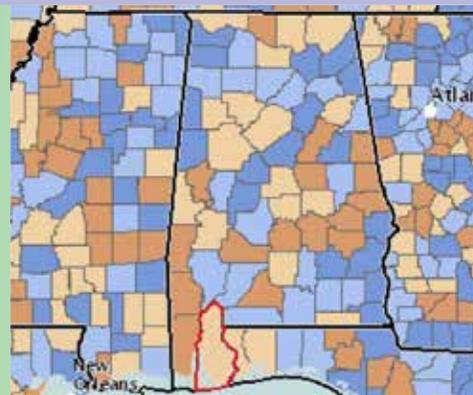


COMMUNITY MEASURES TOOLKIT



Making the Case for Food Advocacy



What is the Purpose of This Toolkit?

This Toolkit Explains:

- What the ESHE Index offers
- Why it was developed
- How to access the ESHE Index
- How the ESHE Index can guide community assessments and advocacy projects related to food issues

It Provides:

- A step by step guide for users and links to resources for community assessments
- Examples of how the ESHE Index has been used by urban and rural communities
- Links to a variety of community-level food environment data collection instruments

ESHE WAS CREATED as part of a collaborative effort and through distributed conversations with several organizations that work to promote healthy eating in U.S. populations: the Council on Black Health formerly known as the African American Collaborative Obesity Research Network (AACORN) (councilbh.org), was the lead organization, working with other research and advocacy partners around the nation. The development of ESHE was funded by a grant to AACORN from the Robert Wood Johnson Foundation.

African American Collaborative Obesity Research Network (AACORN).

Environments Supporting Healthy Eating (ESHE) Index Community Measures Toolkit; 2016.

What is the Purpose of This Toolkit?

Who Can Use This Toolkit?

Any agency or organization that is interested in identifying possible avenues for policy or programmatic changes that improve and promote access to healthy food can use this toolkit. This includes assessing healthy food equity in low resource or geographically isolated or underserved communities.

Examples of ESHE Users Include:

- Health departments
- Food policy councils
- Community organizations, e.g. faith-based and others
- Community development corporations
- Community action groups
- Educators training students to become community food advocates

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Introduction: What is ESHE?

THE ENVIRONMENTS SUPPORTING HEALTHY EATING (ESHE) INDEX is a new benchmarking tool that was launched in June 2015. The ESHE Index quantifies the status of food environments by combining several publicly available county or state level indicators that can be updated to monitor change. The ESHE index was created as part of a collaborative effort among several organizations that work to promote healthy eating in U.S. populations. **The Council on Black Health** (www.councilbh.org), is the lead organization, working in partnership with other research and advocacy groups around the country.

County-level variables in the standardized ESHE index indicate: availability of supermarkets to residents with low incomes; availability of farmers markets overall and to residents with low incomes; availability of stores where SNAP¹ and WIC² benefits can be used; and the percent of available retail food outlets that are ‘healthy’, i.e. likely to sell a variety of healthy foods at good prices. Standardized comparisons at the state-level also include indicators for taxes that raise the prices of snack foods and sugary drinks and policies requiring schools/child care centers to adhere to nutrition guidelines.

What do we mean by supportive environments for healthy eating?

- Sufficient access to food
- Mix of stores and restaurants that is favorable for purchasing healthful foods
- Good base of organizational policies that support healthful food access
- Policies that support nutrition education and promotion of healthy foods and restrict advertising of less healthy foods.

1. Supplemental Nutrition Assistance Program (SNAP). For more information visit: www.fns.usda.gov

2. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). For more information visit: fns.usda.gov/wic/women-infants-and-children-wic

Introduction: What is ESHE?

The ESHE Index Tools Include:

- 1) A standardized county and state-level scoring system for comparing and ranking geographic areas on the level of support for healthy eating.

The standardized ESHE Index tool is hosted on the Center for Applied Research and Engagement Systems (CARES) Engagement Network (eshe.engagementnetwork.org) and powered by COGIS (Childhood Obesity GIS). It combines ranking and benchmarking, interactive mapping and a comprehensive downloadable report (see the sample on page 5) to provide stakeholders with objective evidence to advocate for improvements in food environments.

- 2) Standardized tools for local data collection to support advocacy and community improvements at the local or neighborhood level.
- 3) The Community Measures Toolkit was developed to complement the standardized ESHE Index tool. The toolkit can help community stakeholders and practitioners use audit instruments, surveys, qualitative tools and local data to obtain details on food environment characteristics (e.g., within-store availability and promotion of healthy foods) with the objective of fostering community engagement in dialogue and action related to improving local food environments.

Background: How Can You Use ESHE?

Making the Case for Food Advocacy

THE GOAL OF THE ESHE INDEX TOOLS is to stimulate changes in aspects of both food and food policy landscapes that are conducive to high dietary quality. Better food environments can help all communities, especially those with low incomes, to reduce the burden of diet-related diseases and achieve better health.

ESHE Community-Level Data Collection

Assessing neighborhood or community food environments is part of a comprehensive approach to undertaking healthy food environment advocacy initiatives. When we see that environments in some areas are much more supportive of healthy eating than those in other areas, we know there is room for improvement in organizational policies, better access to food overall as well as access to healthy foods. Every community has unique characteristics and assets that are part of the food environment. Based on community members' needs and interests, they may want to explore variation in food store quality, healthy food policies, worksite environments for healthy eating, or other issues. We encourage the use of valid and existing tools whenever possible for collecting relevant data to guide improvements in food environments.

Identifying a Research Partner

RESEARCH PARTNERS for healthy food environment advocacy initiatives are most frequently found in university/college programs in public health, nutrition, public policy, and city planning. Research partners can also be found in private research or consulting firms, research centers, and in state and local agencies.

Background

There is a wide range of valid quantitative and qualitative tools available to capture local variation in environments for healthy eating. Therefore, it is important to consider why you are conducting the assessment, what you hope to learn from the data you collect, and how the data will be used. When developing your data collection plan it will be important to consider the benefits and limitations of different methods as well as the feasibility for conducting the assessment. **We highly encourage community advocates and stakeholders to identify a research partner (i.e., someone who has received formal training in research and evaluation methods) as you begin to develop your healthy food environment advocacy initiative.**

ESHE Community Measures Toolkit

The ESHE Community Measures Toolkit is designed to help with assessment and planning for advocacy (see Appendix C for additional advocacy resources). Ultimately, it's about combining community engagement with data-driven insights to target and engage the right audiences to execute and monitor healthy food environment advocacy initiatives.

In summer 2015, three ESHE Community Measures Pilots were conducted — two in urban communities (Philadelphia, PA and Chicago, IL) and one in a rural community (Henderson, NC) — to inform the development of this toolkit. ESHE pilot projects were designed to:

- 1) provide insights on what is feasible in terms of community-level data collection from

What are Measured Community-Level Variables

COMMUNITY LEVEL

VARIABLES are factors affecting the outcome of a process that is measured as part of a community food improvement initiative. Examples of food environment community-level variables include: fruit and vegetable availability and quality, zoning to limit fast food outlets, and healthy foods in public places.

Background

capacity and quality perspectives; and 2) determine what level and type of community training and ongoing support will be needed. Lessons learned and insights from the pilots on community level data collection for healthy food environment advocacy are described in this toolkit.

This toolkit is best used as a menu, not a blueprint. It is a tool for community stakeholders/ partners, civic sector leaders, and children’s health and food justice advocates working with public health practitioners who are engaged in community change initiatives, as guidance for exploring ways to increase support for healthy eating in communities.

We hope that you will find this toolkit a useful resource for your work.



Step 1: Generating an ESHE Report for Your County and State

THE ESHE INDEX GOES BEYOND JUST MAPPING HEALTHY FOOD ENVIRONMENTS — it’s a benchmarking tool that ranks food environments. Having a ranking system for food environments can serve as a first step — a call to action for improving options for healthy eating.

The foods people buy and consume are in part a function of the food retail environments they encounter. Therefore it’s important to have ways to measure these environments and see where improvements are needed to support public health goals of motivating and enabling healthier food choices. Having a standardized score makes it easier for everyone to know what that score means and to allow for valid comparisons between communities.

Since there is no way of stating the characteristics of a supportive food environment in an absolute sense, rankings can provide a relative basis for creating a continuum from least to most supportive. This type of ‘benchmarking’ is becoming more and more essential as a public health tool related to aspects of the health environment and healthy living indicators. Therefore, in using ESHE, we can begin raising the bar by indicating where the potential is to improve environments that support healthier eating. This is especially relevant to low income populations and some ethnic minority populations where we see lower dietary quality and poorer health outcomes.

CREATE YOUR ESHE INDEX SCORE: You can create your ESHE Index Score and Report by joining Community Commons and the ESHE Index: Healthy Food Matters Hub (see Appendix A for instructions on creating your ESHE Index Score and Report). ESHE scores can be mapped, and reports can be designed to include a variety of details on related indicators (e.g., food insecurity, free/reduced price school lunch, etc.) that are not included in the ESHE score but might of interest to users. The ESHE Index can serve as a stand-alone or complementary index to use with other public health benchmarking tools to guide your efforts. Creating and sharing your ESHE Index score with partners/stakeholders can provide valuable insights for setting goals aimed at improvements that can be made, and to gain support for action.

Step 1: Generating an ESHE Report for Your County and State

Excerpt of Data From an ESHE Report for Baldwin County, Alabama



ESHE Index: Healthy Food Matters

Environments Supporting Healthy Eating Report

Report Area

Baldwin County, AL

ESHE Index

ESHE Index

The ESHE Index is a way to rank communities or other geographic areas on factors related to healthy eating.

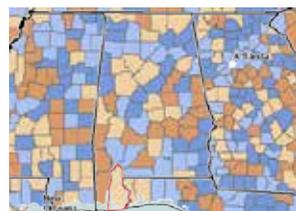
County Level ESHE Index – Within State Comparison

This indicator reports the ESHE index score and rank within the state. The index allows for comparison of a county with other counties in the state.

Note: ESHE index values are standardized on a scale from 0 to 1 where 1 signifies the most supportive food environment *within the state*. Data for each indicator are also standardized from 0 to 1. For example, an indicator score of .80 reflects the number of points (unweighted) that a county earns for that indicator *relative to other counties in the state*. Scores for all indicators are weighted and then averaged to generate the final ESHE index score.

Report Area	Low Income and Adequate Food Access	Access to SNAP Stores	Access to WIC Stores	Access to Farmers Markets	Low Income Access to Farmers Markets	Modified Retail Food Environment Score	ESHE Score	ESHE Rank
Baldwin County, AL	0.81	0.51	0.41	0.41	0.44	0.45	0.55	42 of 67

Data Source: [Environments Supporting Healthy Eating, 2015](#). Source geography: County



ESHE Index, Within-State Rank by County, ESHE 2015

- 1st Quartile (Most Supportive)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Least Supportive)
- Report Area

ESHE Index – Peer County Comparison

This indicator reports the ESHE index score and rank utilizing peer county rescaling. This index allows for comparison of a county across states.

Note: ESHE index values are standardized on a scale from 0 to 1 where 1 signifies the most supportive food environment *within the peer group*. Therefore scores are not equal to the within-state scores. Data for each indicator are also standardized from 0 to 1. For example, an indicator score of .80 reflects the number of points (unweighted) that a county earns for that indicator *relative to other counties in the peer group*. Scores for all indicators are weighted and then averaged to generate the final ESHE index score.

Report Area	Low Income and Adequate Food Access	Access to SNAP Stores	Access to WIC Stores	Access to Farmers Markets	Low Income Access to Farmers Markets	Modified Retail Food Environment Score	ESHE Score	ESHE Rank
Baldwin County, AL	0.76	0.65	0.5	0.49	0.53	0.27	0.55	7 of 11

ESHE Index – State Comparison

This indicator reports the ESHE index score and rank for the state. This index allows for the inclusion of food and nutrition policy data that is not available nationally at the county level.

Report Area	Low Income and Adequate Food Access	Access to SNAP Stores	Access to WIC Stores	Access to Farmers Markets	Low Income Access to Farmers Markets	Modified Retail Food Env. Score
Alabama	0.45	0.45	0.38	0.33	0.35	0.36

Report Area	Snack Tax Score	Soda Tax Score	Child Care Nutrition Env. Score	School Nutrition Env. Score	ESHE Score	ESHE Rank
Alabama	0.54	0.53	0.5	0.59	0.47	14 of 51

Please see [Environments Supporting Healthy Eating Report footnotes](#) for information about the data background, analysis methodologies and other related notes.

Report prepared by [Community Commons](#), April 22, 2016.

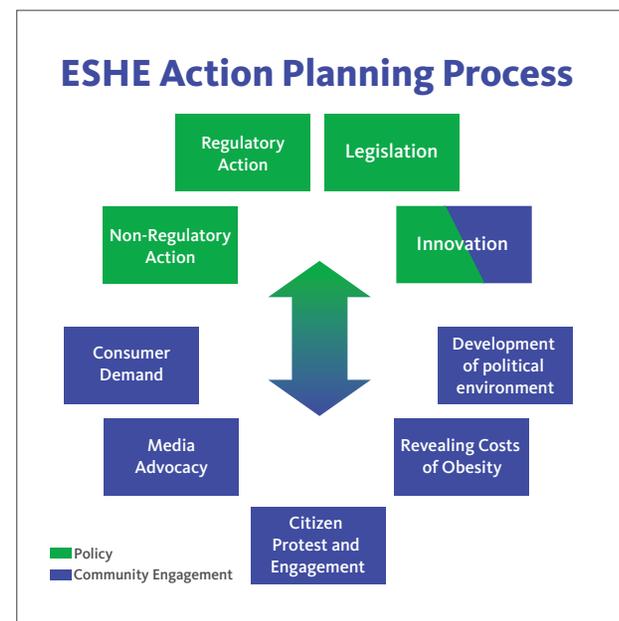
Step 2: Collect Data About Your Community

FOLLOWING ARE RECOMMENDED ACTIONS to support the planning and implementation of your healthy food environment advocacy initiative. These actions were utilized by all the ESHE pilot sites.

- 1) Engage with key stakeholders — a team of insightful representatives from the community food environment system’s many facets (e.g., community members, food security and nutrition partners, community leaders, etc.) in all aspects of the project.
- 2) Define action pathway and assessment objectives.

Bottom-up and top-down approaches are needed to successfully change and sustain environments for healthy eating. The **ESHE: Action Planning Process** illustrates the pathways and leverage points (e.g., media advocacy, consumer demand, non-regulatory actions, etc.) to intervene in the system that shapes our food environments. The policy pathway works to improve conditions in the community by creating and implementing policies intended to have certain results. Policies may take the form of laws, incentives, programs or services, and other creative interventions. Community engagement in the action planning process should facilitate a reflective and holistic review of a community’s food environment revealing both assets and areas for improvement.

Based on numerous factors (e.g. stakeholders’ resources and expertise; previous experience in community change initiatives; community priorities; social, political, and economic changes recently or more distally, etc.) you may choose one or more leverage points to focus on for your project. However, it will be important from the outset of your project



Step 2: Collect Data About Your Community

to clearly identify the goal for your ESHE community-level data collection (e.g., what is the quality of the food available at local supermarkets?) as well as how you will utilize (e.g., to build support for community ownership and capacity building) the data you collect.

- 3) Identify collaborators and resources (e.g., staff, equipment, training, stipends for community data collectors, etc.) needed to collect, analyze, and disseminate the data collected. Note: social, human, and financial resources must be available at scale to match the scale of the project.
- 4) Work with your research partner to determine an evaluation model³ for your assessment (e.g., before and after, comparison, cross-sectional, etc.).
- 5) Choose which measured variable (s) you will collect or what existing data you will use for your assessment.
- 6) Develop a preliminary plan for communicating and disseminating your project results (e.g., town hall meeting, Google Hangout, social media, etc.).
- 7) Identify and train data collectors and collect data or gather existing data. ***Involve community members wherever possible in the data collection process.**
- 8) Work with your research partner to compile the data collection results and discuss with key stakeholders; revise dissemination plan if needed.
- 9) Take action based on the results of the data and monitor progress.
- 10) Engage with key stakeholders for assessment and further action planning.

3. For more information on evaluation frameworks visit: www.cdc.gov/eval/framework/index.htm

Case Studies of ESHE at Work in Urban and Rural Communities

THE COUNCIL'S ESHE COMMUNITY MEASURES PILOTS OCCURRED over a 10-week period in late summer 2015. The criteria for the pilot site selection included: 1) having neighborhood level food environment change initiatives underway that the ESHE pilot could inform or complement; 2) ability to complete the proposed project as part of a rapid response study; 3) identifying an internal or external research partner; and 4) a clear process for community engagement in planning and implementing the project. The Council also considered diversity in geographic locations in selecting the pilot sites and provided modest funds to support each project.



Recognizing that the sites participating in the pilot represent a small subset of groups and organizations that may benefit from utilizing ESHE Community Measures, the Council plans to continue to provide additional updates and lessons learned on the ESHE Index Hub on the CARES Engagement Network as more groups provide us feedback on utilizing local data collection tools. The timeline for the pilots was created to accelerate the production of the ESHE Community Measures Toolkit. However, we would encourage sites to create project timelines that reflect the needs of the community. The food environment is complex and changing. For that reason, it will be important to consider both short-term and long-term goals for your project. There are many ways to be successful in using the ESHE Community Measures tools, and success can be measured in multiple ways that reflect communities building capacity for long-term resilience.

Case Studies of ESHE at Work in Urban and Rural Communities

An example of how ESHE was utilized to raise awareness and expand healthy food environments



Neighborhood Gardens Trust – Philadelphia, PA

The Neighborhood Gardens Trust (NGT) is Philadelphia’s largest nonprofit land trust and an affiliate of the Pennsylvania Horticultural Society (PHS). It preserves community gardens and shared open spaces to enhance quality of life in Philadelphia’s neighborhoods. NGT works with community residents to preserve their gardens by securing ownership or long-term leases so that these spaces cannot be sold or developed. NGT has preserved 35 community gardens and plans to preserve 100 gardens within the next few years.

In summer 2015, NGT conducted a garden acquisition study to strategically identify gardens for future preservation. The study was completed with technical support from The Reinvestment Fund, using data previously collected by PHS and the Garden Justice Legal Initiative of the Public Interest Law Center of Philadelphia. The study focused on target areas in Philadelphia that met two or more of the following criteria: limited supermarket access; limited access to walkable green space; high real estate market pressure; concentrations of low-to-moderate income households, and concentrations of vacant land.

The standardized ESHE Index was utilized with NGT’s stakeholders as a complementary tool to describe factors impacting healthy food environments. The ESHE Index also provided the evidence base to support the need for increased access to healthy foods in low-to-moderate communities. Although Philadelphia County’s ESHE Index score

Case Studies of ESHE at Work in Urban and Rural Communities

Neighborhood Gardens Trust – Philadelphia, PA *continued*

ranks high as a “most supportive food environment,” neighborhood level food environments within Philadelphia vary greatly; hence the need for neighborhood data collection to support local advocacy efforts and change initiatives. The findings from this study are helping to guide and shape internal discussions about the role and direction of NGT as the organization continues to grow and expand. NGT was also successful in engaging local residents and organizational partners in exploring the role community gardens play in the larger picture of food access across Philadelphia, PA. A public meeting was held in fall 2015 wherein the findings from the garden acquisition study were presented to an NGT steering committee, including public officials, community leaders, gardeners, and other stakeholders. The steering committee is currently engaged in ongoing planning to build capacity within the gardens. In fall 2015, NGT also permanently protected a garden as well as secured a long-term lease for another where community partner agencies are building a Green Resource Center in a low-income community. Currently, NGT is pursuing preservation of nearly 30 community gardens.



Case Studies of ESHE at Work in Urban and Rural Communities

Following is an example of how community members were recruited through in-person meetings and social media to participate in ESHE community-level data collection.

Granville-Vance District Health Department – Henderson, NC

VANCE COUNTY, NC is a rural county located in north-central North Carolina on the Virginia border. This project led by the Granville-Vance District Health Department explored neighborhood food store quality (i.e., what percent of local stores offer healthy, affordable foods?) and access to food retail outlets (i.e., are those stores easily and safely accessible to neighborhood residents?).

During the planning and assessment stage, the ESHE county report and other county-specific data were utilized to paint a picture of the food environment for community stakeholders who would be trained for store auditing. Information about the ESHE pilot was shared via the Granville-Vance Department of Health’s Facebook page, and members of the community were invited to be trained as store auditors. Two community sharing sessions were conducted that focused on “pre-testing” key messages for community members (one of the many audiences they plan to address) as well as the approach with store owners (e.g., what will we say about the scorecards we share with them?). The community sharing sessions provided a way of building interest in finding out more about food access and quality in the three geographic areas targeted. The ESHE pilot served as one of the ‘starting points’ for Granville-Vance District Health Department to enhance its community engagement efforts with the African American community (African Americans represent over half of the county population) in Vance County. The Department of Health is hopeful that their conversations around food quality and access will lead to other discussions on issues important to this community.



Case Studies of ESHE at Work in Urban and Rural Communities

Following is an example of a university-community partnership that incorporated the findings from ESHE to build on existing projects.



The Chicago Partnership for Health Promotion (CPHP) — Chicago, IL

THE CHICAGO PARTNERSHIP FOR HEALTH PROMOTION (CPHP) is part of the SNAP-Ed network in Illinois. Located at the University of Illinois at Chicago (UIC) Office of Community Engagement and Neighborhood Health Partnerships, CPHP provides nutrition education and policy, systems, and environmental change supports to promote healthy eating in low-income communities in Chicago. In 2015, CPHP launched a comprehensive food access initiative that included a healthy corner store, urban agriculture, and farmers' market program.

The target neighborhoods for the ESHE project emerged out of the overlap with CPHP's current and previous work. In 2013, the Healthy Corner Store Project was launched as a partnership between the University of Illinois at Chicago (UIC)-

Chicago Partnership for Health Promotion (CPHP), and the Inner-City Muslim Action Network (IMAN). The building blocks for this community-academic partnership centered on mission-aligned activities to provide residents the opportunity to lead change. The partnership developed out of a mutual interest in the Illinois Fresh Food Fund policy that had recently been introduced in Illinois. Building on the community momentum of the Fresh Food Fund, the Chicago Community Loan Fund (CCLF), a local Community Development Financial Institution, received funding as part of the federal Healthy Food Financing Initiative (HFFI) to help expand food access in four predominately African

Case Studies of ESHE at Work in Urban and Rural Communities

The Chicago Partnership for Health Promotion (CPHP) — Chicago, IL *continued*

American neighborhoods underserved by traditional food retail: Englewood or West Englewood, Grand Boulevard, West Humboldt Park, and Roseland or Pullman Chicago.

The ESHE community-level data collection pilot project helped to provide support for UIC staff to train and collaborate with the community-based organizations to conduct baseline corner store assessments prior to the opening of the HFFI food retail locations. Assessments also provided baseline information to help inform and evaluate the Healthy Corner Store initiative being conducted by CPHP. The Chicago Healthy Corner Store Project is working to develop a long-term relationship with the network of corner stores identified as part of this project. The ongoing goal is to provide store operator nutrition training, community nutrition education, cooking demonstrations, and assistance with product placement and store transformation.

Leading Practices: Key Insights and Lessons Learned

It is important to be committed to learning from our work, improving practice, and highlighting innovation. The ESHE Index and approaches for community level data collection will continue to be refined through learning and evaluation. Following are the takeaways from the ESHE Community Measures Pilot Projects:

- Conducting community level data collection requires quality control measures. Utilizing data collection tools will require training, and some tools require considerably more training than others. Beyond training it is recommended that the data collection team is given sufficient opportunities to practice the protocol for using the data collection tool prior to your local assessment. Quality control measures can be monitored by your research partner and will help ensure that your data collection process will yield reliable and valid data.

ESHE pilot sites found that having the research partner review the data throughout the data collection process, especially in the early stages, was helpful in order to identify and correct problems (e.g., missing data, data entry errors, etc.).

- **Recruiting members of the community to collect the data** creates an important dimension of community ownership of the food environment issue you wish to change. Cultivating leadership from within a community can promote processes for consciousness-raising and collective action for change toward a shared vision for the community.
- **Skilled guides and expert facilitation are needed for collaborative projects with diverse stakeholders** to address issues with overwhelming complexity. We recommend that you identify one or two individuals who have experience facilitating groups to be part of your ESHE project team. Good facilitation will help ensure quality of discussions, which is a good predictor of the achievement of the group/team. Meeting facilitators can also help with clarifying points, summarizing, challenging assumptions, encouraging participation, providing or researching information, supporting the consensus process and overall helping your team navigate your project.

Leading Practices: Key Insights and Lessons Learned

- **It is helpful to provide stipends for community member data collectors.** The ESHE pilot sites utilized stipends or provided salary for non-staff involved in collecting the community-level data. This is a highly recommended practice that provides an incentive and accountability structure to facilitate data collection.
- **Timelines are important in determining the feasibility of your project.** Sites participating in the ESHE Community Measures pilot noted that the project timeline was a challenge. We encourage project teams to be generous when working out timeframes and create an overview (e.g., biweekly or monthly list) of when you are going to do each specific step of your project in order to collect, analyze, and share your data. Your project timeline should reflect how you will meet your goals and demonstrate progress.
- **Data collection tools designed for urban environments can be modified for local contexts or rural communities with support from an evaluator/researcher.** Although the tools we are recommending are standardized, modifications for specific geographic areas may be required. For example, in Vance County, NC the assessment tool, CX³ Market Quality Scorecard, utilized for the ESHE Community Measures pilot included a question pertaining to the store
- **Data analysis and putting the data together in a meaningful way can take a considerable amount of time for this type of project;** however all of the ESHE pilot sites were able to share various aspects of the data with various stakeholders in an iterative process, with the final project results being available for dissemination within three months following the 10-week project period.

Leading Practices: Key Insights and Lessons Learned

- **Community-level data collection is feasible for small project teams and the data collected can provide something everyone can use on multiple levels.** The project teams that coordinated the ESHE Community Measures pilots consisted of two to three staff (including the research partner) and up to eight community members that supported the data collection process. All of the pilot sites had related community level data (e.g., Vance County completed their Community Health Assessment (CHA), which is required every three to four years by the state, two months prior to starting their ESHE project); this served as a building block for their ESHE Community Measures project. The value of the data was amplified when it was linked with ESHE Index report data; thus, data integration is a major creator of value. The data collected in all of the pilot projects has been extracted for actionable knowledge, and the project partners will be able to utilize the data to inform and create funding proposals for future projects.

Data Collection Tools Utilized by ESHE Pilot Sites (See Appendix B for additional tools)

Following is a brief description of the data collection tools utilized by each of the ESHE Community Measures pilot sites:

Chicago Partnership for Health Promotion (CPHP) — Chicago, IL

Southwest Chicago Food Store Audit Instrument

Standardized instrument that compares the availability, selection, quality, and price of fresh fruit and vegetables at food stores. Minimal items on dry goods, bottled/canned goods, fresh meats, frozen food, refrigerated foods, and other store observations (signage, store characteristics, sale goods, etc.)

Related Open Access Reference Article: Izumi, Betty T., et al. “Inter-rater reliability of the food environment audit for diverse neighborhoods (FEAD-N).” *Journal of Urban Health* 89.3 (2012): 486-499. Click [HERE](#) to review the article.

Neighborhood Gardens Trust — Philadelphia, PA

Garden Capacity Assessment

This tool was developed from the Five Borough Farm in New York City’s [Farm Data Collection Toolkit](#) on protocols to collect data on urban agriculture. It contains twenty different methods for measuring, tracking, and analyzing how well a garden is meeting its goals on a range of issues — including the pounds of vegetables harvested on a farm.

Related Open Access Reference Article: Milburn, Lee-Anne S., and Brooke Adams Vail. “Sowing the Seeds of Success. Cultivating a Future for Community Gardens.” *Landscape Journal* 29.1 (2010): 71-89. Click [HERE](#) to review the article.

Data Collection Tools Utilized by ESHE Pilot Sites

Granville-Vance District Health Department — Henderson, NC

[CX³ Market Quality Scorecard*](#)

This instrument, along with a comprehensive inventory of community assessment tools, was developed by the Nutrition Education & Obesity Prevention Branch (NEOPB) of the California Department of Public Health (CDPH) as part of the Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention program (CX³). The Market Quality Scorecard assesses food stores, provides points for positive conditions (e.g., access, availability, quality and promotion of nutritious foods) and shows how a community “measures up” and where it needs to improve.

Click [HERE](#) to view the modified scorecard used for Vance County.

Related Reference Articles: Ghirardelli A, Quinn V, Foerster SB. “Using geographic information systems and local food store data in California’s low-income neighborhoods to inform community initiatives and resources.” *Am J Public Health*. 2010 Nov;100(11):2156-62 available [HERE](#). And Ghirardelli, Alyssa, Valerie Quinn, and Susan B. Foerster. “Using Geographic Information Systems and Local Food Store Data in California’s Low-Income Neighborhoods to Inform Community Initiatives and Resources.” *American Journal of Public Health* 100.11 (2010): 2156–2162. *PMC*. Web. 8 July 2016.

*This instrument and the supporting communication tools are also available in Spanish.

Dissemination Strategies and Tools

THERE ARE VARIOUS DISSEMINATION TOOLS AND APPROACHES to explore as your team moves to facilitating action guided by your ESHE Community Measures project. All these tools should be considered less as individual pieces and more as parts of an overarching communications strategy. Each tool has different strengths and weaknesses in reaching audiences. Therefore by using more than one, the tools complement one another and increase the number of ways your project findings reach key audiences (e.g., community members, community leaders, faith-based leaders, business leaders, policymakers, etc.). Following are considerations for dissemination products you may choose to create for your ESHE Community Measures project

Data Sources

Quantitative (primary)

- Surveys (perceptions — environments, policies; self-reported behaviors and health)
- Public opinion polls (demand, satisfaction)
- Policy impact assessments (costs, services, environments)
- Economic evaluation (cost-effectiveness, cost-benefit analysis)
- Environmental audits (condition and quality of environments)
- Direct observations (behaviors in environments)
- Secondary/ Surveillance data (policies, environments, and population socio-demographics, behaviors and health)



Dissemination Strategies and Tools

Qualitative (supplemental)

- Interviews and focus groups
- Photo voice and digital storytelling
- Public forums/ discussions/ meetings
- Design charrettes (intensive planning session where community members, designers and others collaborate on a vision for development. It provides a forum for ideas and offers the unique advantage of giving immediate feedback to the designers).



Qualitative (supplemental)

- Interviews and focus groups
- Photo voice⁴ and digital storytelling
- Public forums/ discussions/ meetings
- Design charrettes

4. Photovoice is a process in which people – usually those with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances – use video and/or photo images to capture aspects of their environment and experiences and share them with others. For more information visit: ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/photovoice/main

Dissemination Strategies and Tools

Dissemination Components	Target Audiences	Strengths	Limitations
Data-Driven Products			
Infographics	<i>May be customized to any audience</i>	– Presents user-friendly data	– Does not allow for a large volume of data
Information briefs/ white papers	<i>May be customized to any audience</i>	– Presents key findings and implications to decision makers	– Often requires an authoritative source
Newsletters or Websites (e.g., maps, fact sheets)	<i>May be customized to any audience</i>	– Offers platform for displaying or linking to numerous dissemination products	– Can confuse/ discourage end users by offering too much data
Policy briefs	<ul style="list-style-type: none"> – Elected/ appointed officials (state/ local) – Business/ community leaders – Funders – Associations, coalitions, advocacy organizations (state/ local) 	– Can communicate strong arguments and specific action steps directly to decision makers based on local data	<ul style="list-style-type: none"> – Often does not allow for inclusion of contextual details – Requires limiting scope of message to what is reasonable and feasible
Social media	General audience	<ul style="list-style-type: none"> – Can reach a large number of end users – Can provide links to other dissemination products 	<ul style="list-style-type: none"> – Requires user internet connectivity – Difficult to determine end users
Newspaper/ Radio/ TV spots	General audience	– Can communicate using emotional appeal through framing data as compelling stories	– Often a lack of editorial control regarding frame and /or content of media product
Data-Driven Social Interactions			
City/ County council or local government meetings (e.g., WIC/ SNAP)	<ul style="list-style-type: none"> – Elected officials (state/ local) – Appointed officials (state/ local) 	<ul style="list-style-type: none"> – Cultivates relationships – Builds trust 	<ul style="list-style-type: none"> – May encounter resistance from policymakers, business owners, and/ or community leaders – May challenge already full meeting agendas
School meetings (e.g., boards, parent/ teacher associations)	<ul style="list-style-type: none"> – Education leaders – Community leaders 	<ul style="list-style-type: none"> – Personalizes data – Shares data sources 	
Local business meetings (e.g., business associations)	<ul style="list-style-type: none"> – Business leaders – Commercial stakeholders 	<ul style="list-style-type: none"> – Creates 1:1 contacts – Frames findings/ action steps to policymakers and education and advocacy leaders 	
Nongovernment Organizations (e.g., community- and faith-based)	<ul style="list-style-type: none"> – Advocacy leaders – Community stakeholders 		
Community gatherings or events (e.g., fairs, celebrations, award presentations)	<ul style="list-style-type: none"> – Elected or appointed officials (state/ local) – Business owners – Media – Community members 	<ul style="list-style-type: none"> – Cultivates relationships – Frames findings/ action steps to community members 	– May not be direct linkage between community gathering and dissemination message
Workshops / trainings	– May be customized to any audience	– Provides training based on local initiatives/needs	– May require ongoing technical assistance resources

Dissemination Strategies and Tools

For additional resources to guide your project dissemination approaches and communication strategy visit:

The Community Tool Box

THE COMMUNITY TOOL BOX IS A PUBLIC SERVICE of the University of Kansas (KU). It is a free resource developed and managed by the KU Work Group for Community Health and Development and partners nationally and internationally. This online resource is designed for those working to build healthier communities and bring about social change. It offers thousands of pages of tips and tools for taking action in communities. For information to guide your community-engagement process to disseminate your project findings visit Communications to Promote Interest: Chapter 6 in the Community Toolbox —

ctb.ku.edu/en/table-of-contents/participation/promoting-interest



The Office of Planning, Research and Evaluation (OPRE) — The Value-Added Research Dissemination Framework

OPRE CONDUCTS HUMAN SERVICES RESEARCH and policy analyses, and develops and oversees research and evaluation projects to assess program performance and inform policy and practice for the U.S. Department of Health and Human Services Administration for Children and Families (ACF).

The Value-Added Research Dissemination Framework was developed by OPRE as a functional approach to dissemination. The Value-Added Research Dissemination Framework is distinctive in describing dissemination as a communication process. For more information on creating your dissemination objectives, the target audience and their needs when designing research and planning for dissemination please visit — acf.hhs.gov/sites/default/files/opre/valueadded.pdf

APPENDIX A: SHORT VIDEO ON ESHE AND HOW TO USE IT



COMING
SOON

Learn how ESHE generates benchmarks for food environments on the CARES Engagement Network. During the video, we review the features of the ESHE Index Report, which includes the individual score for each data indicator in the index as well as additional information on related indicators (e.g., Food Insecurity, Free/Reduced Price School Lunch, etc.) that are also available in a downloadable report.

<https://eshe.engagementnetwork.org/tbd>

Appendix B: Standardized Community-Level Data Collection Tools and Instruments for Food Advocacy*

B1. Healthy Food Policies

Examples of Policy Indicators/Measures Include:

- ✓ Guidelines for food availability
- ✓ Food program operations
- ✓ Nutrition practices in schools and child care
- ✓ Healthy foods in public places
- ✓ Healthy beverage promotion
- ✓ Family friendly workplaces
- ✓ Zoning for community gardens

Tools and Instruments

[Competitive Foods Toolkit: Make Food Choices an Easy 'A'](#)

The American Heart Association's Competitive Foods Toolkit: Make Food Choices an Easy 'A' is designed to help advocates improve the nutritional quality of foods available in schools at every opportunity.

[Five Borough Farm in New York City Farm Data Collection Toolkit](#)

The Five Borough Farm in New York City Data Collection Toolkit contains detailed protocols to help urban farmers and gardeners keep records and tell meaningful stories about the value of their work on subject areas like rainwater harvesting, compost production, and the numerous social benefits provided by each garden.

*Descriptions are taken directly or adapted from text on the respective websites

Appendix B1. Healthy Food Policies

[Metrics for Healthy Communities](#)

This site can help you evaluate community health improvement initiatives, especially cross-sector initiatives. You'll find tools (e.g., logic models for fresh produce access) to help define goals, identify appropriate measures to inform progress over time, and use available data. This site can serve as a resource for measuring the impacts of community development and health initiatives.

[Sugar-Sweetened Beverages Toolkit: Don't Sugarcoat Our Future](#)

The American Heart Association's Sugar-Sweetened Beverages Toolkit: Don't Sugarcoat Our Future is designed to, "maximize interest and action to reduce consumption of sugar-sweetened beverages." Together with a collection of parallel toolkits on other proven social change strategies to help kids live more active, healthful lives, the aim is to focus and energize advocates around the country.

[Healthy Workplace Food and Beverage Toolkit](#)

The American Heart Association's Healthy Workplace Food and Beverage Toolkit was created to help organizations improve their food environment and promote a culture of health.

[Model Healthy Food Systems Resolution](#)

Change Lab Solutions: Model Healthy Food Systems Resolution was developed to help community members and policymakers start their own conversation about how the local government can support a healthier food system. It suggests numerous actions that the local government could take to understand the local food system, and it establishes a Food Policy Council to continue the food system dialogue after the resolution is enacted.

Appendix B1. Healthy Food Policies

Smart Food Choices Toolkit

The Centers for Disease Control and Prevention has released an in-depth set of food service guidelines (often called procurement policies) case studies. Many federal, state and local agencies are adopting food service guidelines and policies (see a map of some of them at cspinet.org/images/State%20Map.PNG). This is helping improve access to healthy food across the country.

The Built Environment Assessment Tool Manual

The Centers for Disease Control and Prevention (CDC) Division of Community Health (DCH) released a new tool that is designed to measure the makeup of the built environment: The Built Environment Assessment Tool, or BE Tool. The BE Tool assesses the quality of our built environments, and closely examines what the DCH considers the core features: the infrastructure such as roads, crosswalks, and public transportation; the walkability of an area and the access to safe paths or sidewalks; and the access to food markets and stores.

The School Day Just Got Healthier Toolkit for Community Members

The USDA's The School Day Just Got Healthier provides an audience-specific collection of resources including brochures, fact sheets, FAQs, school lessons and templates to help prepare for changes to school meals.

WellSAT 2.0 — Wellness School Assessment Tool

The Rudd Center for Obesity and Public Policy created WellSAT 2.0 to measure and monitor the quality of written school wellness policies. School wellness policies are evaluated based on the degree to which they address 78 policy items, which are categorized into six sections. The sections include Nutrition Education (1), Standards for USDA Child Nutrition Programs and School Meals (2), Nutrition Standards for Competitive and Other Foods and Beverages (3), Physical Education and Activity (4), Wellness Promotion and Marketing (5) and Implementation, Evaluation and Communication (6).

B2. Healthy Food Availability

Examples of Food Availability and Access Indicators/Measures Include:

- | | | |
|---|--|---|
| ✓ Food Store Overall Quality | ✓ Marketing of healthy/unhealthy food | ✓ Marketing |
| ✓ Supermarket access
(Community Commons) | ✓ Walkability & Safety | ✓ Outdoor marketing |
| ✓ F & V availability and quality | ✓ Fast food | ✓ Food Banks |
| ✓ Reasonable F & V prices | — Availability of healthy options | ✓ Alternative Healthy Food Sources |
| | — Menu labeling | |

Tools and Instruments

Communities of Excellence — CX³

CX³ was designed for local health departments in collaboration with neighborhood groups. The mapping, audit and asset inventory tools show how a community “measures up” and where it needs to improve. The content areas for the surveys that are part of CX³ include:

✓ **Grocery Stores and Small Markets**

- Different types of stores (large to small, c-stores, etc.)
- Availability and quality of fruits and vegetables, new WIC pkg.
- Fruit and vegetable prices

B2. Healthy Food Availability

Healthy Eating Indicator Shopping Basket (HEISB) Tool

Audit tool used to assess the access of healthy foods at affordable prices. The HEISB consists of 35-items in the following categories: fruits and vegetables, potatoes, bread and cereal, fish and meats, and dairy. The tool is an indicator of healthy eating selections and identifies availability, item weight, price, quality and promotion.

Nutrition Environment Measures Survey (NEMS) in Stores*

NEMS-S is an observational measure of the nutrition environment within retail food stores. The tool was developed to assess availability of healthy options, price and quality across ten food categories and items.

Southwest Chicago Food Store Audit Instrument

Tool used to compare the availability, selection, quality, and price of fresh fruit and vegetables at food stores. Minimal items on dry goods, bottled/canned goods, fresh meats, frozen food, refrigerated foods, and other store observations (signage, store characteristics, sale goods, etc.)



*There are also corner store and restaurant versions of this instrument

B3. Food Retail Mix

Following is a publicly available data source that assesses the food retail mix:

[CDC's Modified Retail Food Environment Index \(mRFEI\) Data Table](#)

The Centers for Disease Control and Prevention Modified Retail Food Environment Index (mRFEI) index was created to evaluate the number of nutritious retail foods in a specific area. The index provides a percentage of foods that are healthy. Lower scores on the index indicate that there are more fast food restaurants or convenience stores compared to healthy food retailers. Census tract data for this tool is available on Community Commons.

[Center for Applied Research and Engagement Systems \(CARES\)](#)

The CARES Engagement Network is an interactive destination for community leaders and decision-makers developed by the Center for Applied Research and Engagement Systems (CARES). Populated with both national and local data, the site features interactive maps, reports, and resources to serve all cities and counties across the United States. The CARES Engagement Network connects communities to data.

B4. Overall Built Environment

[Healthy Environment Policies](#)

The Centers for Disease Control and Prevention (CDC) Division of Community Health (DCH) released a new tool that is designed to measure the makeup of the built environment: The Built Environment Assessment Tool, or BE Tool. The BE Tool assesses the quality of our built environments, and closely examines what the DCH considers the core features: the infrastructure such as roads, crosswalks, and public transportation; the walkability of an area and the access to safe paths or sidewalks; and the access to food markets and stores.

Appendix C: Advocacy Resources

Advocating for Change

Advocating for Change is part of the Community Tool Box for guiding, supporting and evaluating the work of community and system change.

Take Action: Let's Move!

Let's Move! is a comprehensive initiative, launched by First Lady Michelle Obama, dedicated to solving the challenge of childhood obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams. Combining comprehensive strategies with common sense, Let's Move! is about putting children on the path to a healthy future during their earliest months and years. Giving parents helpful information and fostering environments that support healthy choices. Providing healthier foods in our schools. Ensuring that every family has access to healthy, affordable food. And, helping kids become more physically active.

Voices for Healthy Kids

Voices for Healthy Kids is a joint initiative of the American Heart Association and the Robert Wood Johnson Foundation working to engage, organize and mobilize people to improve the health of their communities and to help all children grow up at a healthy weight.

*Descriptions are taken directly or adapted from text in the respective websites

References: **1.** Chriqui J.F., Economos, C.D., Henderson, K., Kohl, H.W. III, Kumanyika, S.,K., & Ward, D.S. (2014) Environmental Change Strategies to Promote Healthy Eating and Physical Activity and Reduce Disparities. *Child Obesity*, 10, 11–7. **2.** Grier, S. A., & Kumanyika, S. K. (2008). The context for choice: health implications of targeted food and beverage marketing to African Americans. *American Journal of Public Health*, 98(9), 1616-1629. **3.** Huang, T. T., Cawley, J. H., Ashe, M., Costa, S. A., Frerichs, L. M., Zwicker, L., Rivera J.A., Levy D., Hammond R.A., Lambert E.V., & Kumanyika, S. K. (2015). Mobilisation of public support for policy actions to prevent obesity. *The Lancet*, 385 (9985): 2422-2431 **4.** Israel, B. A., Schulz, A. J., Estrada-Martinez, L., Zenk, S. N., Viruell-Fuentes, E., Villarruel, A. M., & Stokes, C. (2006). Engaging urban residents in assessing neighborhood environments and their implications for health. *Journal of Urban Health*, 83(3), 523-539. **5.** Moore, L. V. (2013). Supporting Healthful Eating Through Retail Environmental Change: Communities Putting Prevention to Work. *Preventing Chronic Disease*, 10. E189. **6.** National Collaborative on Childhood Obesity Research. Measures registry: A product of the National Collaborative on Childhood Obesity Research. <http://www.nccor.org/measures/index.html>. Accessed December 10, 2015. **7.** Swank, M. F., Brennan, L. K., Gentry, D., & Kemner, A. L. (2015). Using frameworks to diagram value in complex policy and environmental interventions to prevent childhood obesity. *Journal of Public Health Management and Practice*, 21, S116-S120. **8.** Taking Action Toward a Better Future (Handout). Philadelphia: AACORN, June 2013. <https://www.dropbox.com/home?preview=TakingActionHandout.pdf>. Accessed December 10, 2015.

Need technical assistance? Contact the Council on Black Health's staff team who can facilitate requests for technical assistance in using the ESHE resources. Email: ESHEHub@gmail.com