



# Getting to the Roots of Healthy Living

*The Experience of the Community Clinics Initiative's Networking for Community Health Projects*

PREPARED FOR:

Community Clinics Initiative  
A project of Tides and The California Endowment

PREPARED BY:

Kim Ammann Howard  
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# Preface

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## **ABOUT BTW *informing change***

At BTW *informing change* (BTW) we are driven by our purpose of informing change in the nonprofit and philanthropic sectors. We partner with our clients to improve their effectiveness and build a culture of learning and continuous improvement. We produce high quality, easy-to-understand products that present useful information designed to be readily applied to practice. Our information-based services include:

- Evaluation;
- Organizational Effectiveness;
- Applied Research; and
- Integrated Learning.

To find out more about BTW or this report, please contact Kim Ammann Howard at [kahoward@btw.informingchange.com](mailto:kahoward@btw.informingchange.com) or visit [www.btw.informingchange.com](http://www.btw.informingchange.com).

## **ABOUT THE COMMUNITY CLINICS INITIATIVE**

The Community Clinics Initiative (CCI), a joint project of Tides and The California Endowment, began in 1999 as a one-time grantmaking program and has since grown into a \$113 million initiative to enhance the capacity of California community health centers to provide high quality health care for underserved populations. Through programs and grants in technology, capacity building, leadership and networking, CCI ensures that community health centers remain vital partners in building healthier communities.

To find out more about CCI or the Networking for Community Health program, contact Jane Stafford, CCI Managing Director, at [jstafford@tides.org](mailto:jstafford@tides.org) or visit [www.communityclinics.org](http://www.communityclinics.org).

*Cover photo credited to Lani Cupchoy, Pinkjade Creations.*

## INTRODUCTION

It is natural to think of a community health center as a place to go when needing medical treatment or a regular check-up with the doctor, but it often is not thought of as a place for picking up fresh produce or taking an exercise class. As chronic diseases and unhealthy environments abound, as the definitions of health and healthy behaviors continue to expand, and as the health care landscape changes, the way health providers engage and serve their local communities is changing as well.

The Community Clinics Initiative's (CCI) Networking for Community Health (NCH) program is supporting new and different ways of promoting health and well-being, particularly among vulnerable populations in California. NCH grants encourage community health centers to work beyond the boundaries of their four walls, within a network of organizations, to bring about real and sustainable community health improvements. This brief—one in a series exploring different strategies utilized by NCH grantees—focuses on 10 community health centers that are promoting healthy living in underserved communities throughout California.<sup>2,3</sup>

### THE NETWORKING FOR COMMUNITY HEALTH PROGRAM

The Networking for Community Health program supports community health centers' networking efforts with other organizations (e.g., social service agencies, schools, neighborhood associations) to improve community health.<sup>1</sup> Building on community health centers' expertise in providing clinical care and their long-standing connections to the communities they serve, the NCH program helps them tap into external knowledge and resources, build and strengthen connections with local residents and empower communities to take action for better health.

**These NCH grantees are focused on “getting to the roots” of health problems in their communities by identifying and addressing upstream causes of ill health and focusing on prevention.**

In this brief we examine the NCH projects' partnerships, strategies and impacts and include two short profiles of NCH projects. We also present key lessons learned for consideration by other funders or organizations interested in pursuing similar efforts.

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<sup>1</sup> Since 2008, CCI has invested over \$10 million in NCH grant funding to a total of 39 community health centers in California and has provided a range of additional support such as a learning community and technical assistance for grantees. CCI launched the first two-year NCH cohort in 2008 and the second in 2010. Five of the ten grantees examined for this brief received grants in both cohorts. All of the second-cohort grants were still in progress at the time BTW produced this brief.

<sup>2</sup> The previous two briefs, [“The Bridging Role of Community Health Promoters”](#) and [“Harnessing the Power of Youth.”](#) focused on NCH grantees that engaged community health promoters and youth to improve community health. A report about the first two years of the NCH program, “Building Capacity to Promote Community Health,” is also available at <http://btw.informingchange.com/ideas/publications>.

<sup>3</sup> BTW collected and analyzed the following data for this brief: 9 grantee surveys; 13 interviews with project staff; 3 focus groups, including a total of 15 youth participating in NCH projects, 8 parents of youth participants and 2 project directors; 2 site visits; 10 grant proposals and progress reports; and external publications and resources.

## WHY FOCUS ON “GETTING TO THE ROOTS?”

The fact that more than 60% of California’s population is considered overweight or obese and almost a quarter are identified as physically inactive amplifies the need to promote healthy living. This is especially true in underserved communities where health needs tend to be the greatest and a focus on prevention is more critical than ever.<sup>4,5</sup> NCH grantees are located in communities throughout California that differ in terms of population size, geographic terrain and demographics; however, all face a common problem: poor health outcomes among their community members (Exhibit 1).

While community health centers and other health care providers have traditionally offered essential services for treating health conditions and educating individuals, the need to support more expansive community health approaches continues to grow. Prevention efforts that hone in on the causes of poor health, such as environmental and behavioral factors are becoming more critical to make meaningful improvements in health. The NCH projects focus on identifying and addressing some of the causes that lead to medical conditions in the first place. For example, many NCH grantees designed their projects to support physical activity among individuals; improve the availability, accessibility and affordability of healthy food; and increase individuals’ knowledge about the link between nutrition, physical activity and chronic illnesses.

Exhibit 1  
Location of the Ten “Getting to the Roots” NCH Projects



## A USEFUL FRAMEWORK FOR INTERPRETING NCH “GETTING TO THE ROOTS” PROJECTS

The Prevention Institute’s “Taking Two Steps to Prevention” framework lays out a pathway for thinking about the root causes of poor health outcomes. As shown in the graphic below, the first step moves from treating medical conditions and addressing poor health outcomes like diabetes, obesity or cardiovascular disease, to identifying behaviors that lead to these conditions (e.g., eating unhealthy foods, lack of exercise). Once behaviors are identified, it is important to take another step on the pathway to look at the environment in which individuals live to identify root causes (e.g., lack of access to affordable healthy food, no safe spaces to exercise) that contribute to certain behaviors and ultimately poor health outcomes.



Source: Adapted from Prevention Institute.

Prevention Institute. Taking two steps to prevention. Retrieved from <http://www.preventioninstitute.org/about-us/our-approach/taking-two-steps-to-prevention.html>

<sup>4</sup> Robert Wood Johnson Foundation. (2011, July). F as in fat: how obesity threatens America’s future. Retrieved from <http://healthyamericans.org/reports/obesity2011/Obesity2011Report.pdf>

<sup>5</sup> Center for Civic Partnerships. (2002). Fresh ideas for community nutrition and physical activity. Retrieved from <http://www.phi.org/pdf-library/ccpfreshideas.pdf>

## KEY STRATEGIES TO PROMOTE COMMUNITY HEALTH

The NCH projects incorporate a variety of activities to improve environments and behaviors that will promote healthy living in their communities. Some projects provide resources and hands-on learning opportunities to help community members take ownership of their own health behaviors, while other projects focus on addressing environmental barriers to healthy living; some projects do both. NCH projects commonly focus on one or more of the following strategies:

- **Providing health education.** Most NCH projects offer health education on a variety of topics, such as how to prepare nutritious foods, maintain a garden and manage chronic diseases. These health messages are delivered in both formal and informal ways. For example, some community members learn how to prepare vegetables in a cooking class. Other projects have community advocates or staff who discuss health topics with individuals while working in the garden. Several projects produce creative health resources for community members (e.g., a gardening kit that includes seeds and a how-to guide; a cookbook that includes healthy recipes from different cultural groups in the community).
- **Developing community gardens or farmers markets.** Several NCH projects include community gardens—often in non-conventional venues (e.g., schools, community health centers, senior centers)—to promote healthy eating among youth, patients and other community members. Other projects institute or participate in community farmers markets that provide access to fresh produce and promote sustainable food production practices. The “Taking a Closer Look” section on the next page provides a description of two projects that are developing community gardens.
- **Conducting physical activity classes.** Some NCH projects offer classes such as yoga, tai chi and Latin dance classes or convene walking groups. These activities take place in safe spaces that are conducive to community building, such as community centers, outdoor areas or in the community health center. For example, one NCH project encouraged a group of community members to start their own exercise group that meets to walk every weekday morning.

*“Our [NCH project] allows the clinic to devote resources to working outside of the exam room on community health issues.”*

—Project Staff

Changing environments, behaviors and norms is a daunting task and community health centers cannot solve these issues alone, which is why developing networks and partnerships with others in the community is essential for each NCH project. Community health centers bring a number of strengths to the projects, including extensive health expertise, valuable resources (e.g., mobile health vans, nutritionists, health education materials), access to NCH grant supports and longstanding connections to community members. To further boost their ability to affect change, NCH projects partner with a variety of types of individuals and organizations that bring their own strengths, including:

*“Our community health center has to work together with other organizations when building healthy communities. We can’t do it alone.”*

—Project Staff

- **Community-based organizations** that provide forums for reaching community members (e.g., hosting health education sessions or trainings) and staff members who provide specific expertise to the projects (e.g., gardening, nutrition, youth physical fitness).



- **Local schools** that often allocate space to establish school gardens where youth can take responsibility for creating and maintaining the gardens and learn about healthy living.
- **City agencies** that offer assistance and support to projects as they navigate their way through land use regulations (e.g., permits, zoning) when establishing community gardens or farmers markets and often share resources for the project (e.g., land, funding).
- **Food banks** that help deliver nutritious food to others in the community who may not be directly involved in the project.
- **Community members** who volunteer their time to the projects and often become well-respected health advocates and liaisons within their communities.

## TAKING A CLOSER LOOK

Below we take a closer look at two NCH projects aimed at “getting to the roots” of their community health issues. The first example focuses on Open Door Community Health Centers’ NCH project and the second focuses on the experience of Family Health Care Centers of Greater Los Angeles.

### Opening the Door to Community Health

On May 21, 2011, more than 75 volunteers gathered on an acre of unused land next to the Open Door Community Health Centers (Open Door) Del Norte site. Carrying their own hammers and shovels and other tools donated from a nearby hardware store, the volunteers were eager to assemble the lumber prepared by the local high school’s woodshop class. This “Build Day” brought residents of Del Norte County together to begin transforming the vacant lot full of weeds and gravel into lush community gardens, a safe children’s playground, a convening area to deliver health education and an exercise trail around the community health center.

Del Norte County, in the far northwest corner of California, is a rural enclave with massive redwood forests and mountainous coastal terrain. Although the majestic landscape is ripe for recreation and exercise, many community members do not participate in outdoor activities due to poor health and perceptions about the accessibility of these activities. Most residents also struggle economically—Del Norte has the lowest per capita income among all California counties—which makes it difficult for many community members to purchase healthy food or otherwise pursue healthy lifestyles. Open Door staff have long envisioned creating a center for community health that would not only offer traditional primary care services, but also provide opportunities for community members to eat affordable, healthy food, exercise safely outdoors and learn about nutrition. In 2010, funding from CCI’s NCH program brought this vision to life.

The land transformation project builds on existing relationships between Open Door’s Del Norte site; the Community Assistance Network (CAN), a local nonprofit human services organization with deep expertise in community gardening; and the Del Norte Healthcare District, which owns the vacant plots of land. Angela Glore, Director of Food Programs and Community Gardens at CAN notes, “Our organization has worked on food security issues in the community for a long time. This project builds on our community connections and community gardening expertise.” With strong partnerships in place and a common goal to encourage healthy living, the partnership between the three organizations flourished.

*“You can plan events to prompt community cohesion, but you can’t force it. It’s meaningful to know that together with our many project partners we intentionally laid the groundwork for community cohesion and we are already exceeding our expectations.”*

—Project Staff

After the initial “Build Day” and subsequent events, volunteers constructed a total of 42 garden beds and a greenhouse to grow seedlings and hot-weather crops. Open Door staff, patients and community members share responsibility for maintaining the gardens. Conner Caldwell, a long-time resident of Del Norte County and CAN AmeriCorps member, reflects on the volunteer day he organized, “The success of ‘Build Day’ sparked great enthusiasm among community members and colored the mood for the rest of the project.”

“The project has changed the culture of the organization,” notes Hilda Yepes Contreras, Site Administrator at Open Door’s Del Norte site. It has prompted Open Door staff to try new strategies, such as prescribing gardening, to encourage patients’ healthy behaviors as an essential part of their care plan. For example, Jesse Vos, a Physician Assistant who also tends a garden bed notes, “I keep information about the gardens right next to my prescription pad. I identify appropriate patients and hand them a copy of the gardening flyer.” Once construction on the children’s playground and walking trails is complete, patients will be able to use these amenities while they wait for their clinic appointments. Clinic staff members are excited to use beepers to notify patients exercising outside that clinicians are ready to see them.

Employing non-conventional strategies in the community health center environment makes for a more stimulating health care experience for both the providers and patients. Open Door is creating a model that promotes wellness and healthy living and generates greater excitement and enthusiasm around health. The project has already yielded tangible health benefits, notes Dr. Katrina Groves-Rehwaldt: “I am excited that this project gets patients outdoors where they learn to grow things, eat healthy foods and develop self-sufficiency skills. I’m convinced that these activities also help with mental health issues, such as depression and anxiety. Patients gain a sense of accomplishment, meet new people, learn to work together and contribute to the community as a whole.”

## Gardening in Bell Gardens

Gardens brimming with chard, pineapple, avocado and broccoli bask in the sun, while middle school students carefully tend to the produce. The scents of basil, mint and rosemary fill the air. Each plant is meticulously labeled with its name, common uses, medicinal qualities, nutritional value and history. This garden is one part of a larger strategy to increase the availability of affordable, healthy food in the city of Bell Gardens in Los Angeles County.

Residents of Bell Gardens face disproportionately high rates of diabetes and obesity, and many rely on community health centers for their care. After years of helping community members manage their chronic diseases, staff at Family Health Care Centers of Greater Los Angeles (FHCCGLA) knew they needed a new approach—one that was collaborative, concerted and preventive. With a grant from CCI’s NCH program in 2008, FHCCGLA launched the Campaign for a Healthier Bell Gardens (the Campaign).

A shift from its traditional role as a health services provider, FHCCGLA plays the role of convener and connector for the multi-stakeholder Campaign, bringing together diverse organizations including city agencies, businesses, local schools and community health centers. These partners differ in mission and purpose, but share a common goal: to create a healthier community in which the opportunity for the highest quality of life exists for every community member.

When the Bell Gardens Intermediate School Environmental Garden Club joined the Campaign a few years later, the club’s 18-year-old school gardening program served as a model for addressing two key issues that contribute to the city’s high rates of diabetes and obesity—the lack of affordable healthy food and nutrition education. Eva

### AVAILABILITY OF FRESH PRODUCE

The Campaign for a Healthier Bell Garden’s first order of business was to conduct an assessment of the city’s food environment. For a population of over 42,000 people in a 2.4-square-mile radius, they recorded 141 fast food restaurants or convenience stores, and only 3 grocery stores selling fresh produce.



Cupchoy and John Garza, the green-thumbed Program Directors at Bell Gardens Intermediate School who lead this school-based model, organize students in a club where they learn about growing fruits and vegetables, nutrition, environmental preservation and physical fitness. The club also establishes garden plots on school grounds where the students plant, cultivate and harvest produce. Students have opportunities to host school “mini-markets” where they learn entrepreneurial skills as they sell produce to peers, teachers and parents. The Campaign, with funding from CCI and with the help of the Program Directors, has expanded this model to four other schools in Bell Gardens and the neighboring city of Montebello; the Campaign is currently working on further expansion.

The Bell Gardens Intermediate School Environmental Garden Club also holds a community-wide farmers market every three months on the school’s soccer field. Students from all five of the city’s garden clubs come together to sell their excess produce. Eva Cupchoy and John Garza hold healthy cooking demonstrations, and anyone from the community is invited to sell their products at the market as long as they are healthy and nutritious. FHCCGLA brings a mobile medical unit to the market to provide preventive health screenings and resources, while other community partners set up booths to provide health education. Lani Cupchoy, FHCCGLA’s Program Coordinator notes, “The garden movement has improved the clinic’s visibility within the community, and residents are now making connections between nutritious food and their health.”

***“[The NCH project] is teaching me about health. I pass information down to my friends and family, and they’ll pass it down to their friends and it’ll keep being passed down so more people can be healthy.”***

—Project Participant

In addition to seeing striking changes in students’ eating habits and nutrition knowledge, both parents and teachers notice marked changes in their behaviors. For example, students are learning to be more responsible, express confidence and work collaboratively with others. One student remarks, “The market is not only teaching people how to eat right, it is also teaching me how to not be shy. We’re learning how to talk to other people more.” Finally, the students are realizing that they can be change agents in their own communities. As they learn about healthy eating, they eagerly pass on fun facts, nutrition information, healthy cooking tips and recipes to their families, neighbors and peers. Just as the Campaign helps FHCCGLA reach outside of the clinic’s walls, the impacts of this work extend beyond the garden plots into the students’ lives, their homes and the broader community.

## SIGNS OF PROGRESS

Whether the NCH projects emphasize gardening skills, healthy cooking, improving physical environments, or increasing physical activity, these projects have positive impacts on the lives of community members. Some projects have been successful in addressing environmental factors in the community that are likely to be sustained beyond the duration of the NCH projects, while other projects focus more on providing individuals with the tools and knowledge to take their health into their own hands. The level of support from the NCH program and other sources varies among grantees, as do the initial starting points for their projects. These differences contribute to varying degrees of progress realized by each NCH project. Community members and community health center staff report the key ways they have been impacted from their NCH experiences to date.

- **Enhanced knowledge of and engagement in healthy behaviors.** Many project participants are bringing the knowledge, skills and lessons they are learning from NCH project activities back to their homes (e.g., better eating choices, outdoor activity), which positively influences their own behaviors as well as those among their family and friends. For example, one NCH project prompted community members to create their own backyard gardens.
- **Greater community involvement and leadership.** Through the NCH projects, community members are volunteering and actively engaging in community improvement projects (e.g., building community garden beds, assisting students with gardening, creating garden clubs). For example, one NCH project engaged four community members in leadership roles as community health promoters to teach weekly exercise and nutrition classes to more than one hundred community members.
- **Increased dialogue and connections.** NCH projects provide safe gathering spaces and group activities (e.g., farmers markets, community gardens, exercise classes) for shared learning experiences, discussions about health topics and increased interactions among community members. For example, one NCH project holds nutrition and crafting classes where youth and seniors work and interact together. Another project holds classes in their community garden where patients with similar chronic conditions (e.g., diabetes, hypertension) meet to discuss their disease management challenges and successes.
- **Improved physical environments.** Some NCH project activities directly enhance the built environment. For example, one NCH project is revitalizing the city center to make it more accessible for pedestrians, cyclists and healthy food retailers (e.g., constructing a crosswalk in a dangerous intersection, establishing walking paths). Other projects contribute to the beautification of the environment as a welcomed by-product of their work (e.g., converting abandoned space into working community gardens).

*“We monitor the weight and glucose levels of the adults in our nutrition group and we have had a number of them go off their medications because of their controlled diets.”*

—Project Staff

**Overall, the NCH projects have expanded community health centers’ capacity to address community health issues.** Several project staff note that the NCH program has provided them with greater latitude to be creative and

*“It took this project to make us look at the culture of our clinic and think about how we take care of ourselves as far as health and nutrition.”*

—Project Staff

think outside of traditional health engagement measures when serving their communities, such as using photography to assess conditions in the community. Many projects have also broadened the clinics’ reach beyond their regular population (e.g., youth in the community). Projects also impact staff and their own approach to healthy living. For example, NCH projects have prompted staff to sign up for garden plots of their own and participate in exercise classes. One community health center has even started a new employee wellness committee to develop a formal program that will encourage staff to live healthier lives.

## LESSONS LEARNED FOR OTHERS PURSUING SIMILAR EFFORTS

As the NCH grantees and their partners have implemented their projects, they have identified key learnings that could benefit other funders or organizations interested in pursuing similar efforts. While many lessons apply to a broad range of collaborative community health projects (see box), we highlight a few considerations that seem particularly important for projects that promote healthy behaviors and environments.

- **Create fun and sociable activities that are also informative and productive.** To motivate people to invest time in their health, design project activities that are fun and interactive. For example, host a cooking class, hold a community barbeque to grill garden vegetables, encourage friendly competition (e.g., an award for most miles walked, a “biggest loser” weight-loss contest) or combine health education with other activities of interest (e.g., arts and crafts, community history).
- **Empower the community.** Identify well-known and influential people in the community who are interested in healthy living and empower them to take on a community champion or health advocate role. Consider offering health education or leadership skills trainings to these leaders so they can build their own skills. Also, plan for ways to involve community members beyond those who are directly involved in the project’s activities like holding volunteer days or donation drives.
- **Encourage the “spread” of knowledge among community members.** Make it easy for community members to share learnings with their families and friends by creating take-home resources like gardening kits and healthy cookbooks or offering seeds for backyard gardens. Focus on engaging youth because they are often excited to share new learnings with their peers and can be a motivating force in their families’ eating or exercising habits.
- **Integrate creative strategies with more traditional modes of health care delivery.** Make tangible connections between community gardens, exercise groups and traditional medical care to help community members recognize linkages between healthy living and chronic disease. For example, ask doctors to prescribe exercise classes or garden plots or have clinic outreach workers host a booth at farmers markets to conduct preventive screenings.
- **Ensure that food is not just accessible, but affordable as well.** Attract low-income community members to farmers markets by providing incentives or coupons for purchasing produce. In addition, encourage community gardeners to donate some of their produce or partner with food banks to distribute healthy food to people who are not directly involved in the project.
- **When possible, connect or align healthy living projects with broad campaigns or local programs.** Initiatives like the [Healthy Eating Active Living Cities Campaign](#), The California Endowment’s [Building Healthy Communities](#) and the First Lady’s [Let’s Move](#) campaign are all broad, widely-known initiatives that focus on similar issues: healthy eating, exercising and creating community environments that support healthy behaviors. Align strategies with these or other broader initiatives to help leverage community enthusiasm, resources and partnerships. Also look for connections with other grassroots programs occurring at the local schools or community organizations in order to avoid duplication of the work and align resources.

### LESSONS LEARNED ABOUT COLLABORATIVE COMMUNITY HEALTH PROJECTS

- Listen to community members’ needs
- Establish trust with the community
- Recruit staff with appropriate expertise
- Assign a core project manager
- Work with partners that have common goals
- Invest in planning time at the start of a collaborative project
- Be flexible to address challenges and new opportunities
- Build off of existing work when possible

## CONCLUSION

The NCH projects are developing robust connections with other organizations and individuals to generate promising results in “getting to the roots” of health problems in their communities. While some project activities are not intended to last in perpetuity, other activities are on their way to inspiring long-lasting behavioral and environmental changes. The support offered through the NCH program has facilitated non-traditional partnerships between community health centers and organizations and residents in the communities they serve. This has allowed community health centers to go beyond the examination room to address health in deeper and more comprehensive ways. Looking forward, it is critical for funders to continue to support these types of efforts to ensure that communities can transform into healthier places. With new and continued investments in projects and partnerships, like those made possible with NCH funding, the vision of “getting to the roots” to fundamentally improve health will continue to enable underserved communities to live healthier lives.



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