood obesity?

WRAP-UP QUESTIONS (5 min):

We have a few final wrap-up questions for you.

1. If First 5 LA made the decision to fund similar projects in the **future**, would you suggest that anything be done differently?

2. Is there **anything else** you'd like to share that we haven't talked about?

3. Is there anything else you'd like to add to address the research questions of the Reach Study (below)?

Appendix C: Investments and Activities Excluded from Geospatial Analysis

Exhibit C-1: Investments That Were Not Included in the Location Data Analyses

Investment	Justification
California Food Policy Advocates: Nutrition for LA Families	It was not possible to attribute investment activities to specific locations.
Child Care Law Center: Streamlining Child Care Subsidies	It was not possible to attribute investment activities to specific locations.
Community Health Councils: Assessing Sugar Sweetened Beverage Tax Proposal and Alternatives	It was not possible to attribute investment activities to specific locations.
FreshWorks Fund: Healthy Corner Store Conversion	As of the time of data collection, investment activities had involved the planning for and disbursement of Corner Store Conversions. We could not find evidence that Corner Store Conversions had been implemented in specific locations.
Western Center on Law and Poverty: Simplifying CalFresh Regulations	It was not possible to attribute investment activities to specific locations.

Exhibit C-2: Activities That Were Not Included in the Location Data Analyses

Investment	Activities Observed in Grantee Reports But Not Included in the Census Tract–Level Analyses	Justification
Community Coalition: Healthy Food and Safe Space Access	Securing public resources to continue summer night lights	As of the time of data collection, implementation of the intervention had not yet begun.
	Distribution of a community newspaper	It was not possible to attribute the activity to a specific location.
	Growth of neighborhood "general base"	In the database, this activity was combined with "development of resident base" as a general community-organizing activity at this time in this place.
	Martin Luther King Jr. Day parade	It was not possible to attribute the activity to a specific location.
Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food	Interviewing farmers that vend at Sustainable Economic Enterprises of Los Angeles farmers markets on challenges and successes in Fruit and Vegetable Check acceptance and redemption	Information gathering was not considered to be a place-based intervention activity for the purposes of these analyses.
	Three instances of presenting wellness policies to teachers	It was not possible to attribute the activity to a specific location.
	Presenting wellness policies to teachers, Nature by Nature	It was not possible to attribute the activity to a specific location.
Safe Active Family Environments for Asian and Pacific Islanders (S.A.F.E. for APIs)	Focus groups with Samoan community leaders	Information gathering was not considered to be a place-based intervention activity for the purposes of these analyses.

Appendix D: Supplemental Tables

Exhibit D-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	2,054	433	416	392	375	394
Census tracts in which any RECO activity occurred	659	203	164	112	96	80
Percentage of census tracts in which any RECO activity occurred	32%	47%	39%	29%	26%	20%
ECOPI Investments						
Early Childhood Obesity Prevention Initiative: Choose Health LA Child Care[a]	114	70	21	0	17	6
Early Childhood Obesity Prevention Initiative: Choose Health LA Kids	488	130	123	98	71	62
Early Childhood Obesity Prevention Initiative: LA Managing Obesity in Moms[b]	28	8	12	5	1	2
Total number of census tracts in which any ECOPI activity occurred	592	186	145	103	85	69
Percentage of census tracts in which any ECOPI activity occurred	29%	43%	35%	26%	23%	18%
Non-ECOPI Investments						
50 Parks: Developing Three Neighborhood Parks	3	0	2	1	0	0
Breastfeeding Works	20	4	2	6	4	4
Community Coalition: Healthy Food and Safe Space Access	2	0	1	0	1	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)	6	1	3	2	0	0
Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food	21	6	14	1	0	0
Public Health Advocates: Family Voices for Healthy Choices	16	10	2	1	1	2
Safe Active Family Environments for Asian and Pacific Islanders (S.A.F.E. for APIs)	5	0	4	0	1	0
Southeast Cities Land Use Advocacy Project	2	1	0	0	1	0
Tot Parks & Trails: Enhancing Toddler Playground Facilities	39	14	4	7	7	7
Total number of census tracts in which any non-ECOPI activity occurred	103	35	30	10	14	14
Percentage of census tracts in which any non-ECOPI activity occurred	5%	8%	7%	3%	4%	4%

[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 2 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.

Exhibit D-2: High-Need Communities in Which RECO Activities Occurred

	All LA County	Communities with High Prevalence of:		
		Young Children[a]	Child Obesity[b]	Poverty[c]
All census tracts	2,054	403	465	239
Census tracts in which RECO activities occurred	659	140	191	100
Percentage of census tracts in which RECO activities occurred	32%	35%	41%	42%
ECOPI Investments				
Early Childhood Obesity Prevention Initiative: Choose Health LA Child Care[d]	114	20	19	11
Early Childhood Obesity Prevention Initiative: Choose Health LA Kids	488	109	148	81
Early Childhood Obesity Prevention Initiative: Choose Health LA Managing Obesity in Moms[e]	28	4	6	8
Total number of census tracts in which ECOPI activities occurred	592	127	164	89
Percentage of census tracts in which ECOPI activities occurred	29%	32%	35%	37%
Non-ECOPI Investments				
50 Parks: Developing Three Neighborhood Parks	3	1	1	0
Breastfeeding Works	20	2	6	4
Community Coalition: Healthy Food and Safe Space Access	2	1	1	1
Healthy Food Access Initiative: Children's Garden Collaborative	6	2	1	2
Healthy Food Access Initiative: Market Match (Fruit and Veggie Vouchers)	6	1	1	2
Occidental College Urban and Environmental Policy Institute: Policies to Increase Access to Healthy, Local, and Affordable Food	21	5	12	6
Public Health Advocates: Family Voices for Healthy Choices	16	1	5	2
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	2	1	0	0
Tot Parks & Trails: Enhancing Toddler Playground Facilities	39	6	19	8
Total number of census tracts in which non-ECOPI activities occurred	103	18	42	22
Percentage of census tracts in which non-ECOPI activities occurred	5%	4%	9%	9%

[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 considered 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 2 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.

Appendix E: 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 six CDC strategies to reduce early childhood obesity. The shaded census tracts in each map indicate that one or more RECO activities classified under that CDC strategy were provided.

Exhibit E-1: Geographic Distribution of RECO Activities by CDC Strategy – Region 1

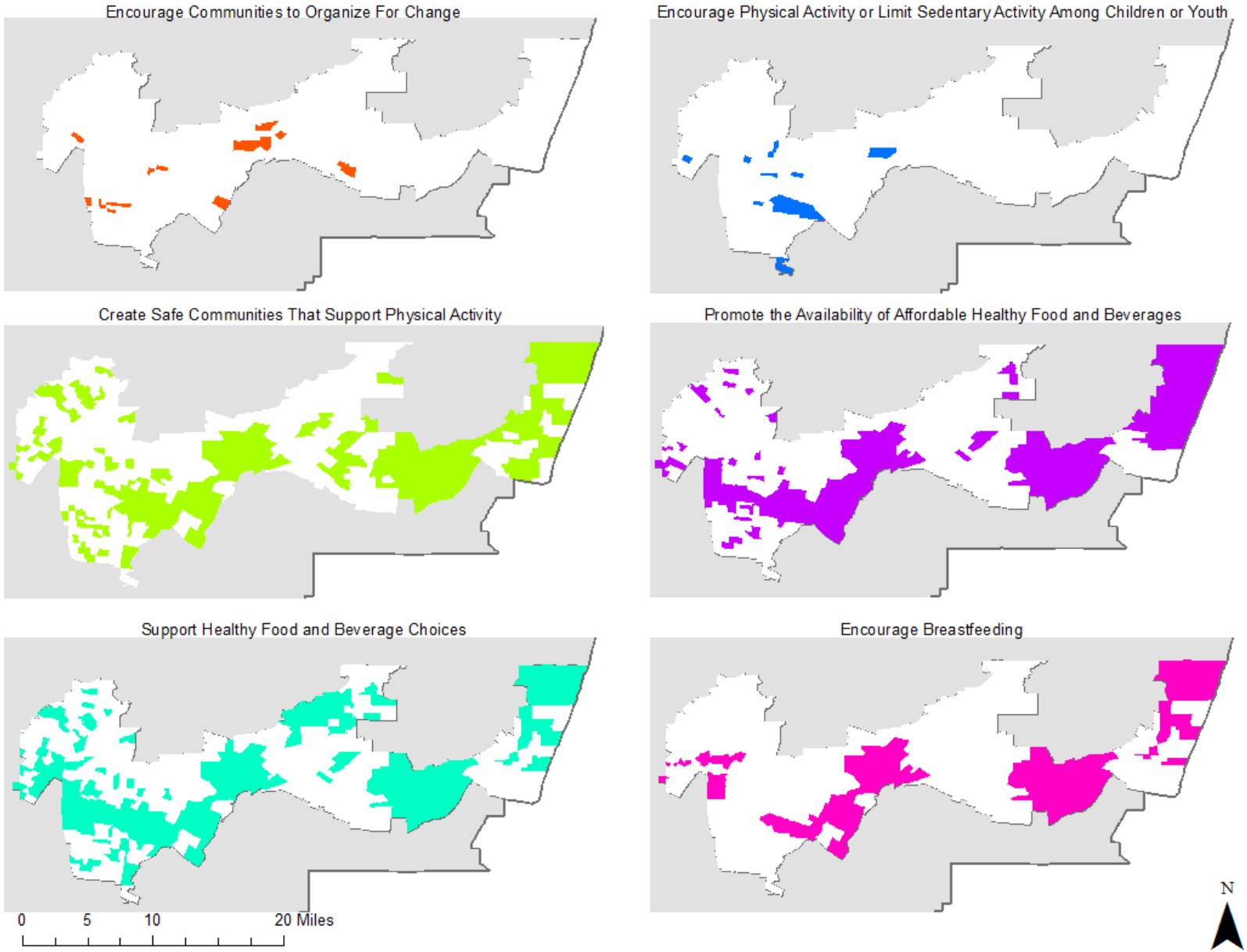


Exhibit E-2: Geographic Distribution of RECO Activities by CDC Strategy – Region 2

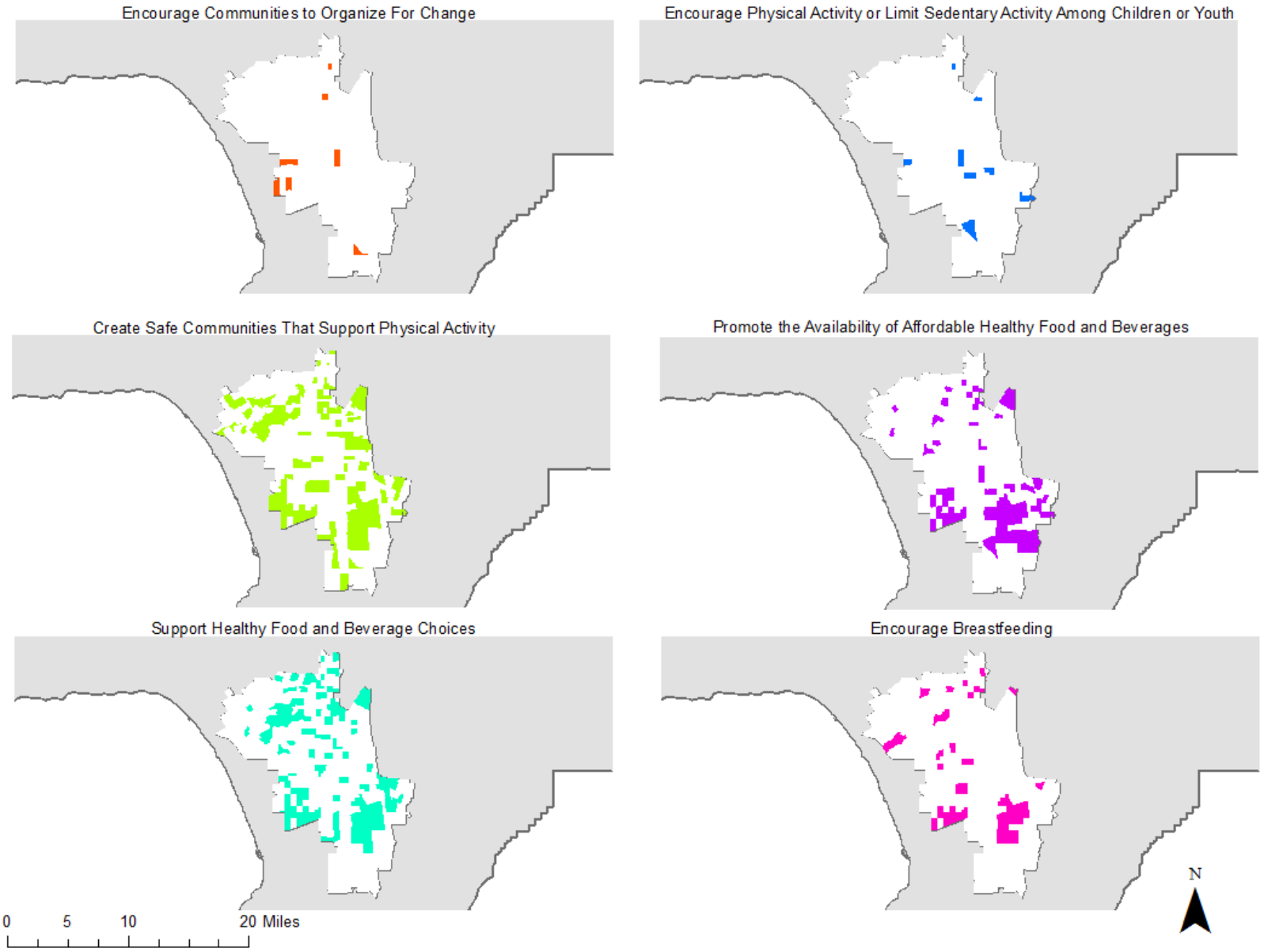


Exhibit E-3: Geographic Distribution of RECO Activities by CDC Strategy – Region 3

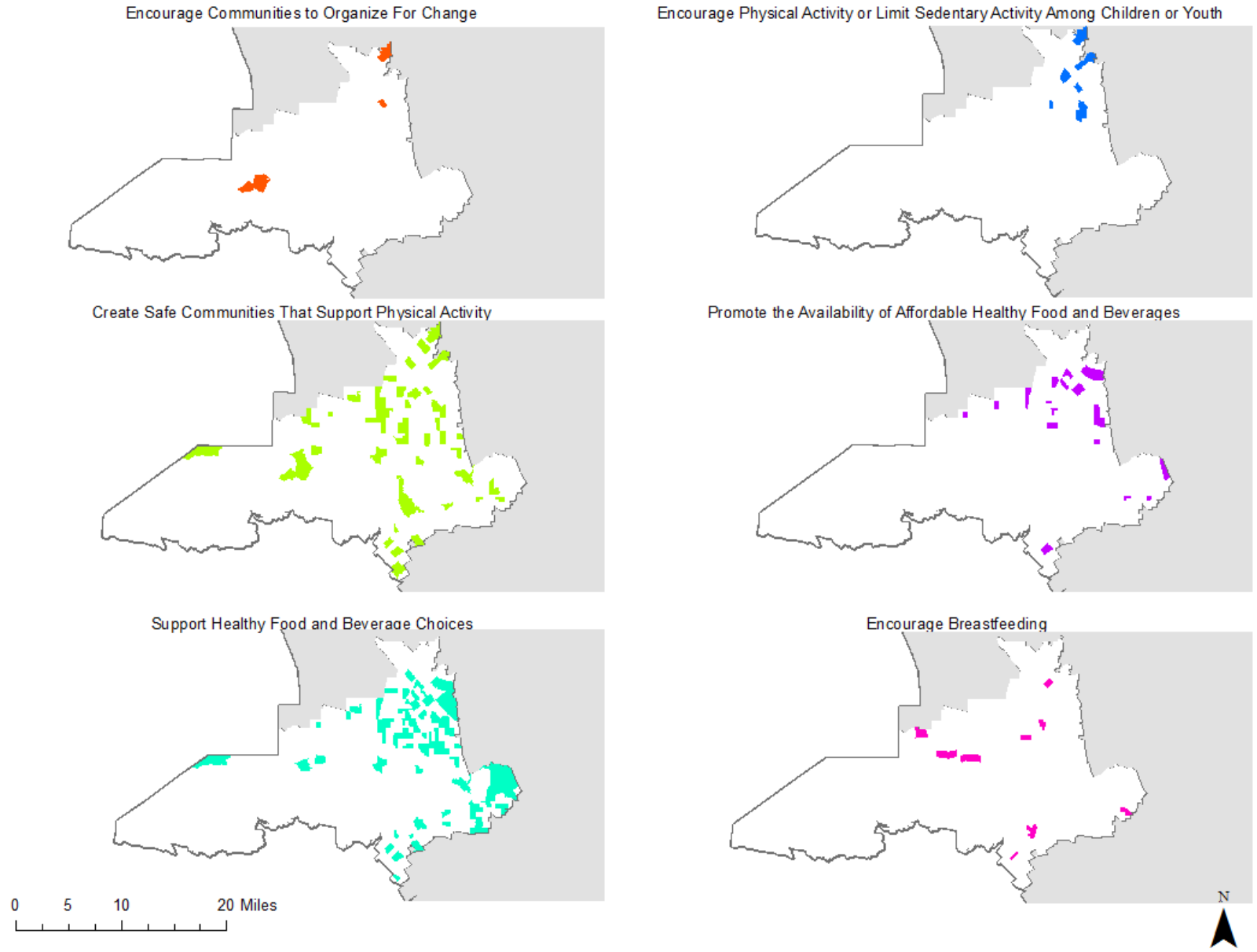
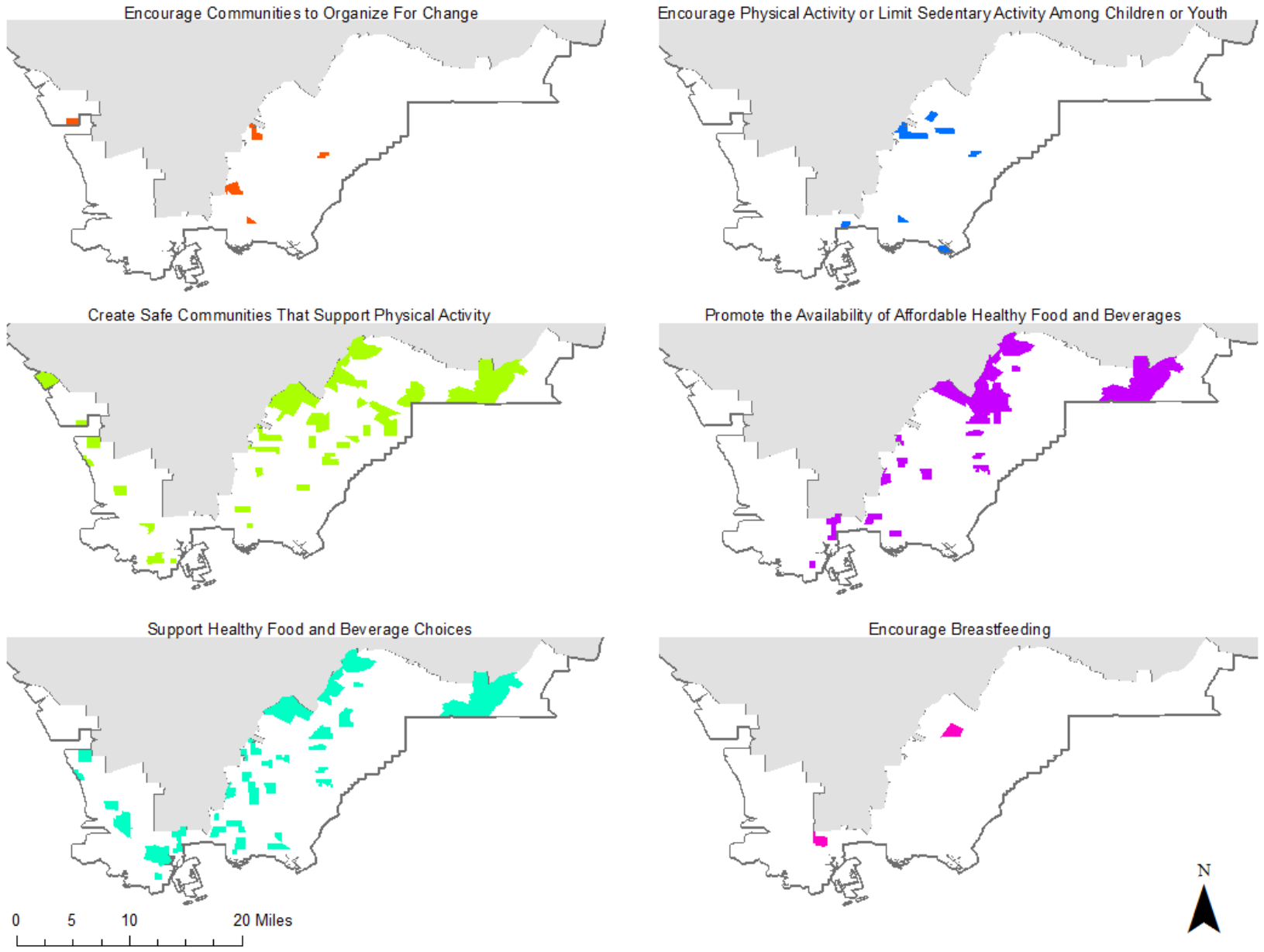
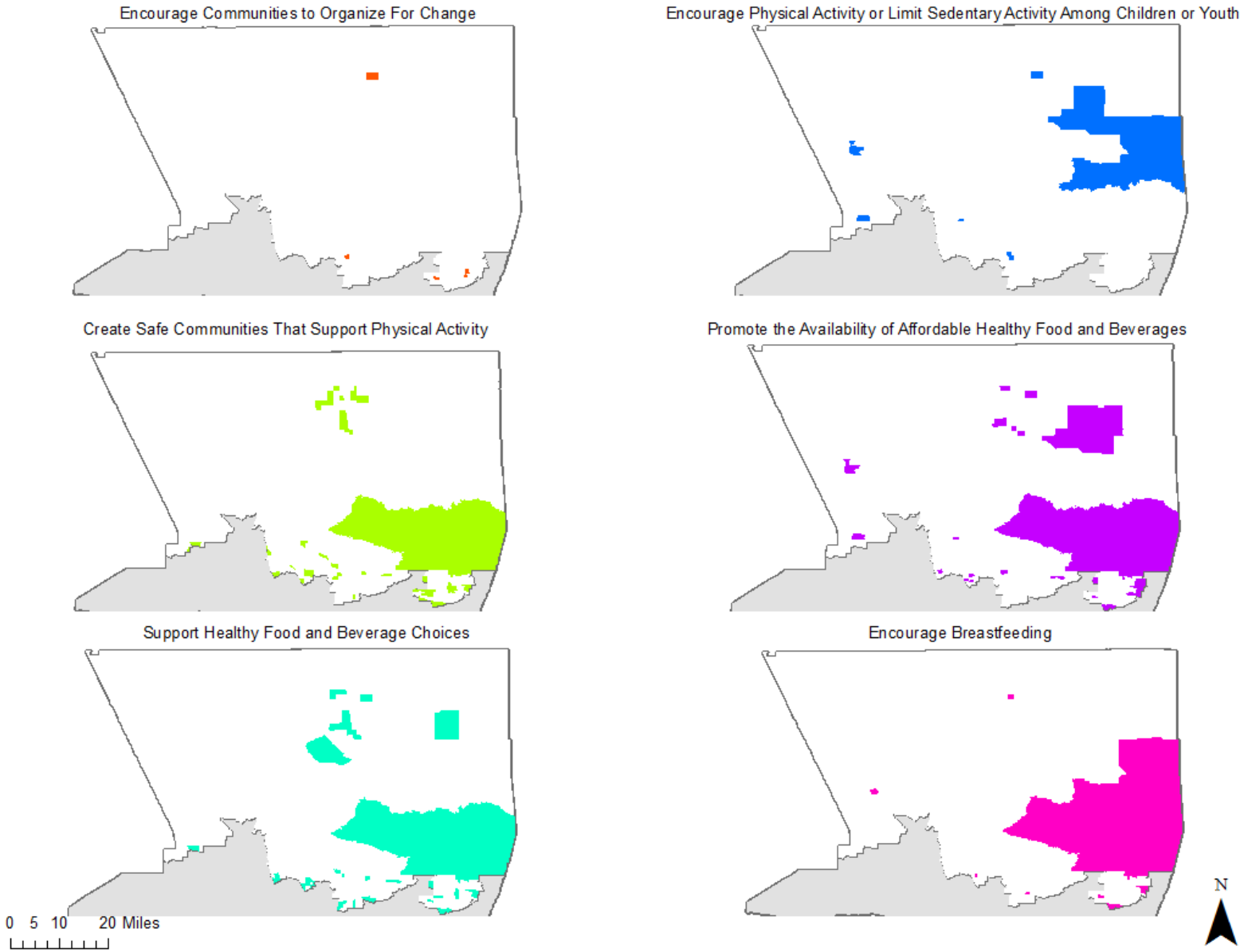


Exhibit E-4: Geographic Distribution of RECO Activities by CDC Strategy – Region 4



Note: Map does not display San Clemente and Santa Catalina Islands in Region 4, but RECO activities were not provided in these areas.

Exhibit E-5: Geographic Distribution of RECO Activities by CDC Strategy – Region 5



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