

# Idaho

## HEAL MAPPS™

### Community Reports



Idaho State University, in partnership with Oregon State University Extension Family and Community Health (FCH), and Oregon State University College of Public Health and Human Sciences' Generating Rural Options for Weight Healthy Kids and Communities (GROW HKC) program and the individual communities collectively supported these impacts. Using data collected during the HEAL MAPPS™ processes, these reports provided findings and recommendations to the community residents and decision-makers that were leveraged to maintain community actions to change the obesogenic context, create a culture of weight health, and prevent a rise in childhood obesity prevalence. This material is based upon work that is supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, under award John and Gunter 2011-68001-30020.

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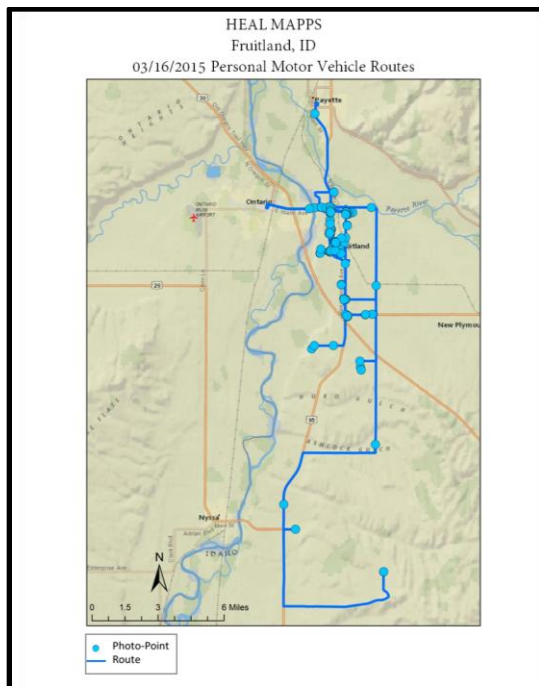
## Fruitland Community HEAL MAPPS™ Report

Fruitland is a rural city located in Payette County, Idaho. Fruitland is in southwestern Idaho, separated from the state of Oregon by the Snake River and from Payette, ID by the Payette River. The community is positioned in a large fertile valley of irrigated farmland known as the Treasure Valley. The community experiences all four seasons and is considered dessert with an average rainfall of less than 10 inches a year.

Fruitland’s population is 4,684. The racial and ethnic makeup of Fruitland is 86.6% White. Black, Native Americans, and Asian/Pacific Islanders make up less than 10% of the community population. Hispanic is the leading ethnicity at 22.6% according to the US Census.

The Fruitland School District is composed of Fruitland Elementary School, Fruitland Middle School, Fruitland High School and Fruitland Preparatory Academy (an alternative high school). You can find four gas station/convenience stores located in the community but no full service grocery store. The two closest grocery stores can be found in Ontario, Oregon and Payette, Idaho. The community holds multiple events throughout the year. You can find families at the Fruitland Spring Fair, Fruitland Family Fun Days, Apple Jam (fundraiser for future events), and Christmas in the Park (concert and tree lighting).

Fruitland has completed a Parks and Trails Master Plan. The plan identifies five potential new park sites; suggests expansion or improvements to four existing parks; identifies approximately 20 miles of potential trail system network; suggests near-term and long-range bicycle lane implementation goals.



### **Generating Rural Options for Weight Healthy Kids and Communities (GROW HKC)**

is a USDA-funded, participatory childhood obesity prevention study conducted by Oregon State University’s (OSU) Extension researchers in partnership with rural residents and communities. GROW HKC and the Fruitland community have partnered to map features of the local environment and discuss residents’ perceptions of the community supports and barriers to regularly eating healthy and being physically active, particularly for children and families. Community members were mobilized and trained to

use HEAL MAPPS™ (Healthy Eating Active Living: Mapping Attributes using Participatory Photographic Surveys), our community resource and readiness tool, to assess community resources for and readiness to improve and implement healthy eating and physical activity supports – environmental and policy actions to make easier these obesity preventing behaviors.

HEAL MAPPS™ projects conducted in partnership with rural communities across several Western States (CO, ID, NM, NV, OR, WA) will provide evidence and insights that will drive the development of a rural obesity prevention model. The model will be used as a framework for rural community actions aimed to promote environments and policies that enable healthy eating and physical activity behaviors to prevent overweight and obesity among children and families.

The problem of obesity in children is in the forefront of nationwide research efforts and there are documented physical and mental health outcomes associated with childhood obesity that contribute to lifelong chronic health problems which may disproportionately affect people living in rural places. Rural residency tends to increase the risk of overweight and obesity for children and adults; the prevalence of childhood overweight and obesity is higher among children living in rural areas.

To date, most evidence-based strategies to combat the childhood obesity epidemic target either individuals or environments and have been developed and tested in non-rural settings. The overall goal of the GROW Healthy Kids and Communities (HKC) project is to learn more about the factors influencing weight health behaviors in rural places in order to prevent obesity in rural children **by improving their behavioral environments – at home, in school, and in the community** – to make healthy eating and physical activity their easy option and preferred choice.

### **Relevance for Fruitland Community**

A significant number of families in Payette County are low income. Overall county poverty is at 19.2% compared to the state poverty level of 16.5%. Almost 27% of children under 18 were below the poverty level, compared with 21% for the state average. The participation rate in the free and reduced meals for the Fruitland School District was 52.04% for 2013.

According to the Idaho Department of Health and Welfare in 2013, 14.6% of Idahoans used food stamps or SNAP (Supplemental Nutrition Assistance Program) benefits. The state's highest rates of food stamp participation occurred in these counties:

1-Canyon (22.2%)	5-Bannock (17.9%)	8-Bonneville (17.1%)
2-Payette (18.9%)	6-Jerome (17.6%)	9-Twin Falls (17.0%)
3-Power (18.9%)	7-Lewis (17.5%)	10-Owyhee (16.9%)
4-Shoshone (18.4%)		

Helping children develop healthy habits and providing healthy eating and activity supports to balance their energy intake with energy expenditure is an important aspect to maintaining healthy weight, preventing overweight and obesity, and minimizing chronic disease risk. Because obesity prevention among rural populations requires an understanding of the supports and barriers to healthy eating and active living within and among rural communities, we are pleased to provide this report of resources and readiness to take action on childhood obesity for the community of Fruitland.

### **Methods and Preliminary Results**

A HEAL MAPPS™ team (n=12) comprised of Fruitland community members with an interest in creating a healthier community volunteered and were first trained to individually photograph and map the Fruitland community features that they experienced as either supporting or hindering their ability to eat healthy and be physically active most every day. Collectively, over 105 photographs were taken and mapped along 11 routes that represented the community’s active (i.e. walking, bicycling, skateboarding, etc.) and motor vehicle transportation system. The ‘MAPPers’ covered approximately 60 linear miles of roadway included within the 2.25 square miles of the city of Fruitland as well as the adjoining communities of Payette, ID and Ontario, OR, including environmental features in the surrounding unincorporated areas as well as the aforementioned adjoining towns (see Figure 1).<sup>1</sup> The HEAL MAPPS™ team reconvened to discuss the photographs and maps during a focus group meeting. The most relevant 39 photographs, based on group consensus, were included in a presentation to provoke a larger community conversation. Fruitland residents and stakeholders (n >23) attended and participated in a community dinner and discussion held at the Fruitland Olde School Community Center on January 12, 2015. The community conversation was facilitated by University of Idaho (UI) Extension liaison, Joey Peutz, who was trained by OSU’s GROW HKC team to conduct the HEAL MAPPS™ program. Following the community dinner, photographs were displayed, participants were polled as to whether the displayed feature made eating healthy or being physically active easier or harder for themselves or others in the community, and discussed their thoughts and feelings that led to their ratings. The dialogue was scribed verbatim by two UI faculty members who were also trained on the HEAL MAPPS™ program.

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<sup>1</sup> The ‘mappers’ individually determined the community boundaries as within the city and unincorporated land approximately served by the Fruitland school district.

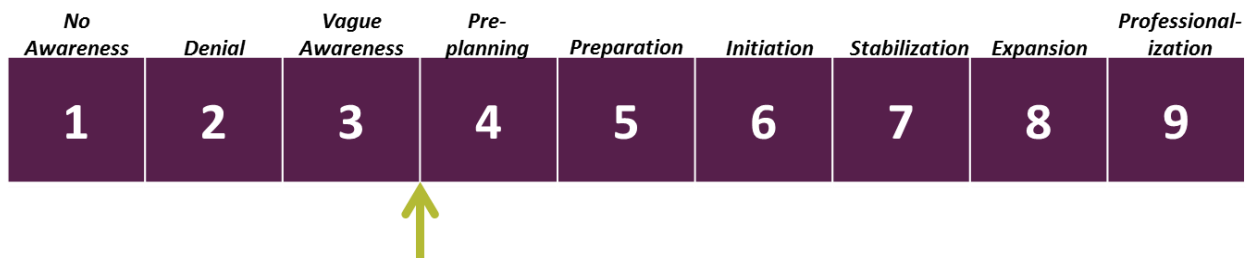
Child care was generously provided by Malheur County, Oregon State University Extension Agent Barbara Brody and YA4-H youth.

### Community Readiness

Communities differ in many ways including their readiness to take action on an issue and implement relevant solutions. The level of community readiness is a major factor in determining whether a particular program can be effectively implemented and supported by a community. Assessing the level of readiness for obesity prevention efforts is thereby a critical component of obesity prevention program planning and evaluation.

The Community Readiness Assessment Model is a tool we used to gain an understanding of the Fruitland community’s resources and readiness for obesity prevention efforts. The assessment is divided into six dimensions that influence a community’s readiness to take action. The six dimensions are: community knowledge about the issue; community efforts; community knowledge of the efforts; local leadership; community climate; and local resources related to the issue. Open ended questions representing each dimension were asked during the Fruitland Community Conversation to provoke dialogue. Participants responded to questions, sharing their perceptions of the Fruitland community’s conditions and preparedness for changing the context for weight health. Discussion transcripts were coded by two independent evaluators into dimension categories. Evaluators independently assigned a numerical score for each dimension based on the content coded into each category and according to a nine-point anchored rating scale (see graph below). Overall scores representing the average of all dimensions and between evaluators were calculated to represent the community’s overall stage of readiness. Fruitland’s overall stage of readiness to implement environmental and policy strategies to prevent obesity falls somewhere between stage **3** and **4** ( $M = 3.70$ ) as indicated by the arrow on the Stages of Readiness graph.

#### Stages of Community Readiness



**Indicators of Community Readiness:** According to participants, having few places to purchase or eat healthy foods emerged as a major barrier to healthy eating in Fruitland. Fruitland has no grocery store in town, and very few dining establishments that offer healthy options. Although

the Fruitland area has farmland and orchards, the local produce does not seem to be readily available to the community at large. Fruitland schools participate in the farm-to-school program; however, the recent loss of a fresh fruits and veggies program and the fruit and veggie bar, coupled with the overall lack of access to fresh produce, were negative impacts on the community readiness score. Fruitland's lack of walking and biking supports - sidewalks, crosswalks, and other traffic calming features - emerged as a significant barrier to being physically active, as did winter weather. The lack of a centralized place to get information about healthy eating and physical activities was also cited as a barrier to both eating healthy and being physically active.

The walking program at school, Fruitland's parks and playgrounds, the Old School Community Center, area gyms and dance studios, as well as some active transportation supports (tunnel under 95, crosswalks and sidewalks in some parts of town) emerged as supports for being physically active, and worked to positively impact the community readiness score. Despite participant reports that fresh fruits and veggies availability is limited in Fruitland, the Produce Barn, area farms and orchards, as well as the community's interest in creating a community garden and being able to purchase locally grown produce emerged as supports for healthy eating. The Eat Smart Idaho and free summer lunch programs also emerged as supports of healthy eating and impacted the readiness score positively.

Based on the Fruitland community conversation and resulting readiness scores, the Community Readiness Model strategies recommended to move Fruitland forward in readiness to address the issue of community weight health include,

- 1) increasing efforts, including informational campaigns, to raise awareness that the community can do something about the problem;
- 2) using HEAL MAPPS™ results, based on resident input and identified barriers, to provide suggestions to decision-makers on where and how efforts should be focused;
- 3) gathering additional existing information about modifiable factors that influence childhood obesity, specifically availability, accessibility, and affordability of healthy, local food and physical activity resources in order to plan improvement strategies;
- 4) raising local and regional awareness that efforts to address the problem of childhood obesity are happening in Fruitland, and;
- 5) initiating a plan to evaluate the ongoing activities and successes of your efforts.

For example, partner with healthy community stakeholders and present HEAL MAPPS™ information at local community events and to unrelated groups; launch a media campaign - post flyers, posters, and billboards and sponsor a community picnic or fun-run to kick off the effort. Conduct a thorough audit of the community food and physical activity resource system, considering conditions that effect accessibility and affordability for under-resourced individuals



and families. Present information on the issue – the role of the rural community environment in making weight healthy choices easy for all children and families. Work with public, private, and academic partners, like UI Extension, to gather and share specific and general information with additional community groups, via newspaper articles and editorials, social media, publications, websites and presentations; establish a weight health tracking system and conduct height-weight assessments of students in school; conduct public forums to develop strategies from the grassroots level; utilize key leaders and influential people to speak to groups and participate in local radio and television. Begin to plan for evaluation of your efforts.

Build and communicate Fruitland’s capacity to change, adopt a motto – ***Our Community can GROW Healthy Kids.***

For more information about the Community Readiness Model, stages of community readiness and stage-based strategies to increase community readiness to address health issues visit: <http://www.colostate.edu/Dept/TEC/article3.htm>.

## **Summary of Results based on Fruitland Community Conversation**

### ***Physical Activity (26 References)***

#### Supports – 16 references

##### *Active Transport*

- Sidewalks
- Tunnel under highway
- Crosswalks, crossing signals
- Bike path
- Walking Program at the Elementary School

##### *Outdoor PHYSICAL ACTIVITY*

- Tennis Courts
  - Lights for night activity
- Sports fields
- Tracks
- Parks and Playgrounds
- City is developing a comprehensive plan to expand parks and trails
- Payette county Recreation District
  - Summer youth activities

##### *Indoor PHYSICAL ACTIVITY*

- Community Center
  - Classes
- Gyms/Exercise centers
- Dance Studios

*Other*

- St. Alphonso's Clinic
  - Free to School Students

Barriers –10 references

*Community Climate*

- No (or little) motivation to walk or ride bikes
- Community member engagement
  - Need for volunteer coaches

*Active Transport*

- Bike paths and sidewalks are not consistent or connected or are lacking in some areas
- Lack of traffic calming features in some areas
- Speed limit seen as too high in town

*Outdoor PHYSICAL ACTIVITY*

- Private Pools Not open or available to all in the community
- Weather is cold/Icy/Snowy in the winter
- Everything is spread out in the community so not always easy to get to some things

*Indoor PHYSICAL ACTIVITY*

- Gyms and Dance Studios cost Money
- Dangerous to drive in and out of the parking lots of some of these establishments

***Healthy Eating (20 references)***

Supports –10 references

*Programs/Organizations*

- Eat Smart Idaho
  - SNAP Oriented education, Cooking Skills
- Farm to School
- Free Summer Lunch

### *Community Climate*

- Strong community support for local agriculture
  - Desire to increase communication with area farmers
- Supportive of a future community garden
- Support for keeping money spent local
  - Buying local produce from local stores

### *Local Businesses*

- Honey Store
  - Owner does education outreach at schools
  - Sell honey, whole wheat bread, other healthy foods
  - Sell local food products
- Bountiful baskets, Produce Barn , Local Orchards and Farms
  - Fresh fruits and Veggies
- Some local restaurants serve healthier options
- Natural Health Store

### Barriers –10 references

#### *Access to fruits and vegetables or other healthy food options*

- Even though Fruitland is surround by farmland/orchards, access to produce is limited to a few places
- No Grocery store
- No healthy snack options or water at some PHYSICAL ACTIVITY resources
- Seasonal Dictates on produce availability at some establishments

### *Local Businesses*

- Lack of establishments that sell healthy food options
- Hard or dangerous to access those establishments that might offer healthier options
  - No walking or biking supports/dangerous traffic
  - Limited hours of operation

### *Education*

- Lack of education opportunities for community members on how to eat healthy, prepare or cook from scratch healthy meals
- Lack of education in schools on healthy eating/portion size/nutrition

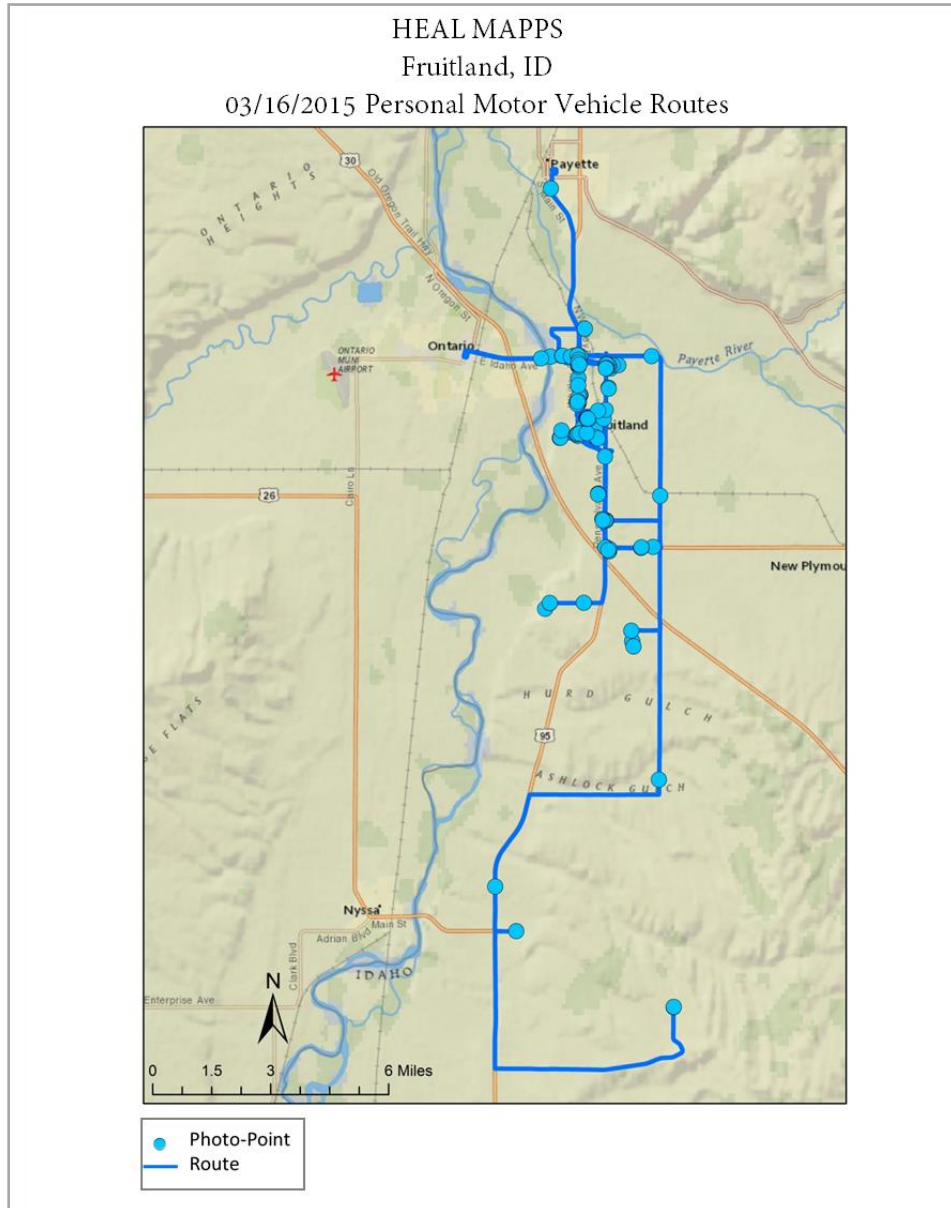
## **Resident-Informed Recommendations for Community Change**

The following recommendations emerged from the data generated during the **Fruitland** community conversation and represent those of the **Fruitland** community members who shared their ideas during the facilitated discussion of the photographed community features. These recommendations do not represent those of the GROW Healthy Kids and Communities project members or Oregon State University.

- Covered tennis courts for when weather is bad
- Community would like better access to locally grown produce
- A Grocery store in Fruitland would make it easier to eat healthy
- Increasing education both in the community and in schools for nutrition, portion size, healthy eating, cooking classes
- Business could offer “fun food” promotions
- Increasing interaction/communication between local growers and families in need of healthy food options
- Increase usage of and class offerings at the Old School Community Center
- Community members are interested in building a greenhouse and a community garden
- Because the resources are spread out, there is interest in having Physical Activity resources proximal to Healthy food choices.
- Local business should offer trail or free classes to get the word out about their business
- Fruitland needs a centralized way to disseminate information about activities and events
- Interest in connecting local growers or sellers of fresh produce with the schools
- Increase Community engagement via volunteering time.

Figures 1 through 3 represent the routes navigated by local residents as they mapped the physical features of the Fruitland community using participatory photographic survey methods.

Figure 1. Represents all routes generated by the Fruitland community mappers.



**Figure 2.** Represents an example of a route generated while using a personal motorized vehicle, and the supports and barriers encountered.

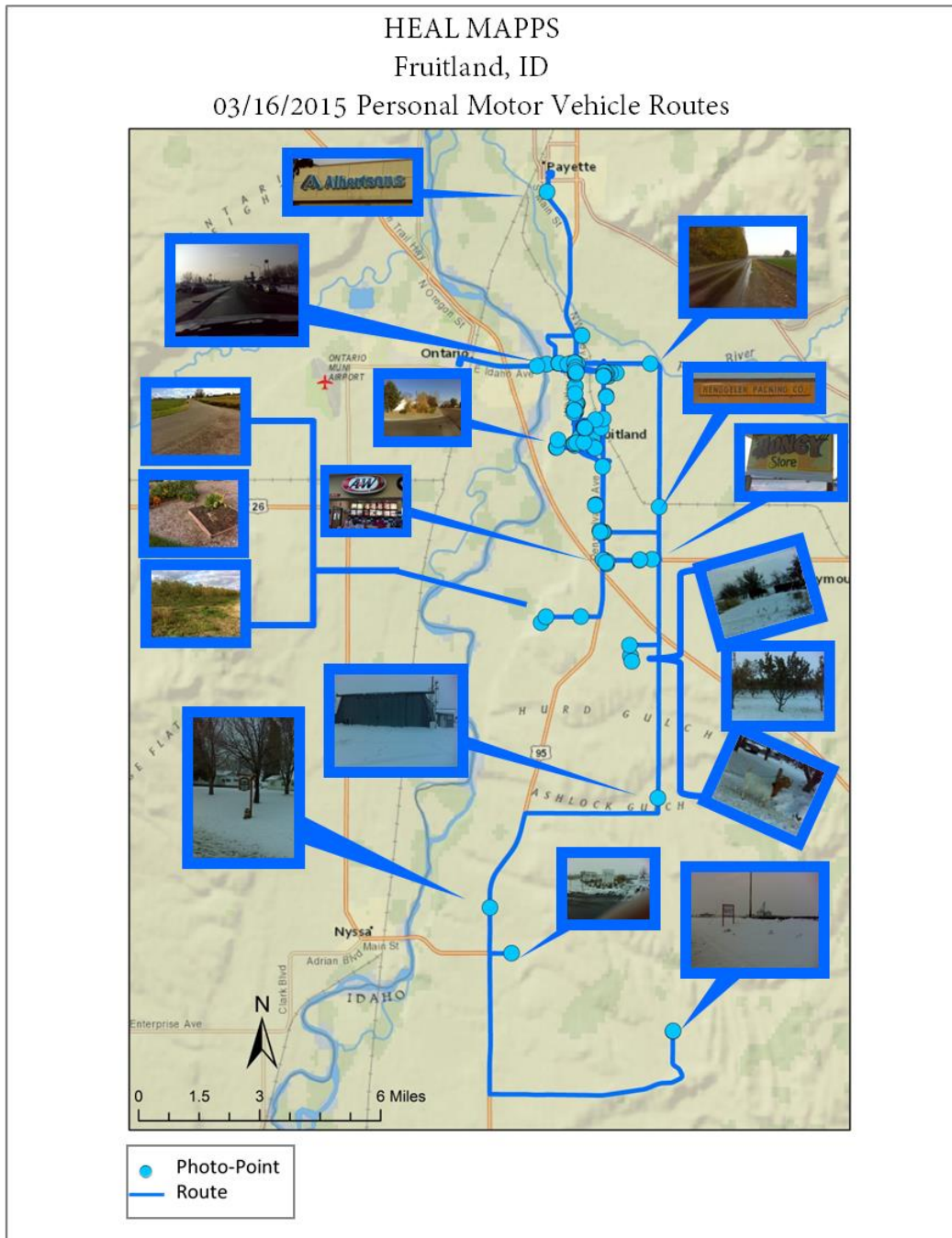
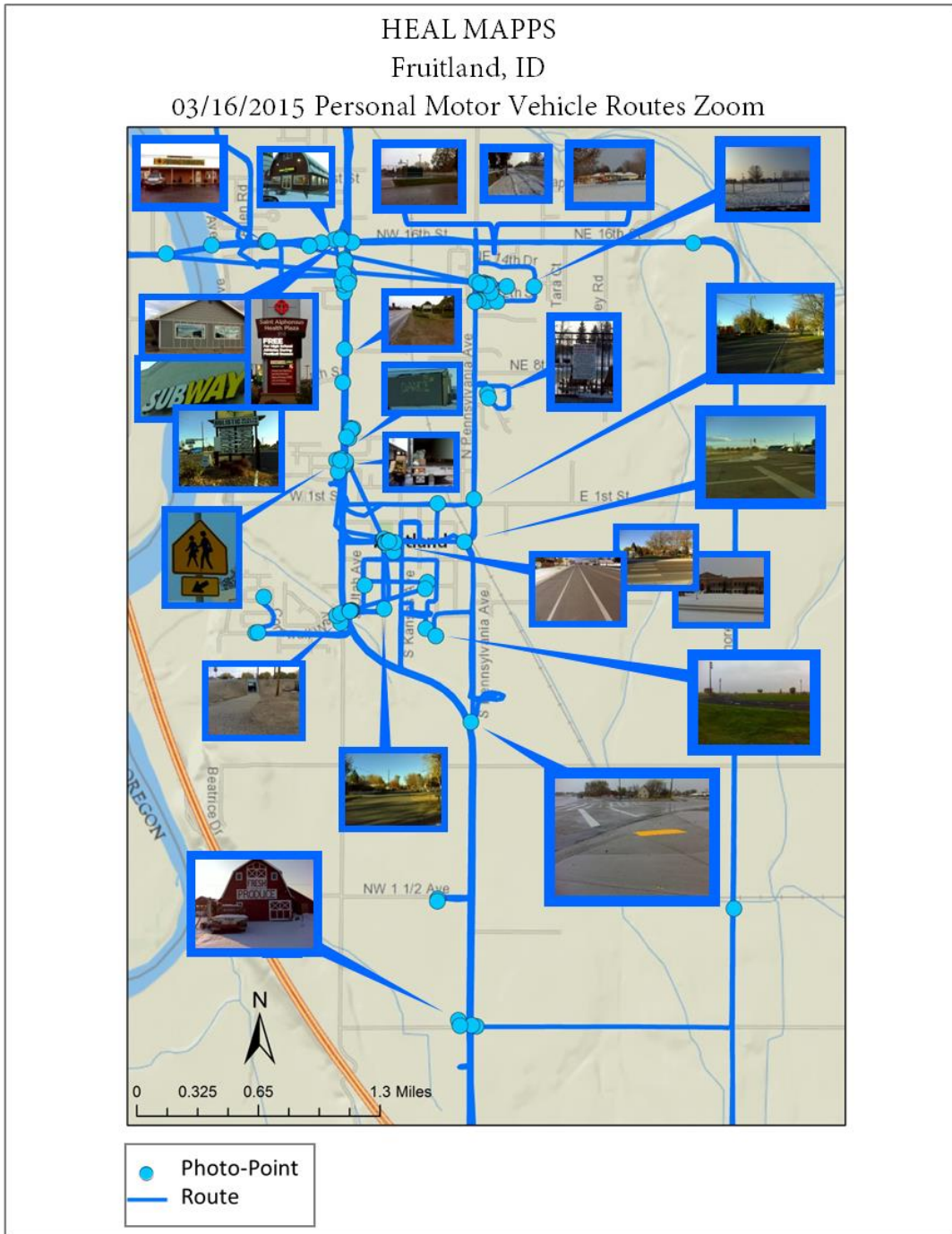


Figure 3. Represents a zoomed in version of the PMV routes map









## Grangeville Community HEAL MAPPS™ Report

Grangeville is a rural city located in Idaho County, Idaho. Idaho County is the largest county, geographically, in the state of Idaho. The county shares a border with Oregon to the west and Montana to the east. It stretches close to one hundred miles in length from the northern border to the southern border located south of Riggins. According to the 2016 County Health Rankings, Idaho County is estimated to have a population of 16,215 residents. It is home to senior residents over age 65 (24%), adults in the 18-64 range (56%), and youth below age 18 (20%). The population is 91.5% Non-Hispanic white, 3.1% Hispanic, 3% American Indian and Alaskan Native, .4% Non-Hispanic African American, .5% Asian, and .1% Native Hawaiian/Other Pacific Islander. <sup>2</sup> The closest urban city is Spokane, WA. (pop. 208, 916) which is located 173 miles north of Grangeville.

Agriculture and timber are the two main industries in the county. The western half of the county is where the Camas Prairie is located. This area has rich soils that are ideally suited for the production of cereal crops and forages. Over 80 percent of the county is federal or state owned lands. Beef cattle production is the number one agricultural commodity produced in the county in terms of gross revenues generated. This is closely followed by wheat and barley. According to the Koppen climate classification system, Grangeville has a humid continental climate with an average high of 57.8 degrees, and an average low of 35.4 degrees. <sup>3</sup> The average precipitation is 23.5 inches per year, and the average snowfall is 52.7 inches per year. <sup>4</sup>

In 2014, the median household income was \$39,598. The per capita income for the county was \$31,842. In 2014, 16.3% of Idaho residents were below the poverty threshold, including 23.3% of those under the age of 18 and 9.9% of those 65 and older.<sup>5</sup>

There is one school district in Grangeville (Mountain View School District), which has one public high school (Grangeville High School – grades 9-12), and one public primary/middle school (Grangeville Elementary/Middle School – grades K – 8). There is also one private Catholic school that runs K-8. 89.8% of Idaho County residents are high school graduates, 32.9% have had some college and/or have an associate's degree, and 16.8% have a bachelor's degree or higher.<sup>6</sup>

Grangeville has two grocery stores (Askers Harvest Foods, Cash & Carry), four convenience stores/gas stations, and ten food service establishments.

Grangeville enjoys close access to scenic and wildlife areas. Whitewater rafting is a popular pursuit and the Clearwater River, Snake River, and Salmon River lie close by. Salmon and steelhead fishing is often a choice of recreation. Many residents of Grangeville hunt deer, elk,

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<sup>2</sup><http://www.countyhealthrankings.org/app/idaho/2016/rankings/idaho/county/outcomes/overall/snapshot>

<sup>3</sup> [https://en.wikipedia.org/wiki/Grangeville,\\_Idaho](https://en.wikipedia.org/wiki/Grangeville,_Idaho)

<sup>4</sup> [https://en.wikipedia.org/wiki/Grangeville,\\_Idaho](https://en.wikipedia.org/wiki/Grangeville,_Idaho)

<sup>5</sup> <http://indicatoridaho.org/>

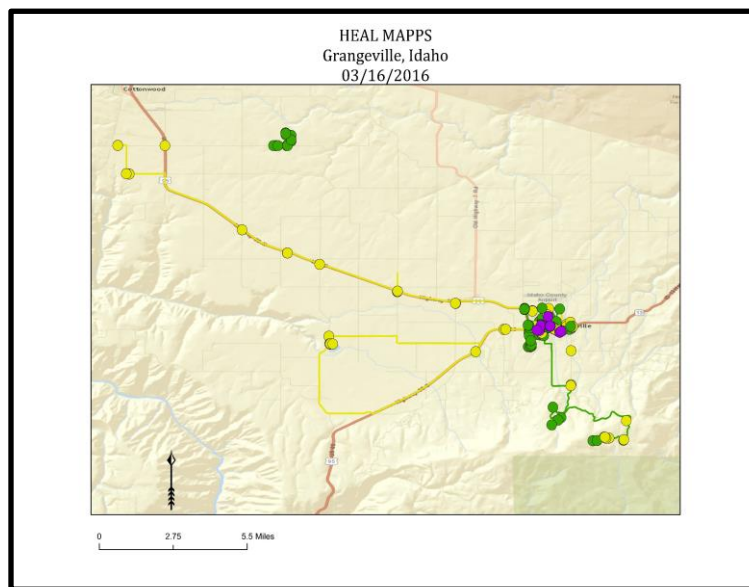
<sup>6</sup> [http://www.ers.usda.gov/data-products/county-level-data-sets/education.aspx?reportPath=/State\\_Fact\\_Sheets/EducationReport&fips\\_st=16](http://www.ers.usda.gov/data-products/county-level-data-sets/education.aspx?reportPath=/State_Fact_Sheets/EducationReport&fips_st=16)

and turkeys in the nearby forests. Hiking is also popular in the Nez Perce National Forest, the Gospel Hump Wilderness, and Hells Canyon to the south of the city. The city operates the nearby Snowhaven ski area for winter recreation.

Many residents of Grangeville depend on the nearby forests for their livelihoods. In addition to timber harvesting, the U.S. Forest Service is a major source of employment in the region.

Grangeville's "Border Days" is a large public celebration on the weekend of July 4 (Independence Day), which features the state's oldest rodeo as well as parades, art shows, and the world's largest egg toss.

**Generating Rural Options for Weight Healthy Kids and Communities (GROW HKC)** is a USDA-funded, childhood obesity prevention integrated research, education and Extension study conducted by Oregon State University's Extension researchers in partnership with rural residents and communities. GROW HKC and the Grangeville community have partnered in participatory research to map assets and features of the local context and discuss residents' perceptions of the community supports and barriers to regularly eating healthy and being physically active, particularly for children and families. Community members were mobilized



and trained to use HEAL MAPPS™ (Healthy Eating Active Living: Mapping Attributes using Participatory Photographic Surveys), our community resource and readiness tool, to assess community resources and readiness to improve and implement healthy eating and physical activity supports – environmental and policy actions that make easier these obesity preventing behaviors.

HEAL MAPPS™ projects conducted in partnership with rural communities across several

Western States (ID, CO, NM, NV, OR, WA) will provide evidence and insights that will drive the development of a rural obesity prevention model. The model will be used as a framework for community actions aimed to support healthy eating and physical activity behaviors, policies, systems, and environments that prevent overweight and obesity among rural youth and families.

The problem of obesity in children is in the forefront of nationwide research efforts and there are documented physical and mental health outcomes associated with childhood obesity that contribute to lifelong chronic health problems which may disproportionately affect people living in rural places. Rural residency tends to increase the risk of overweight and obesity for children and adults; the prevalence of childhood overweight and obesity is higher among children living in rural areas.

To date, most evidence-based strategies to combat the childhood obesity epidemic have been developed and tested in non-rural settings and target either individuals or environments. The overall goal of the GROW Healthy Kids and Communities (HKC) project is to learn more about the factors influencing health behaviors in rural places in order to prevent obesity in rural children **by improving their behavioral environments – at home, in school, and in the community** – to make healthy eating and activity options their easy and preferred choice.

### Relevance for Grangeville Community

Information obtained from the National Health and Nutrition Examination Survey (NHANES) showed an estimated 2/3 (68%) of American adults are overweight (Body Mass Index [BMI]  $\geq$  25) or obese (BMI  $\geq$  30), and an estimated 23 million children are either overweight or obese.<sup>7</sup> An estimated 16.9% of U.S. children and adolescents age 2-19 years are obese, and another 14.9% are overweight.<sup>6</sup>

The prevalence of overweight adults in Idaho has increased significantly in the past decade, from 55.7% in 2000, to 62.3% in 2011. About one-in four (27%) adults in Idaho are listed as obese.<sup>8</sup> According to the National Center for Chronic Disease Prevention (CDC) 57.2% of adults in Idaho participate in 150 plus minutes of aerobic physical activity per week.<sup>9</sup> The 2011 Idaho BRFSS reported that 21.4% of Idaho adults indicated that they did not participate in any physical activity.<sup>10</sup>

In 2012, Idaho County Poverty levels were 19.2%. Grangeville has a slightly higher rate at 20.7%. The county unemployment rate was 8.3% in 2013, which is slightly higher than the state rate of 3.8%.<sup>11</sup> Idaho County food stamp participation rates are 7.41%<sup>12</sup>, with 50.6%<sup>13</sup> participating in free/reduced school meals in 2014.

Helping children develop healthy habits and providing healthy eating and activity supports to balance their energy intake with energy expenditure is an important aspect to maintaining healthy weight, preventing overweight and obesity, and minimizing chronic disease risk. Because obesity prevention among rural populations requires an understanding of the supports and barriers to healthy eating and active living within and among rural communities, we are pleased to provide this report of resources and readiness to prevent childhood obesity for the community of Grangeville.

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<sup>7</sup> [http://www.cdc.gov/nchs/data/hestat/obesity\\_adult\\_11\\_12/obesity\\_adult\\_11\\_12.pdf](http://www.cdc.gov/nchs/data/hestat/obesity_adult_11_12/obesity_adult_11_12.pdf)

<sup>8</sup> <http://labor.idaho.gov/dnn/Default.aspx?alias=labor.idaho.gov/dnn/idl>

<sup>9</sup> <http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf>

<sup>10</sup> <http://www.census.gov/quickfacts/table/PST045215/16049,00>

<sup>11</sup> <http://labor.idaho.gov/dnn/Default.aspx?alias=labor.idaho.gov/dnn/idl>

<sup>12</sup> <http://www.healthandwelfare.idaho.gov/Portals/0/FoodCashAssistance/FoodStamps/SNAPbyCounty.pdf?ver=2016-07-01-155224-273>

<sup>13</sup> <http://www.indicatorsnorthwest.org/DrawRegion.aspx?RegionID=16049&IndicatorID=24>

## Methods and Preliminary Results

A HEAL MAPPS™ team (n=9) comprised of Grangeville community members with an interest in creating a healthier community volunteered and were trained to individually photograph and map the Grangeville community features that they perceived as either supports or barriers to eating healthy and being physically active most every day. Collectively, over 130 photographs were taken and mapped along 9 routes that represented the community's active (i.e. walking, bicycling, skateboarding, etc.) and motor vehicle transportation system. The 'mappers' covered 61 linear road miles -- approximately 60% of the land area included within the square miles of the city of Grangeville and included features in the surrounding unincorporated areas (see Figure 2).<sup>14</sup> The HEAL MAPPS™ team reconvened to discuss the photographs and maps during a focus group meeting. The most relevant 79 photographs, based on group consensus, were included in a presentation to provoke a larger community conversation. Over 20 Grangeville residents and stakeholders attended and participated in a community dinner and discussion held at the Soltman Center on July 7<sup>th</sup>, 2016. The community conversation was facilitated by a member of the GROW HKC team trained to conduct HEAL MAPPS™ processes. Following the community dinner, photographs were displayed, participants were polled as to whether the feature made eating healthy or being physically active easier or harder for themselves or others in the community, and discussed their thoughts and feelings that led to their ratings.

## Community Readiness

Communities differ in many ways including their readiness to take action on an issue and implement relevant programs. The level of community readiness is a major factor in determining whether a particular program can be effectively implemented and supported by a community. Assessing the level of readiness for obesity prevention efforts is thereby a critical component of obesity prevention program planning and evaluation.

The Community Readiness Model<sup>15</sup> (CRM) is an assessment tool we used to gain an understanding of the community's readiness and capacity for changing the rural obesogenic environment. The model includes six dimensions that are known to influence a community's readiness to take action on a community health issue. The six dimensions are: community knowledge about the issue, current community efforts, community knowledge of the efforts, local leadership, community climate, and local resources related to the issue. Open-ended questions representing each dimension were posed during the Grangeville Community Conversation, and prompted by the questions, engaged audiences shared their perception of Grangeville's resources, readiness and capacity for change. Transcriptions of the conversation

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<sup>14</sup> The 'mappers' individually determined the community boundaries as within the city and unincorporated land approximately served by the Grangeville school district.

<sup>15</sup> For more information about the Community Readiness Model, stages of community readiness, and stage-based strategies to increase community readiness to address health issues visit: <http://www.colostate.edu/Dept/TEC/article3.htm>.

were coded into categories of food and physical activity, as well as the six dimensions. The indicators coded into each dimension were scored using the CRM scale by two independent evaluators. Scores from all dimensions were averaged to calculate the overall stage of readiness score.

### ***Findings***

Grangeville has a number of existing environmental supports related to ***healthy eating***, including locally grown food, a seasonal farmer's market, a number of local business that sell fresh fruits and vegetables, healthy eating education, and restaurants offering healthy options. Grangeville's seasonal farmer's market is well attended by the community and is one of the few in the area to accept food stamps. Cash and Carry, Askers Harvest foods, and a health food store all offer fresh fruits, vegetables, or other healthy eating options. In fact, local businesses and organizations are even engaged in inspiring youth to eat healthy. For example, Cash and Carry grocery, in conjunction with St. Mary's hospital, created grocery displays geared toward children 12 and under that promoted fresh fruit for snacking. There are also a couple of youth clubs that promote healthy eating and active living in Grangeville: The Grub Club and The Kids Club. The Grub Club, which promotes healthy eating and active living for kids ages 5-12, offers food education including teaching about plants and where food comes, and how best to shop for healthy foods. There are also a number of food assistance programs in the area: the senior center offers a "Meals on Wheels" program, and a scratch made lunch at the senior center, there is the "Eat Smart Idaho" program that provides cooking classes for low income parents and there is also a backpack lunch program for youth during the summer months. Finally, a number of food businesses have started to offer vegetarian food options and calorie and nutritional information on their menus, increasing healthy eating options and empowering the community to make informed decisions.

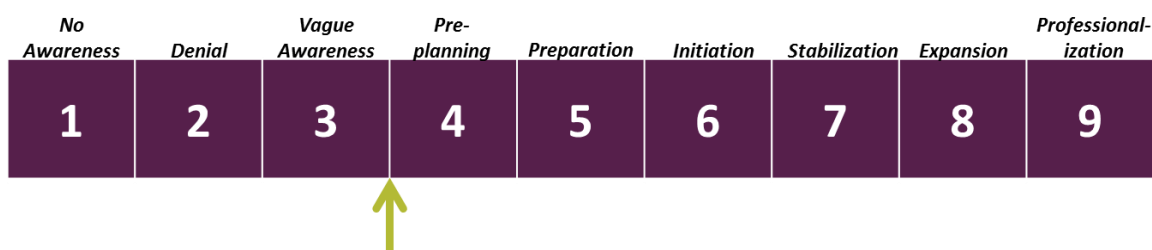
Grangeville also has a number of ***physical activity*** supports that are mainly low or no cost resources. Resources available include organized sports leagues, sports fields and courts, access to school district resources, local public parks and playgrounds. The community has access to multiple playgrounds (including those on school property) within city limits and a number of multi-resource parks. Both City and Lion's park were cited a number of times as superior resources in the community – offering a number of recreation resources/opportunities that include: a swimming pool, skate park, disc golf, basketball courts, horse shoe pits, picnic tables, and playgrounds. The school district allows community access to not only the playgrounds, but also resources like the track and gym. There are also a number of natural areas that offer hiking and fishing opportunities as well as skiing. The Ski Idaho program offers free day passes to youth that can be used at Snowhaven, Grangeville's area ski resort. Grangeville also has a number of fee based resources, like two gyms, a bowling alley, and a golf course.

Even with the supports for physical activity and healthy eating that were cited by community members, barriers still emerged to being physically active and eating healthy on a daily basis. Most of these barriers were closely related to the overall rural nature of the community: the community is rich in natural resources, with a variety of natural lands, lakes and rivers, unfortunately, many of these lie well outside of the city limits and therefore may be difficult to

access for those without a vehicle. Conversely, services that lie within Grangeville city limits may not be available to the extended community who live farther away. There is a general lack of bike lanes, crosswalks, and sidewalks in the community. Even though the community has two exercise gyms, the cost to join these may be prohibitive for some. Community members have voiced the need for a community recreation center, which would be a low or no fee option for indoor recreation.

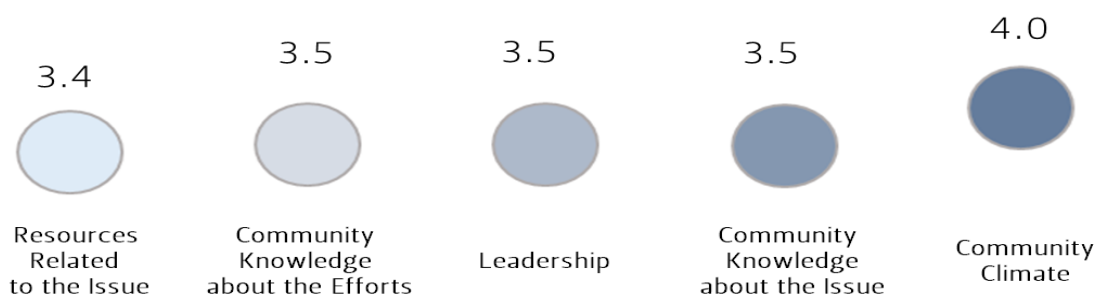
The **overall community readiness** score reflects both the community supports and barriers to healthy dietary and physically active lifestyle patterns across all six dimensions. Grangeville’s current stage of readiness to implement environmental and policy strategies to prevent obesity (**3.60**) falls between the Vague Awareness and Pre-planning stages as indicated by the arrow on the Stages of Readiness graph (Figure 1).

**Figure 1.** Stages of Community Readiness



Grangeville’s readiness scores ranged from a low of 3.4 for the *Resources Related to the Issue* dimension, to a high of 4 for the *Community Climate* dimension (Figure 2). Grangeville is approaching the **Pre-planning** stage, which indicates that many community members have at least heard about local efforts. Leadership and community members are acknowledging childhood obesity as an issue in the community and have begun the discussion around this issue and are supportive of continuing and improving current efforts, but may still be limited in their knowledge of best-practice solutions to address the issue (e.g. causes, symptoms, etc.). Some resource needs have been identified and some resources acquired that will increase weight healthy lifestyle behaviors and will help prevent increased prevalence of overweight and obesity among youth and their families; resource gaps still exist in some areas.

**Figure 2.** Readiness scores for all six dimensions of readiness



### ***Recommended Strategies and Next Steps***

Continue to raise awareness of the problem, and community-driven solutions to publicize that collectively the community can reduce environmental factors related to obesity risk and positively impact rural weight health. Based on stage-match strategies suggested by the Community Readiness Model, local efforts should include:

1. Educational outreach programs that include prevalence rates of rural overweight and obesity for youth and adults, and correlates or causes of unhealthy diets and physical inactivity among diverse children and families living in rural areas.
2. Educational outreach programs that introduce the concept of obesity prevention as a community solution, developing a community culture of rural weight health, and illustrate specific prevention programs aimed at improving access to and consumption of healthful dietary choices and increasing access to and patterns of physical activity by other rural communities with similar profiles.
3. Local media campaigns emphasizing that actions and impacts to address childhood obesity are happening at every level, collectively and cohesively in the Grangeville community, and the consequences of an obesogenic community context and culture are being addressed through community-driven changes. Local events, like a community picnic or fun-run to launch new actions and kick start networking efforts.

For example, community coalitions can present information at local events and to groups unrelated to health efforts; launch and maintain a social media site – initiate meetups and post events, informational flyers, and networks. Present information, blog on the issue, publish print and e-media articles and editorials that highlights the general problem and successful local solutions.

4. Use local data, based on resident input and barrier identification, to drive decisions and make suggestions on where and how environmental, behavioral, and educational efforts should be focused and evaluated.
5. Continue to gather information, and add to local data about childhood obesity risks, prevalence, and modifiable risk factors at every level: behavior, social supports and cultural norms, community, school, and family food systems and contexts, and available and easily accessible to all every day supports for physical activity in order to collectively plan and implement effective strategies that reach broadly across the community population and deeply into underserved groups.
6. Plan for sustainability, including how to secure resources for and evaluate the successes of your efforts. For example, partner with public health agencies and public value organizations to maintain height-weight (healthy growth) surveillance among K-12 students; participate in or host public forums to develop strategies from the grassroots



level; utilize key leaders and influential people to speak to groups and participate in local radio and television. Get local leaders to champion the issue; engage across sectors and with all community groups, including demographics, to develop effective strategies that are shown to reach all segments of the community.

**Strengthen and communicate Grangeville’s culture of, context for, and commitment to weight health – “Grangeville Plans to GROW Healthy Kids!”**

### **Results Summary: Themes and Indicators Emerging from Clatskanie Community Conversation (2015)**

Themes relating to Active Living and Healthy Eating that emerged from HEAL MAPPS™, were related to the Community Context (the setting or circumstances of a community, e.g. physical features), Community Capacity (the ability or power to do, experience, or understand something), Community Engagement – Climate and Culture, and Efforts or Resources related to the Issues (Tables 1 & 2).

Active living supportive elements that emerged included: Leadership from the Schools and local groups (e.g. Elks club, PICH, and Snow Idaho), who are working not only to increase supports but also engaged in making those efforts sustainable by procuring further funding; Grangeville has a number of low or no cost physical activity resources like public parks and playgrounds, a community pool, trails, and a skate park to name a few (Table 1).

Healthy Eating supportive elements included: access to local food sources via the farmer’s market and local grocers; food assistance, including summer lunch programs, meals on wheels for seniors and food banks; education opportunities are offered to low income families by the Eat Smart Idaho program; finally, community grocers and restaurants offer healthy and/or vegetarian options as well as nutrition/calorie information on their menus (Table 1).

The local hospital (Syringa) also emerged as a support for healthy lifestyles by offering a yearly wellness fair and a guided heart health walk (Table 1).

Elements that are obstructive to active living emerged as a lack of maintenance or investment in resources, especially as it concerns the unevenness, or lack, of some sidewalks—there is a lack of active transportation or walkability supports in some areas, especially for the most rural areas of Clatskanie (Table 2). “*Active Transportation and Walkability*” emerged as both supportive and obstructive (Tables 1 & 2) to living an active lifestyle. While Grangeville does have some bike racks and sidewalks, the community conversation participants voiced need for more supports multiple times throughout the process. Access to resources emerged as an issue for those who lack transportation and live in the more rural areas of Grangeville. The lack of available and affordable indoor physical activity resources also emerged as obstructive to living a healthy lifestyle, as did the overall lack of information available to the community about what efforts, programs, and resources are available. Finally, “*Leadership*” also emerged as supportive and

obstructive to living an active lifestyle; community members feel that the mayor and city council are not necessarily receptive to the community needs for more resources, and in fact are more concerned with liability issues that may arise from the addition of resources (Table 2).

Obstructive elements that emerged for healthy eating included a lack of healthy food options, spatial access to resources, and knowledge barriers. Healthy food options emerged as both supportive and obstructive to living a healthy lifestyle. While Grangeville has healthy food resources, some may not have access due to socioeconomic or spatial barriers or may lack the ability or knowledge base to cook with whole foods; there is also a lack of easy or “grab and go” style healthy food options; finally, food assistance programs may not always have the healthiest options (Table 2).

**Table 1.** Themes and Indicators of Resources supportive of weight healthy lifestyles emerging from the Grangeville Community Conversation. *Items in Red emerged as both supportive and obstructive.*

Active Living		Healthy Eating	
Resource	Theme	Theme	Resource
<b>Supportive</b>			
<p><b>Active Transportation and Walkability</b> Some sidewalks and bike racks</p> <p><b>Leadership</b> PICH, School district, Snow Idaho, Syringa Hospital (Heart Walk and Wellness Fair)</p> <p><b>Community Based Activities</b> Youth Baseball</p>	<b>Community Capacity</b>		<p><b>Leadership</b> Farmer's Market, Food bank, Eat Smart Idaho, Elks, Senior center and others are engaged in education, increasing resources and access through active participation, outreach and grant funding</p>
<p><b>Fee-Based Resources</b> Gym, Golf Course, Ski resort</p> <p><b>Low or No Cost Resources</b> Public Parks, playgrounds and Spaces (Pool, Skate park, Trails). Youth Groups (Grub Club). Access to school facilities (Track and Gym). Community and School Sports (Baseball, Basketball). Natural Areas (Hiking, fishing). Free activities for youth sponsored by PICH</p> <p><b>General Health Supports</b> Wellness Fair</p>	<b>Efforts and Resources related to the Issue</b>		<p><b>Education</b> Eat Smart Idaho cooking classes</p> <p><b>Healthy Food options</b> At restaurants and Grocery Stores.</p> <p><b>Local Food</b> Farmer's market, Locally grown foods carried at stores</p> <p><b>General Health Supports</b> Wellness Fair</p> <p><b>Food Assistance</b> Back Pack program, Senior center, farmer's market accepts SNAP( double benefits), Food Bank</p>

**Table 2.** Themes and Indicators of Resources Obstructive to weight healthy lifestyles emerging from the Grangeville Community Conversation. *Items in Red emerged as both Supportive and Obstructive.*

<b>Active Living</b>		<b>Healthy Eating</b>	
<b>Resource</b>	<b>Theme</b>	<b>Theme</b>	<b>Resource</b>
<b>Obstructive</b>			
<p><b>Knowledge of Resources/Efforts</b> Community members may not know what resources are available because access to information is lacking.</p> <p><b>Knowledge of the Issue</b> Lack of understanding of the connection between access to physical activity and health</p>	<b>Community Engagement-Culture and Climate</b>	<p><b>Knowledge of Resources/Efforts</b> Community members may not know what resources are available because access to information is lacking.</p> <p><b>Knowledge of the Issue</b> Lack of understanding of the connection between access to healthy foods and health</p>	
<p><b>Maintenance or Investment In Resources</b> Sidewalks need improvement, uneven and difficult for some community members to use (e.g. seniors)</p> <p><b>Safety and Civility</b> Perception of danger in some areas due to loose animals, Bike theft issues</p> <p><b>Active Transportation and Walkability</b> Lack of bike racks, bike lanes, crosswalks, sidewalks, and traffic calming features in some areas. More rural and senior community members without transportation lack access</p>	<b>Community Capacity</b>	<p><b>Active Transportation and Walkability</b> More rural and senior community members without transportation lack access</p> <p><b>Education</b> Lack of knowledge of what is healthy, how or what to cook to prepare healthy meals.</p>	
<p><b>Information Access</b> Overall lack of information on efforts, resources and programs</p> <p><b>Leadership</b> Not engaged or don't believe resources, programs, efforts are needed in the community, Liability issues with resources are a concern</p> <p><b>Weather</b> Winter weather an impediment to PA</p> <p><b>Socioeconomic Disparities and Costs</b> Cost is a barrier for some.</p> <p><b>Spatial Access</b> Lack of spatially proximate resources in more rural areas.</p>	<b>Community Context</b>	<p><b>Information Access</b> Overall lack of information on efforts, resources and programs</p> <p><b>Socioeconomic Disparities and Costs</b> Some don't have skills to cook with whole foods. Access limited to most rural low income community members. Choices offered to neediest not always the healthiest.</p> <p><b>Spatial Access</b> Overall lack of spatially proximate resources in more rural areas.</p>	
<p><b>Low or No Cost Resources</b> Lack of indoor low cost PA facilities, School facilities may be inaccessible outside of school year (e.g. summer)</p>	<b>Efforts and Resources Related to the Issue</b>	<p><b>Healthy Food Options</b> Lack of Healthy Food Choices, especially quick or convenient options, at area restaurants and stores. Food Assistance programs don't always have healthiest options.</p>	

## **Resident-Informed Recommendations for Community Change**

The following recommendations emerged from the data generated during the Grangeville, ID community conversation and represent those of the Grangeville community members who shared their ideas during the facilitated discussion of the photographed community features. These recommendations do not represent those of the GROW Healthy Kids and Communities project members or Oregon State University

### ***Informational Campaigns***

- Increase knowledge of efforts and resources
  - via advertisements on website or other media
    - At events (e.g. farmer's market)
    - On social media
    - Posted in public area (e.g. info kiosk)
  - In person
    - Public events
- Increase knowledge about resources
  - Signage with rules and regulations
- Internet connectivity in more rural areas

### ***Active Transportation, Walk/Bike/Wheel-Ability***

- Add bike racks around town
  - Summer lunch program location
- Sidewalks
  - Repair and add
- Add bike lanes
- More accessible trails
  - ADA

### ***Healthy Food and Physical Activity Policies and Programs***

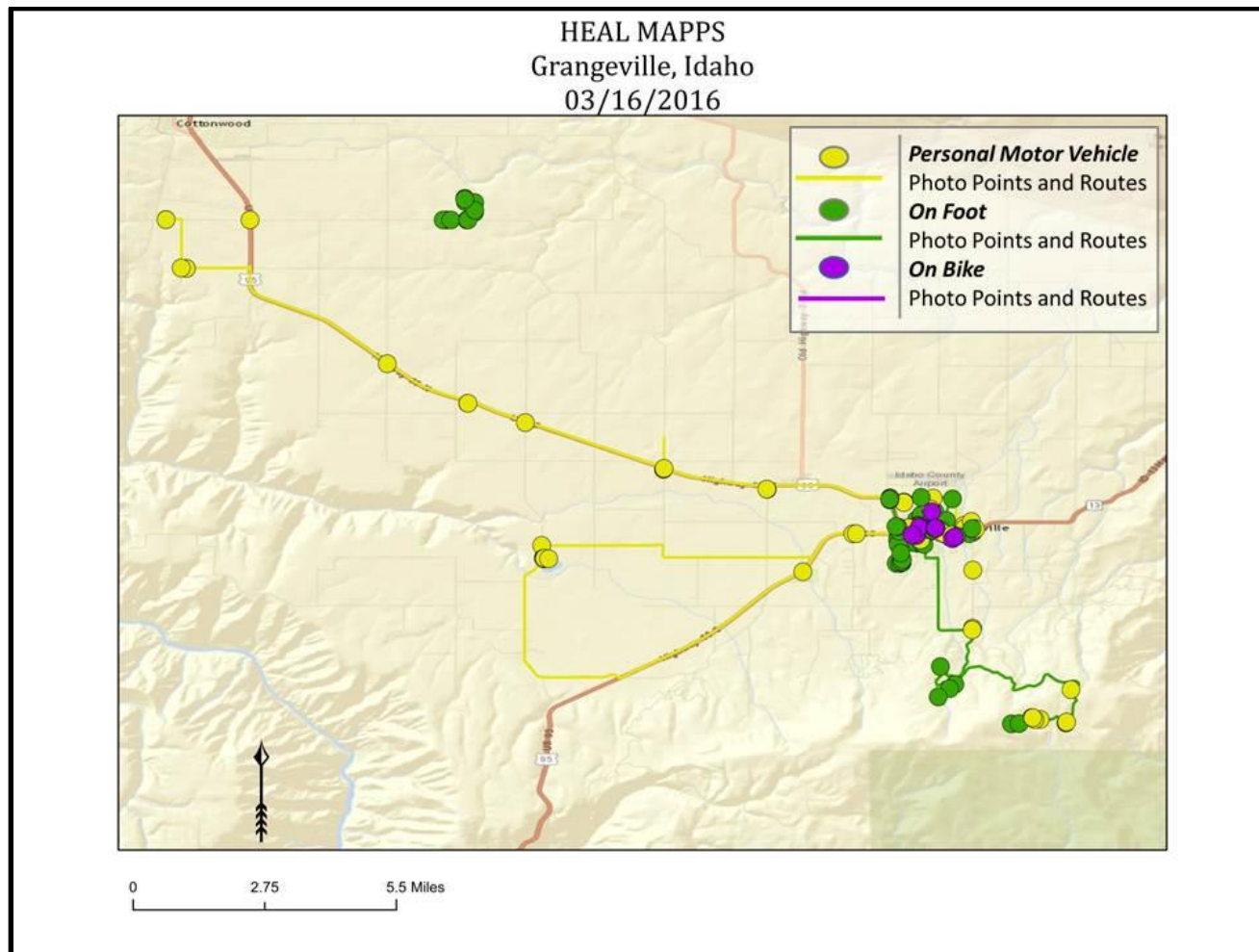
- Increase physical activity resources and access to them
  - Maintenance/repair
    - Tennis courts, playground equipment
  - Increase amenities at resources
    - Lights, benches, bathrooms
  - Recreation center needed
- Promote all recreation opportunities
  - Team and individual sports
- Education on whole foods preparation
- Create check out system for play equipment
  - Tennis balls/racquets, basketball, etc.
- Increase healthy convenience food items
  - Snacks, Grab & Go, etc.

***Multisector Partnerships and Shared Goals for Healthy Community Development***

- Actively increase community participation
  - Engage with elected officials and business owners
    - Offer opinions and requests for healthy food and physical activity resources

Figures 3 through 8 represent the routes navigated by local residents as they mapped the physical features of the Grangeville community using participatory photographic survey methods.

Figure 3. Represents all routes generated by the Grangeville community mappers.



**Figure 4.** Represents an example of a personal motorized vehicle (PMV) route and features encountered along the route that enable or hinder healthy eating and/or physical activity.

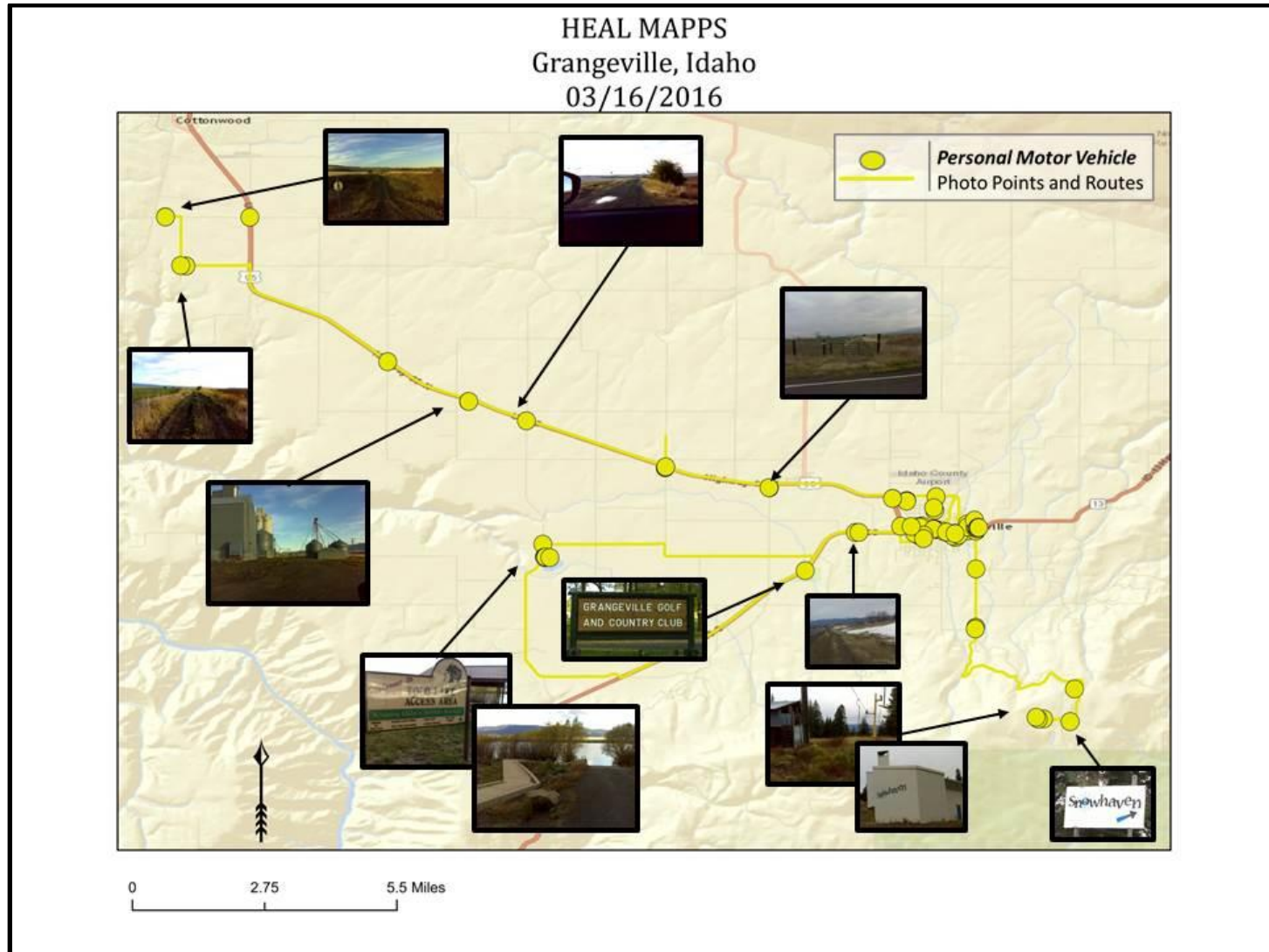
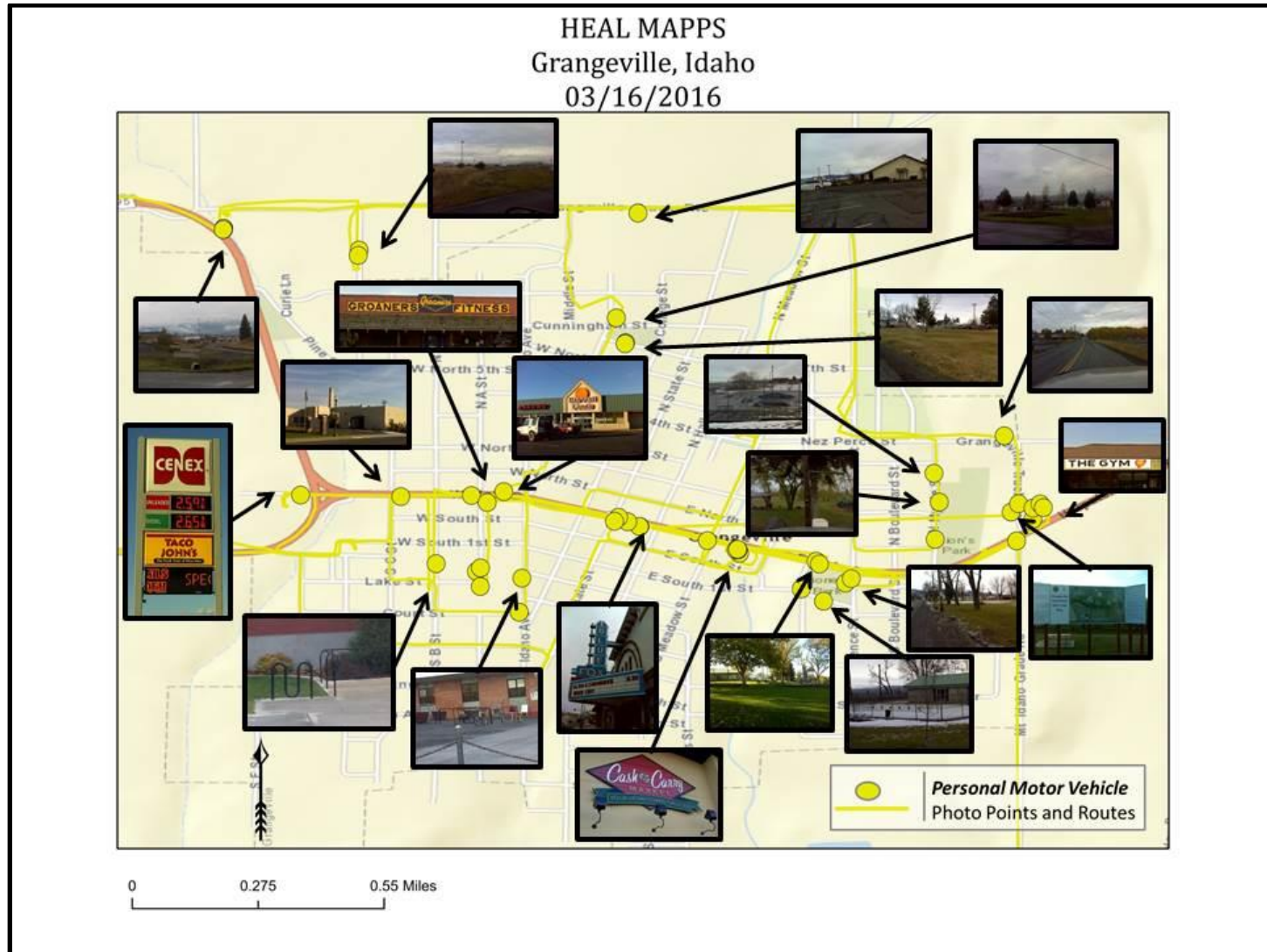




Figure 5. Is the PMV map zoomed in to show the routes and resources captured within city limits.





**Figure 6.** Represents a walking route and the features encountered along the route that enable or hinder healthy eating and/or physical activity.

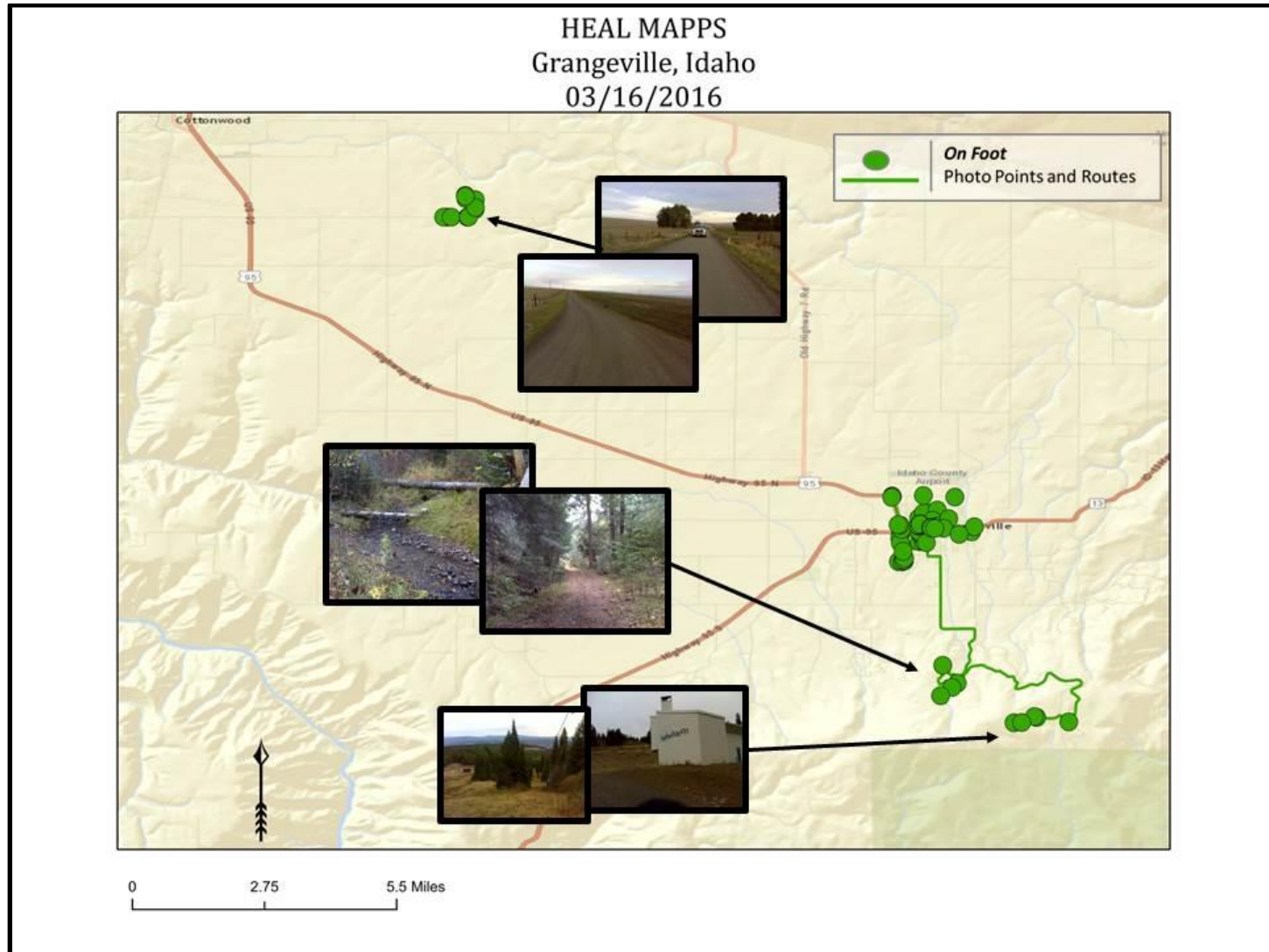
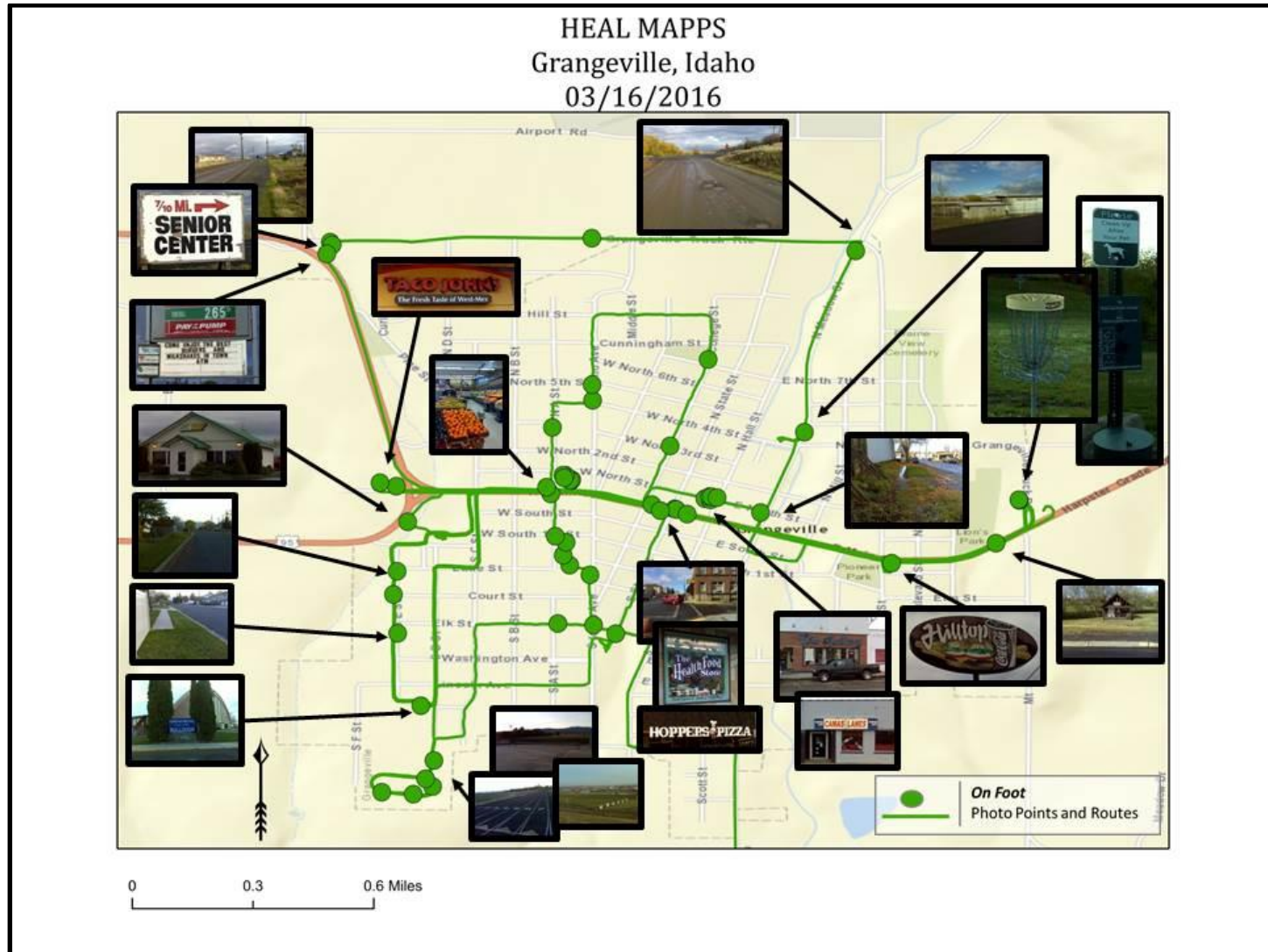
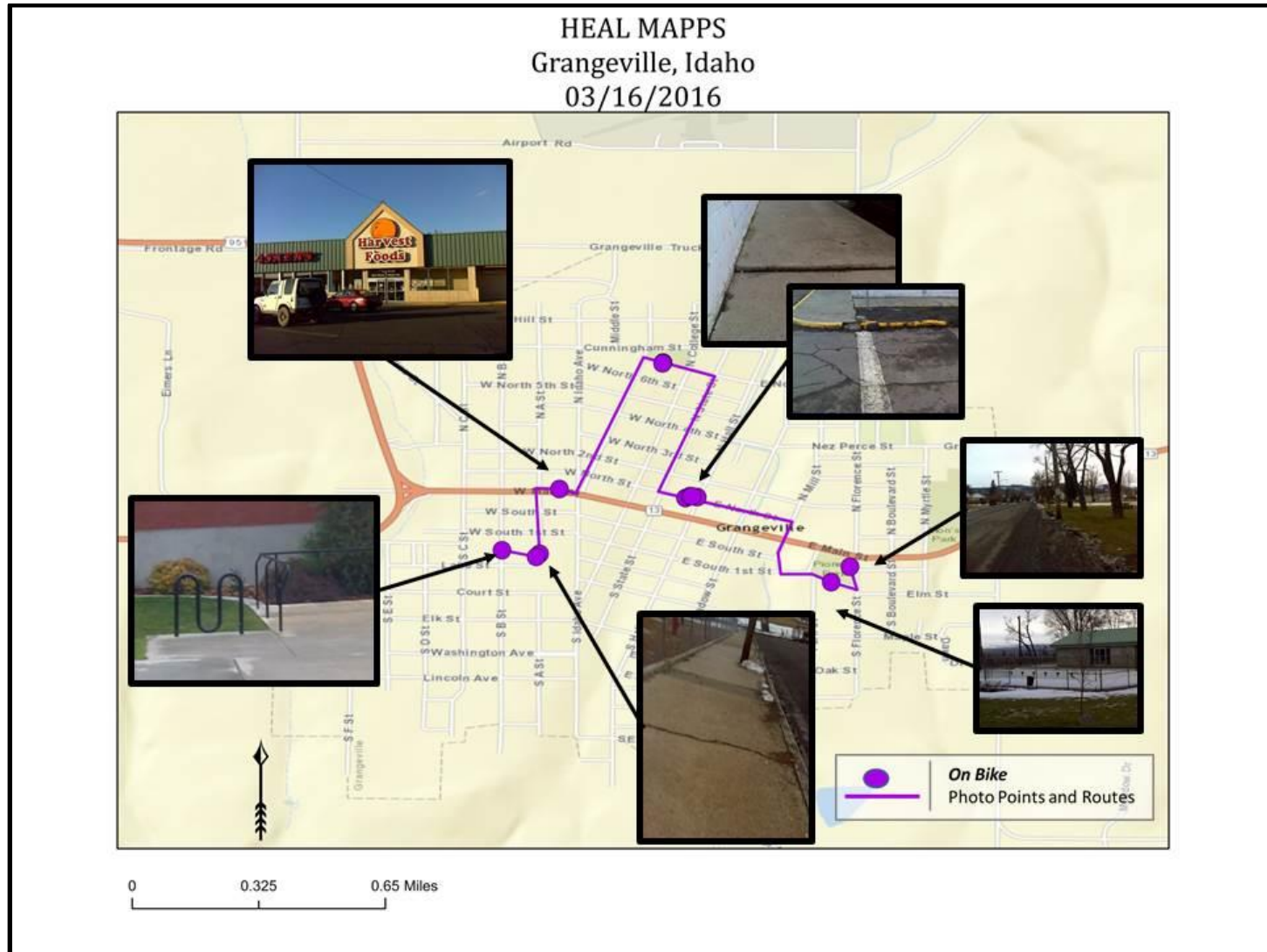


Figure 7. Shows the walking route map zoomed in to show features encountered along the route within city limits.



**Figure 8.** Represents a route created while biking and the features encountered along the route that enable or hinder healthy eating and/or physical activity.







## **Preston Community HEAL MAPPS™ Report**

Preston is a rural city located in Franklin County, Idaho, on the northern end of the Cache Valley. Approximately half of the Cache Valley is in Idaho and the other half is in Utah. Mountains and high hills – Including the Bear River Range of the Wasatch Mountains on the east and the Wellsville and Malad Ranges on the west – enclose the valley floor. The highest peaks reach elevations of 10,000 feet. The elevation of Preston at the valley floor is approximately 4,715 feet. The Bear River is the only major river flowing near Preston. It is the largest river in the United States that does not flow into the ocean; it empties into the Great Salt Lake.

In 1866, Latter-day Saint (LDS, or "Mormon") pioneers arrived in the northern end of the Cache Valley, stretching across southeastern Idaho and northeastern Utah. They founded a community in that location and named it Worm Creek, but later changed it to Preston. Preston was named after Preston, England, the center of early LDS proselytizing in the UK. It was not until the 1880s, while William C. Parkinson was serving as the bishop of the Preston LDS Ward that a regular town site was laid out.<sup>16</sup>

Located approximately 10 miles north of the Utah/Idaho border, Preston is classified as a commuter community. This means that it is a less populated community tied to a metro community (Logan, Utah which is 27 miles south) by a high level of commuting for employment, healthcare, commerce and higher education.

The 2013 population estimate for Preston was 5,168. The vast majority of Franklin County residents are Caucasian (90.6%). The remainder of the population consists of 7.5% Hispanic/Latino and 1.9% other ethnicities. In 2010, 10% of the population in Preston were under 5 years of age, 33.2% were under 18, and 15.2% were 65 years of age or older. There are slightly more females (50.5%) in Preston than males. In 2012, 90.7% of Preston residents age 25 or older had a high school diploma/equivalent or higher and 17.1% had obtained a bachelor's degree or higher. The per capita personal income in 2012 was \$19,378, which was 69.1% of the national average and 85.8% of the state average. The median household income for Preston residents in 2012 was \$45,781.<sup>17</sup> There is one school district in Preston (Preston School District) which has two high schools: Preston High School (9-12 grades) and Franklin County High School (an alternative high school), one junior high school: Preston Junior High School (6-8 grades), and two elementary schools: Oakwood Elementary (3-5 grades) and Pioneer Elementary (Kindergarten-2nd grades). Preston has one grocery store (Stokes Marketplace), five convenience stores, and 13 foodservice establishments. There are many recreational opportunities around the Preston area including hunting, fishing, boating, water skiing,

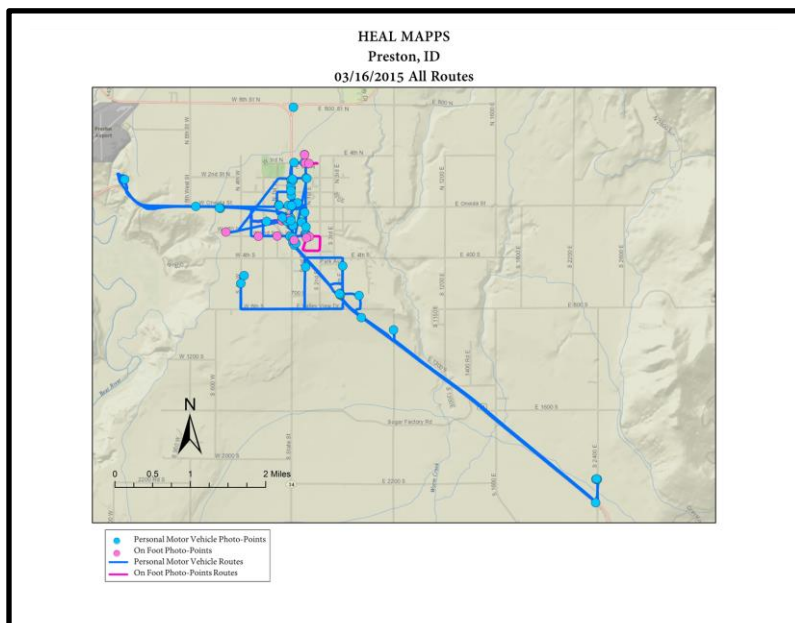
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<sup>16</sup> [http://en.wikipedia.org/wiki/Preston,\\_Idaho](http://en.wikipedia.org/wiki/Preston,_Idaho)

<sup>17</sup> <http://quickfacts.census.gov/qfd/states/16/1665260.html>



camping, hiking, swimming, golfing, snowmobiling, skiing, etc. There are three attractions in Preston: That Famous Preston Nights Rodeo (three nights of rodeo and parade in late July), Franklin County Fair (2<sup>nd</sup> week of August), and Festival of Lights (weekend after Thanksgiving).



**Generating Rural Options for Weight Healthy Kids and Communities (GROW HKC)** is a USDA-funded, participatory childhood obesity prevention study conducted by Oregon State University's Extension researchers in partnership with rural residents and communities. GROW HKC and the Preston community have partnered to map features of the local environment and discuss residents' perceptions of the community supports and

barriers to regularly eating healthy and being physically active, particularly for children and families. Community members were mobilized and trained to use HEAL MAPPS™ (Healthy Eating Active Living: Mapping Attributes using Participatory Photographic Surveys), our community resource and readiness tool, to assess community resources for and readiness to improve and implement healthy eating and physical activity supports – environmental and policy actions to make easier these obesity preventing behaviors.

HEAL MAPPS™ projects conducted in partnership with rural communities across several Western States (CO, ID, NM, NV, OR, WA) will provide evidence and insights that will drive the development of a rural obesity prevention model. The model will be used as a framework for rural community actions aimed to promote healthy eating and physical activity behaviors, environments, and policies to prevent overweight and obesity among children and families.

The problem of obesity in children is in the forefront of nationwide research efforts and there are documented physical and mental health outcomes associated with childhood obesity that contribute to lifelong chronic health problems which may disproportionately affect people living in rural places. Rural residency tends to increase the risk of overweight and obesity for children and adults; the prevalence of childhood overweight and obesity is higher among children living in rural areas. To date, most evidence-based strategies to combat the childhood obesity epidemic have been developed and tested in non-rural settings and target either individuals or environments. The overall goal of the GROW Healthy Kids and Communities (HKC)

project is to learn more about the factors influencing health behaviors in rural places in order to prevent obesity in rural children **by improving their behavioral environments – at home, in school, and in the community** – to make healthy eating and activity options their easy and preferred choice.

### **Relevance for Preston Community**

The 2011 Idaho Behavioral Risk Factor Surveillance System reports on the results of a statewide lifestyle survey according to the eight public health districts<sup>18</sup>. Franklin County is in District 6 along with Bannock, Bear Lake, Bingham, Butte, Caribou, Oneida, and Power counties. The District 6 adult health risk factor results reported 15.8% of the population having fair to poor general health, 13.3% having been told they had diabetes, 35.7% told they had high cholesterol, 32.8% told they had high blood pressure, 80.5% eating less than 5 servings of fruit and vegetables a day, 21.4% getting no leisure time physical activity, 69.5% being overweight, and 33.5% being obese. In addition, the State of Obesity in Idaho website<sup>3</sup> reports that 11.5% of 2-4 year olds, 10.6% of 10-17 year old, and 9.6% of high school students in Idaho were obese in 2013<sup>19</sup>.

Helping children develop healthy habits and providing healthy eating and activity supports to balance their energy intake with energy expenditure is an important aspect to maintaining healthy weight, preventing overweight and obesity, and minimizing chronic disease risk. Because obesity prevention among rural populations requires an understanding of the supports and barriers to healthy eating and active living within and among rural communities, we are pleased to provide this report of resources and readiness to prevent childhood obesity for the community of Preston.

### **Methods and Preliminary Results**

A HEAL MAPPS™ team (n=10) comprised of Preston community members with an interest in creating a healthier community volunteered and were trained to individually photograph and map the Preston community features that they perceived as either supports or barriers to eating healthy and being physically active most every day. Collectively, over 90 photographs were taken and mapped along 13 routes that represented the community's active (i.e. walking, bicycling, skateboarding, etc.) and motor vehicle transportation system. The 'mappers' covered approximately 30 linear road miles included within the 7 square miles of the city of Preston and

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<sup>18</sup>[http://www.healthandwelfare.idaho.gov/Portals/0/Users/074/54/1354/Idaho\\_BRFSS\\_Annual\\_Report\\_2011.pdf](http://www.healthandwelfare.idaho.gov/Portals/0/Users/074/54/1354/Idaho_BRFSS_Annual_Report_2011.pdf)

<sup>19</sup> <http://stateofobesity.org/states/id/>



included features in the surrounding unincorporated areas (see Figure 1).<sup>20</sup> The HEAL MAPPS™ team reconvened to discuss the photographs and maps during a focus group meeting. The most relevant 36 photographs, based on group consensus, were included in a presentation to provoke a larger community conversation. Over 15 Preston residents and stakeholders attended and participated in a community dinner and discussion held at the Franklin County Extension Office on March 26, 2015.

The community conversation was facilitated by a member of the GROW HKC team trained to conduct HEAL MAPPS™ processes. Following the community dinner, photographs were displayed, participants were polled as to whether the feature made eating healthy or being physically active easier or harder for themselves or others in the community, and discussed their thoughts and feelings that led to their ratings.

### **Community Readiness**

Communities differ in many ways including their readiness to take action on an issue and implement relevant programs. The level of community readiness is a major factor in determining whether a particular program can be effectively implemented and supported by a community. Assessing the level of readiness for obesity prevention efforts is thereby a critical component of obesity prevention program planning and evaluation.

The Community Readiness Assessment Model is a tool we used to gain an understanding of the Preston community's resources and readiness for obesity prevention efforts. The assessment is divided into six dimensions that influence a community's readiness to take action on an issue. The six dimensions are: community knowledge about the issue; community efforts; community knowledge of the efforts; local leadership; community climate; and local resources related to the issue. Questions representing each dimension were asked during the Preston Community Conversation and the participants shared their perception of Preston readiness and preparedness for change. Each dimension was then scored by two independent evaluators and combined to identify the overall stage of readiness.

Several Preston community organizations, such as the Hospital, the LDS church, local businesses, and the school board emerged as supports for healthy eating and physical activity. A newly created community garden and the well-stocked local grocery store, as well as health promotion and engagement programs like the health fair emerged as supports for healthy eating. Community members cited Preston's parks and community play areas as well as local gyms and a variety of community events –for example the bed race –as supports for being physically active. Participants also mentioned that they see the natural beauty and rural nature

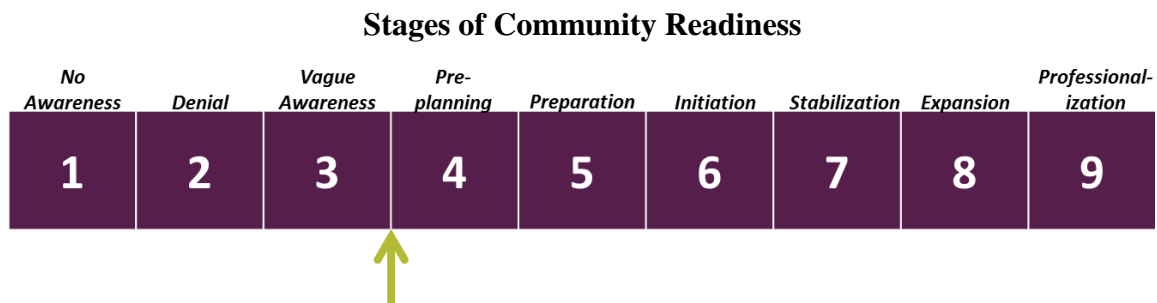
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<sup>20</sup> The 'mappers' individually determined the community boundaries as within the city and unincorporated land approximately served by the Preston school district

of their community as a support for being physically active. These community organizations and food and physical activity resources and contributed positively to the community readiness score given to the community.

Barriers to healthy eating and physical activity include a lack of active transportation supports (sidewalks, bike lanes, and traffic calming features), as well as a lack of locations to buy healthy foods and the distance community members need to travel in order to procure healthy food or physical activity supports. A consistent theme that emerged during the community conversation was the lack of a centralized way to disseminate information about events or programs. Participants agreed that Preston has a number of food and physical activity supports, but that this lack of communication makes it more difficult for some community members to access these resources. These barriers contributed negatively to the community readiness score given to the community.

Preston’s stage of readiness to implement environmental and policy strategies to prevent obesity falls somewhere between stage 3 (vague awareness) and stage 4 (preplanning) as indicated by the arrow on the Stages of Readiness graph.



Based on the Community Readiness Assessment Model, community efforts should focus on:

- 1) Raise awareness that the community can do something about the problem by improving communications and increasing local messaging about successful efforts.
- 2) Provide suggestions on where and how efforts should be focused based on resident input and identified barriers. Present information at local community events and to unrelated groups; launch a media campaign - post flyers, posters, and billboards. Begin to initiate events and present information on the issue. Work with GROW Healthy Kids and Communities team to gather more information from other community members, publish newspaper articles and editorials with general information related to the local situation.
- 3) Gather and utilize existing information about childhood obesity, the food environment, and physical activity resources in order to plan strategies aimed at improving resource availability, accessibility, and affordability.

4) Raise awareness that efforts to address childhood obesity are happening in Preston

5) Start planning how to evaluate the successes of your efforts. Conduct height-weight assessments among youth; sponsor a community picnic or fun-run to kick off the effort; conduct public forums to develop strategies from the grassroots level; utilize key leaders and influential people to speak to groups and participate in local radio and television. Begin to plan for evaluation of your efforts. Build and communicate Preston's capacity to change – *Our Community can GROW Healthy Kids*.

For more information about the Community Readiness Model, stages of community readiness, and stage-based strategies to increase community readiness to address health issues visit:

<http://www.colostate.edu/Dept/TEC/article3.htm>.

## Summary of Results based on Preston Community Conversation

### *Physical Activity (26 references)*

#### Supports – 14 references

- Roads are nice and long for cycling
- Lots of farms for kids to work on and be active
- Parks and play areas
  - Skate park
  - Tennis courts
  - Ball fields
  - Rec leagues
  - Close to trails for hiking
- Community Garden
- Community engaged in supporting PA
  - Volunteers for Garden and parks
- Local business support PA activities (little league)
- Some nice sidewalks
- Gyms
  - Free programs at local gyms for seniors
- Natural beauty and rurality of the area is a support for physical activity for some
  - Not a lot of traffic
  - Small community easy to walk from place to place
- Some traffic calming and safety devices for walking/biking
- Community events, programs, and activities
  - Community Bed race
  - Health fair
  - 3 K/fun runs
  - Biathlon
  - Unplugged program
  - Rec program
  - Fit and fall proof
  - Silver sneakers
  - Low income family wellness education
- Local LDS Churches
  - Gym access
  - Health and wellness code
  - Meeting spaces
  - Exercise groups

- Schools
  - Play areas/education

### Barriers – 12 references

- Cost is a barrier for some
- Weather a barrier for outdoor PA at certain times of the year
- Access to Indoor facilities
  - Lack of indoor recreation space
  - Scheduling for use of space
- Lack of centralized place to get information on events/programs
- Community support for physical activity
  - Community doesn't always support the resources they have
  - Funding for physical activity supports
    - Community funding by raising taxes not well supported
- Because community is so remote, long distances to get resources
  - Grocery Store
  - Gyms
- Few active transportation supports
  - Few sidewalks or sidewalks are old/not well maintained
  - Few bike or walking paths
  - Few shoulders
- Kids not interested in working on farms
- Personal motivation to take knowledge of physical activity and act on it.
- Lack of handicapped supports at parks
- Free running dogs

### ***Healthy Eating (22 references)***

#### Supports – 12 references

- Grocery Store
  - Great quality produce (Organic)
  - Great produce deals
- Community Garden
- Community engagement and support for healthy eating supports
- Some healthy options at local restaurants and convenience stores
- Local farms
- Health promotion and education programs and events

- “Got Health”
- Programs for low income families
- Health Fair
- Extension programs
  - 4H, cooking, gardening classes
- Food assistance
  - Food drive
  - Food bank
- Community organizations
  - Hospital
  - Service organizations
  - Schools/school board
    - Food program
    - HE Education
  - Health Dept.
    - SNAP/WIC
  - Senior center
    - Community meals
  - Local churches
    - Health and wellness programs

#### Barriers – 10 references

- Lack of places to purchase fresh fruits and veggies (only 1 grocery store)
- Remoteness of area means it’s very far to drive to get anywhere
- Lack of information about available healthy eating supports
- Weather is sometimes a barrier to growing vegetables
- Easy access to unhealthy food choices via fast food or convenience stores
- There is a lack of personal motivation to take knowledge of healthy eating and act on it.
- Cost of purchasing healthier food
- Lack of healthy options at restaurants and convenience stores
- There is a lack of demand for healthier options, which is why they are not sold at stores
- Unhealthy options more tempting

#### **Resident-Informed Recommendations for Community Change**

The following recommendations emerged from the data generated during the **Preston** community conversation and represent those of the **Preston** community members who shared their ideas during the facilitated discussion of the photographed community features. These

recommendations do not represent those of the GROW Healthy Kids and Communities project members or Oregon State University.

**Make healthy eating the easy and preferred choice**

*Move donuts away from produce in the grocery store*

*Serve healthier snack at local events*

*Offer healthy options at local restaurants and convenience stores*

**Structural Changes**

*Add shoulders to roads to make them safer for riding bikes and walking*

*Need better sidewalks*

*Add handicapped access to parks (ramps and paved pathways)*

*Fenced in Dog Park, or increase in doggie waste supports (poop bags, trash stations)*

**Information**

*Work toward better information dissemination (community posts, websites, etc.)*

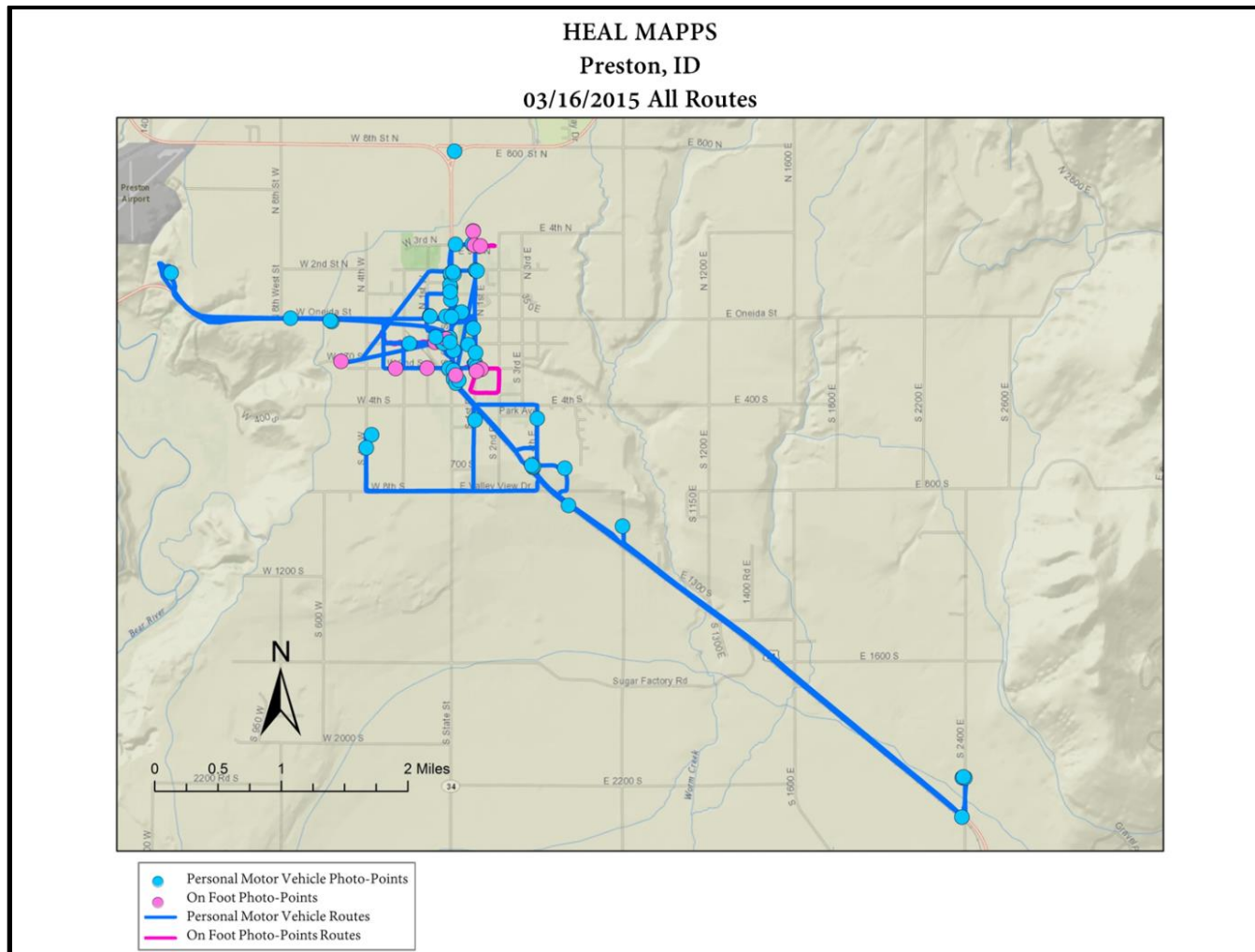
*Make a tour: “Ways to be active in Preston” or “Things to do...”*

**Community Engagement**

*Get more youth involved (like 4H)*

Figures 1 through 4 represent the routes navigated by local residents as they mapped the physical features of the Preston community using participatory photographic survey methods.

Figure 1. Represents all routes generated by the Preston community mappers.





**Figure 2.** Represents an example of the routes generated while using a personal motorized vehicle, and the barriers and supports encountered.

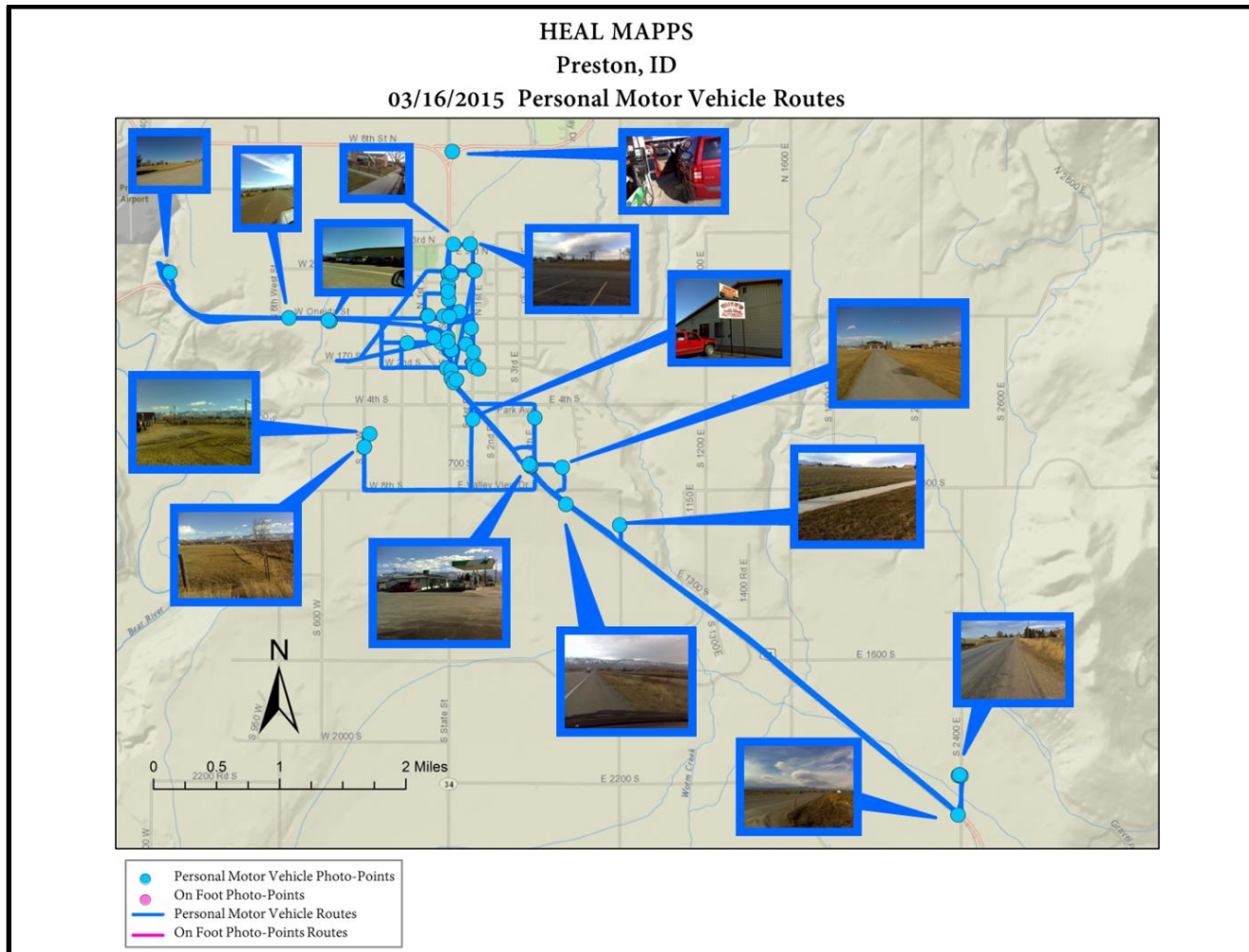
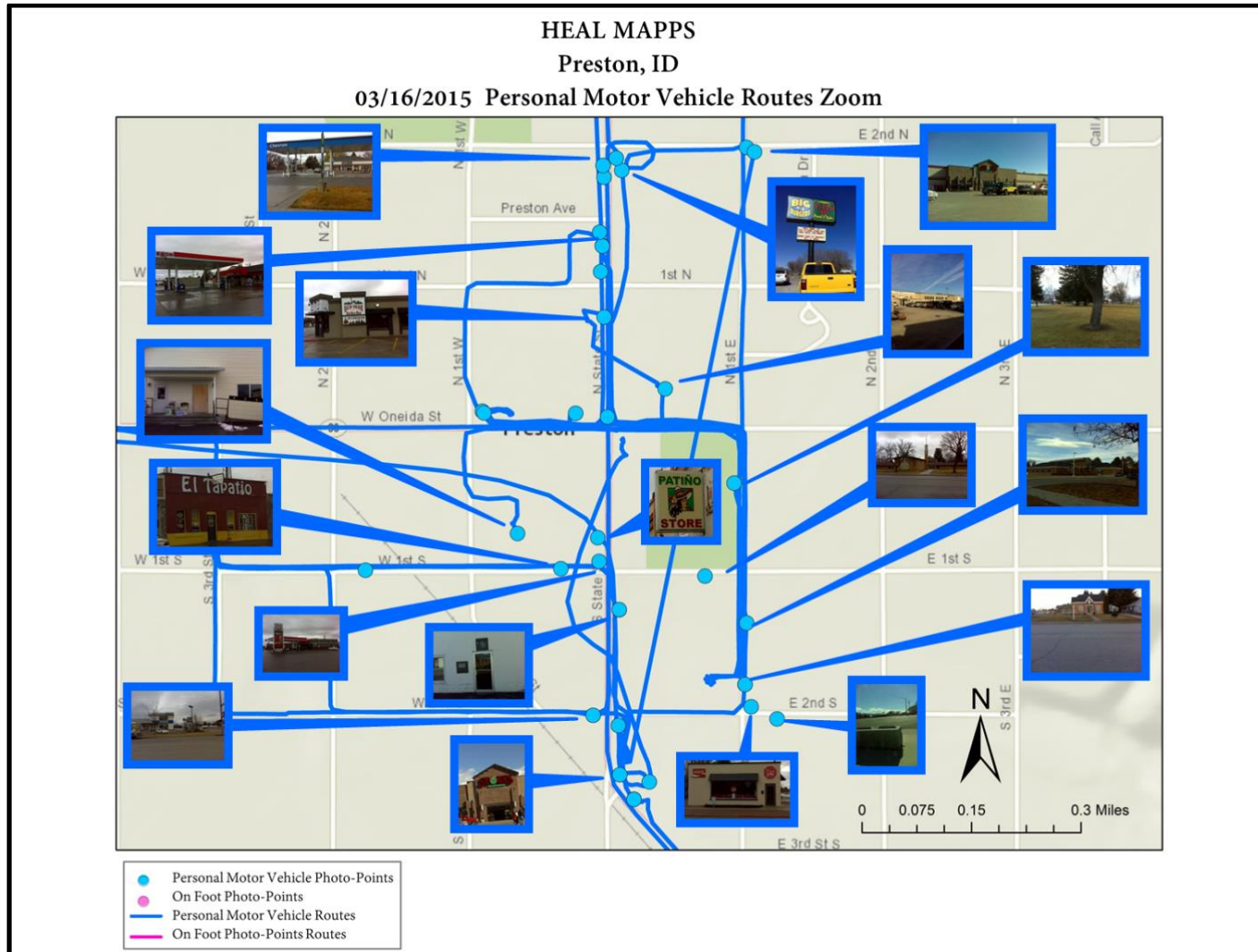


Figure 3. Represents a zoom in of personal motor vehicle routes and the barriers and supports encountered.



**Figure 4.** Represents an on foot route and the barriers and supports encountered.

