



ALAMEDA COUNTY

Healthy Food, Healthy Families (HFFH) Initiative



Evaluation Report

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The San Antonio Neighborhood Steering Committee
Healthy Food Champions
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Background

PURPOSE OF EVALUATION

The purpose of the Healthy Food, Healthy Families (HFHF) Initiative evaluation was to gather feedback from community members, organizational leaders, employees, and community partners who reside and work in Oakland's San Antonio and Fruitvale neighborhoods in order to draw out: (1) lessons learned from ALL IN's HFHF Initiative's healthcare and neighborhood strategies and projects, (2) outcomes and impact related to HFHF Initiative's neighborhood work, and (3) stories and perspectives from participants and leaders engaged. This evaluation will help inform ALL IN's strategic plan and efforts moving forward.

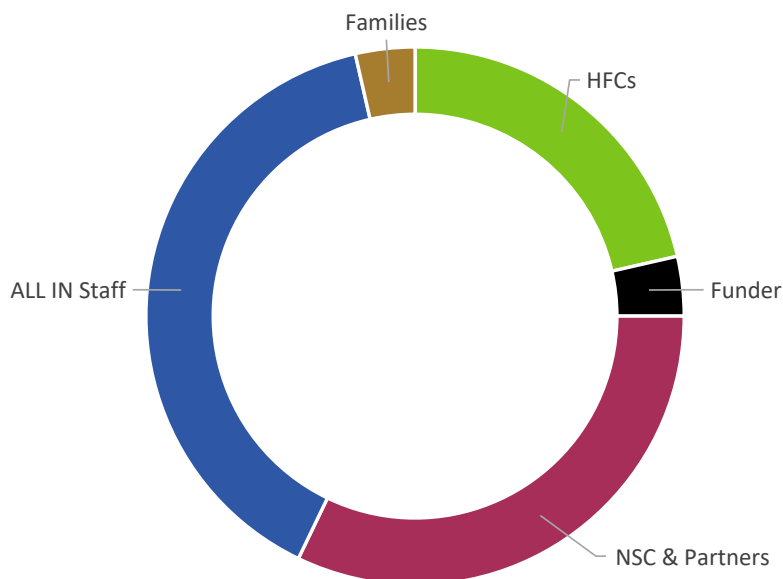
EVALUATION METHODS

Roxanna Bautista was contracted by the Hellman Foundation to serve as evaluator on this project. The evaluator met with ALL IN staff to develop a list of key informant interviewees. The key informant interview tool was drafted by the evaluator and revised based on feedback from ALL IN staff and the Healthy Food Champions during an evaluation training led by the evaluator and ALL IN staff. The evaluator interviewed Healthy Food Champions (HFCs); families or communities who interacted with HFCs; Neighborhood Steering Committee (NSC) members; ALL IN community partners; past and current ALL IN staff, consultants, and early collaborative partners; and other interviewees. Due to the COVID-19 pandemic and shelter-in-place order, the evaluator conducted the interviews over videoconference or teleconference with the key informants from April to June 2020.

INTERVIEWEE BREAKDOWN

There were 28 key informant interviews conducted:

- Healthy Food Champions (HFCs) = **6**
- Families/Communities Interacted with HFCs = **1**
- Neighborhood Steering Committee (NSC) and ALL IN Community Partners = **9**
- Past and Current ALL IN Staff Members, Consultants and Early Collaborating Partners = **11**
- Funder = **1**



INTERVIEW QUESTIONS

There were six common questions asked across the groups of interviewees. These questions included asking interviewee:

- How they were involved with HFHF Initiative's projects and activities;
- Do they feel HFHF projects and activities have been successful and why or why not;

- What are ways to continue the momentum and sustain HFHF projects and activities in the San Antonio and Fruitvale neighborhoods;
- Where else do they see HFHF beyond those neighborhoods;
- Would they recommend these projects and activities to other organizations, community members and families; and
- Beyond funding, what else is needed to sustain HFHF efforts

There are similar questions around missed opportunities and impacts and outcomes related to HFHF that were asked of HFCs, NSC and community partners, and past and current ALL IN staff, consultants, and early collaborating partners, and other interviewees.

There were additional tailored questions for the Healthy Food Champions (HFCs); families/communities who interacted with HFCs; Neighborhood Steering Committee (NSC) and ALL IN community partners; past and current ALL IN staff members, consultants, and early collaborating partners; and other interviewees. The tailored questions for the HFCs included asking their perspectives on what impact and outcomes and challenges they have seen in the communities and families who participated in HFHF projects and activities and what were contributing factors to the success of the HFCs' projects and activities. HFCs were also asked to share stories of how families were positively impacted by HFC and HFHF activities and what has been rewarding about engaging the community in nutrition education, healthy eating, and food access. The questions for the families and/or communities who interacted with HFCs were focused on their experience in HFC activities.



The questions for past and current ALL IN staff members, consultants and early collaborating partners included:

- What outcomes from those participating in HFHF;
- How did HFHF develop community leadership and remove structural barriers and address social determinants of health;
- What were innovative strategies to integrate healthy food into healthcare deliver;
- How did HFHF contribute to systems change and community transformation; and
- What opportunities may have been missed

The last set of questions was related to supporting initiatives like HFHF. The HFHF key informant interview tool can be found in the appendix of this evaluation report.

LIMITATIONS

The evaluation was additionally to include survey responses conducted with NSC members. Due to COVID-19 and competing priorities of NSC members, an online survey focused on HFHF evaluation questions was not developed and disseminated. There was an intention to have the HFCs interview a client or family who interacted with HFC activities. This was challenging to accomplish due to COVID-19 and that potential respondents had other pressing concerns than participating in an interview. One HFC was able to interview a client and the evaluation includes their responses related to participation in the food pharmacy. This evaluation does not include quantitative data related to the food pharmacy clients participation and does not include health data of the clients pre and post engagement with the food pharmacy.

Evaluation Findings

HFHF Success

The majority of the interviewees felt that these HFHF projects and activities have been successful. Respondents shared the reasons and contributing factors for the success of HFHF, which fell in the categories of:

- Community and ALL IN leadership;
- Focus, content and consistency of activities;
- Collaborations and partnerships; and
- Responsiveness by community and participants.

“The program was extremely successful. It was an amazing offering of services and products to a community that’s clearly underserved. We have some opportunities for growth and being able to expand and leverage Healthy Food Champions.”

– Key Informant

Leadership is a contributing factor to the success of HFHF. ALL IN’s leadership and their lean team of six staff continue to make impact. Previous ALL IN staff, consultants, and early collaborators set the tone and stage for the current work. Having Dr. Steven Chen on board as ALL IN Chief Medical Officer has been instrumental in continuing to build and strengthen the Food as Medicine model. Community leadership is also very important in the success of HFHF. Having the “super team” of Healthy Food Champions come from the same community the clinics serve and where schools and organizations were located was crucial. HFCs are also parent leaders who link between schools, clinics, community, and resources. HFCs are trained and empowered to lead the HFHF projects and activities at the schools, clinics, and in the community. HFCs have a pulse of the community and display their agility and ability to respond in the moment to what the current needs of the community are. The ALL IN team and HFC team, housed at La Clinica, work well together, too.

Focus, content, and consistency of activities also contributed to the success of HFHF. Community partners recognize that ALL IN invested in families and neighborhoods. All respondents confirmed the importance of continuing all HFHF program activities and continuing partnerships with clinics, schools, organizations, and food distributors. Consistently connecting families to food access sources at clinics and schools and nutrition education via cooking classes and demos, recipes, and Family Fridays benefitted communities. One informant working at the food farmacies witnessed how many families could be reached in a matter of a few hours. It was really effective having the HFCs there at the health center.

“I’ve done cooking demos at the open houses or parent meetings and stuff or the teacher meetings. The kids come back and they’re like, ‘Oh my goodness. I need to take this recipe home and have my mom make it.’ And then later on, I’ll run into certain parents, and they say, ‘Oh, you’re the one that I made that recipe.’”

– Healthy Food Champion

The positive responsiveness by community and participants to HFHF projects and activities was demonstrated by stories shared by the HFCs and ALL IN community partners. Children were enthusiastic, wanted seconds of the cooking classes, ate healthier foods, and shared their food and recipes with their families. Parents wanted to learn more healthy recipes, requested more cooking classes, cooked with their children, engaged with Family Fridays, and also ate healthier foods. Another parent from another school heard about cooking demos and shared, “I want you to come to my school and do that too.”

“We made vegan quesadillas, and a little boy went home. Then he shared with us, ‘My mom started making quesadillas. She called me in the kitchen and I just started to prepare. She didn’t know I knew how to make quesadillas.’ That was so sweet. I said, ‘Now you can help your mom.’ Now he knows what to do.”

– Healthy Food Champion



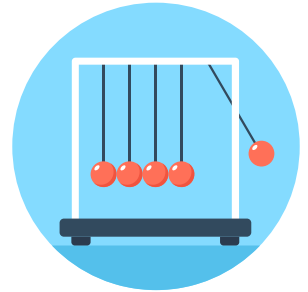
A few interviewees answered with a combination of yes and no to the question of HFHF activities being successful. The reasons for the mixed responses include not seeing major policy change; having a workplan formed with an unrealistic vision; feeling work was being “imposed” on the community versus being done “with” the community; and not being able to scale to 3 neighborhoods as originally proposed.

Majority of respondents said yes when asked if they would recommend the HFHF projects and activities to other organizations, community members and families.

HFHF Momentum and Sustainability

When asked what are ways to continue the momentum and sustain HFHF projects and activities in the San Antonio and Fruitvale neighborhoods and beyond funding, what else is needed to sustain HFHF efforts, the responses fell into the categories of: increasing financial resources; continued communications; collaboration and relationships; community leadership and involvement; strengthening and expansion; better metrics and evaluation; consistency and creativity; and policy.

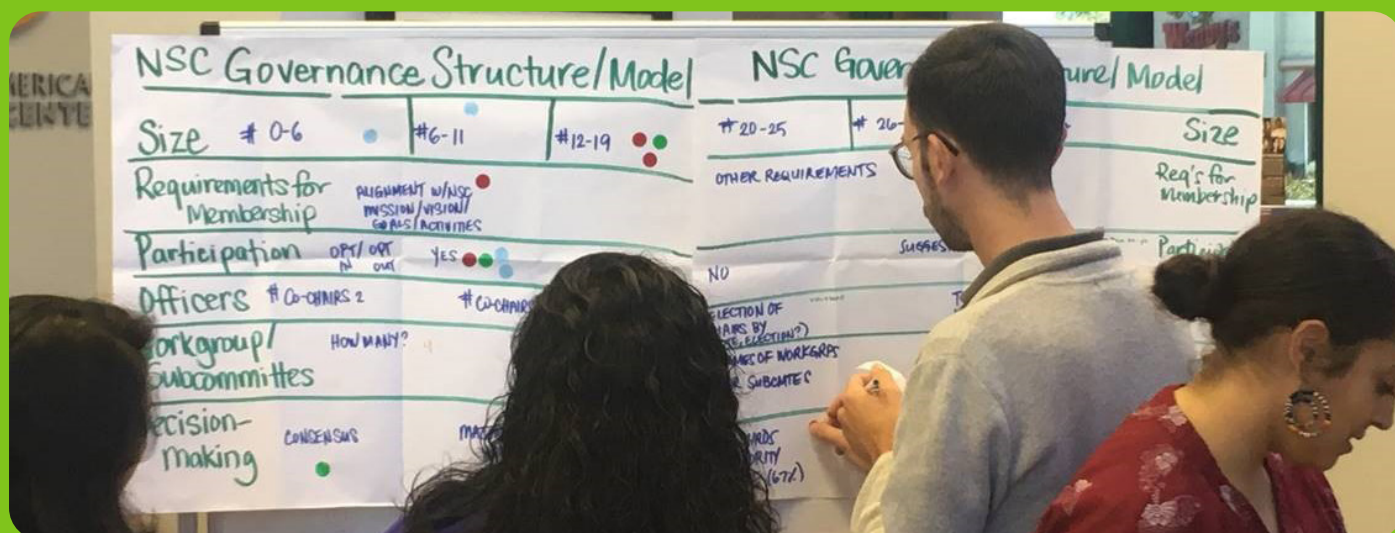
Increasing financial resources could include: increasing HFC positions to full time with benefits, examining where funding streams exist to support this work long-term, consider policies such as soda tax revenue and/or from health insurance companies, ensure ALL IN is permanently embedded in the county system as sources of funding, working with organizational partners to identify funding to support overlapping work with ALL IN, and providing incentives to participants.



Continued communications between ALL IN and community leaders and stakeholders could help with momentum and sustainability. It was noted that keeping in contact with families and community members and continuing to find and address their needs is vital, especially during this pandemic. Food pharmacy clients appreciated reminder calls and assurances that food distribution was continuing and on updated clinics' safety processes. HFCs and NSC members contacted families for wellness checks and asked for their needs. HFCs were unable to provide in-person cooking demos and nutrition education due to the shelter in place. Being able to transition to an online platform and share videos and tutorials with the community was needed and appreciated. This also provided visibility that HFCs are still out there and are resources. Disseminating a toolkit on how HFCs were developed and lessons learned would also be beneficial in promoting HFCs and expanding and scaling HFCs to other health centers and communities. It was also suggested to provide regular HFHF updates to exchange real time information, real time feedback, and real time response to all sectors involved in the Initiative.

In order to sustain HFHF efforts, it's vital to continue collaboration and relationships with family and community hubs, public health, parent teacher associations (PTAs) and schools, and organizational partners. One informant replied: "I think that you need to continually have parents and the community members at the center...Alignment has to come from discussions that are community-led." Continuing to support community leadership and involvement can be instrumental in sustaining HFHF. Having community engagement, commitment and ownership, information exchange, insider knowledge, and a leader to drive and spearhead the activities contribute to success and sustainability.

A few respondents shared the importance of multi-year investment to support bold collaborations working on innovative solutions. Collaborative work takes a long time to ramp up and there are many dynamics to consider. By putting \$70,000 into the community, we can't expect everyone to immediately start eating healthy. It's key to have multi-year funding and increased or extended contracts to be able to make greater impact. When funders are also able to provide capacity building assistance dollars to support staff and cross sector collaborations, this can make a difference in successful outcomes. Informants also expressed the gratitude of having a funder who is "hands on" in providing support.



The responses related to strengthening and expanding include: strengthening HFCs through the curriculum and train the trainers training; increasing number of HFCs with other language capacities; increasing HFCs to full time positions; increasing numbers of HFCs and deployment into more schools and clinics; strengthening partnerships with community (schools, organizations), clinics, farms, and policymakers (county supervisors); finding similar hubs and anchor institutions; reaching out and expanding to more neighborhoods, schools, and clinics; and increasing involvement from volunteers, parents, organizations, schools, and clinics.

When respondents were asked where else do they see the need to have healthy food projects beyond San Antonio and Fruitvale neighborhoods several locations were named. In Oakland, there were suggestions of East Oakland (Brookfield, Eastmont, Elmhurst, Lockwood, Sobrante Park, Stonehurst), West Oakland, and Oakland Chinatown by Asian Health Services. Within Alameda County, Ashland, Cherryland, South and West Berkeley, Fremont, Newark, Livermore, and San Leandro were mentioned. Additional recommendations include other unincorporated areas, Contra Costa County, and locations where there could be anchor hubs like La Clinica.

Having qualitative and quantitative metrics better established and testing and evaluating a more integrated referral system between health care and food distribution points could help with momentum and sustainability. Informants shared the importance of setting up streamlined evaluation, especially when expansion and scaling take place.

Consistency and creativity can also help with momentum and sustainability. Respondents highlighted having consistent staff, communications, meetings, and activities help maintain visibility and awareness of HFHF. In the time of COVID-19, it was key to transition and leverage technology to maintain connections and momentum with community and rethink roles and positions in the organizations. In addition, there were home deliveries to food farmacy clients and curbside food distribution.

ALL IN's placement in the county and support by county policy makers is key. It was suggested to explore having a policy advocacy plan in place so all partners could engage in mobilizing and organizing and influence key decision makers.

HFHF Impact and Outcomes

The original outcomes of ALL IN's HFHF Initiative were: (1) Increased the amount of healthy food in our local food system, (2) Increased the access to and affordability of healthy food for low-income communities, and (3) Increased the access to and affordability of healthy food for low-income communities.

The majority of the key informants replied yes to this first outcome. HFCs have seen increase in the amount of healthy food in local food system and access to healthy food at some corner stores, schools, gardens, produce stands, and food pharmacies at health clinics. There definitely has been an increased need for healthy foods, especially since the COVID-19 shelter in place. There are increased food distribution points beyond the typical food banks, food pantries, and food pharmacies.

With the second outcome, the majority of the respondents said yes to the part about increased access to healthy food for low-income communities. Most were unsure if HFHF increased the affordability of healthy food for low-income communities. A majority of the foods that were accessed by families were free. ALL IN communicated that if communities had Electronic Benefits Transfer (EBT), they could get fresh produce at a discount at certain produce stands and farmer's markets. It is unknown if data was collected on families who paid for discounted produce after utilizing their free food resources.



With the third outcome, most respondents said that they had seen an increased consumption of healthy foods by populations at risk of obesity and diabetes. HFCs witnessed this through families asking for recipes, children asking for “seconds” of the healthy foods cooked at classes/demos, from food pharmacy clients, and engagement at Family Fridays. Parents told the HFCs that they cooked the new and healthy recipes and that their children liked it. Several parents said they wanted more cooking classes. Children were seen bringing recipes and half of the foods from cooking classes home to their parents to share with them. There are water-refilling machines at schools and many of the students and teachers were drinking spa water (fruit-infused water). At an ALL IN community partner's event, it was shared that they rarely cook hotdogs and nachos anymore and now make fresh tacos with fresh ingredients. They also shared that their families are posting on Facebook their healthier recipes and meals they cooked with the foods given to them. Food pharmacy clients have let HFCs know when they observed healthy changes in their bodies. HFCs noticed that clients with obesity had lost weight due to their participation in the food pharmacy.

“I’ve actually seen a couple of patients go from being obese to dropping weight. It’s been a year and a half for them. I can visually see the impact in people’s faces. I can see their body being slimmer. I can see that acne has gone away. Another patient who’s now pregnant and they’re in love with who they are and their body. They’re sharing about the cravings that they have, that it was fresh fruit. To me, it’s really amazing how receptive the community has been to the recipes and education that I’ve provided.”

”

– Healthy Food Champion

HFHF Approaches and Strategies

Informants were asked how did ALL IN's HFHF Initiative develop community leadership from the ground up and remove structural barriers that force so many individuals and families into poverty. In terms of the leadership piece, the parent leaders were empowered to do their own research to get their Healthy Food Champion projects started. These parent leaders became well known because they were in multiple locations making an impact on families and their health. With training and coaching and having a team to work with, the HFCs' leadership was evident as they implemented their activities in the schools, community, and health clinics. HFCs were trained to understand the role of nutrition in health and were increasingly appreciated as experts talking to families. HFCs were recognized in the neighborhoods as respected health and community leaders. HFHF gave people, who never saw themselves as leaders at all, who had not stepped out yet to do anything other than run their lives, opportunities to lead within the context of planning and implementing activities. In addition, the transition of having NSC co-chairs from the community to work in partnership with ALL IN staff to lead the NSC contributes to developing community leadership from the ground up.

Many replied that the structural barriers remain issues to work on. Part of ALL IN is to create economic empowerment. Having an 8 to 10 per week position is great, but it is not a full time job to be an HFC. It was also mentioned that the community sees the HFCs work more than eight hours a week and may not know if HFCs have multiple sources of employment other than ALL IN. A few respondents communicated that more investment needs to be made in HFCs in terms of increasing their hours and providing them with benefits and how to address affordability beyond free food distribution.

Respondents were asked what were innovative strategies to integrate healthy food and nutrition services into the healthcare delivery system. A majority stated that the food pharmacy and Food as Medicine were innovative. If you have healthy food that is prescribed to you by your doctor and it is on location at your health center, it becomes your medicine, like you take any other medicine. And by having a Healthy Food Champion from the community reinforce the message from your physician and then show you how to cook the healthy foods, this supports healthy behavior change. In addition, by increasing food access in new places such as in schools and clinics and making healthy foods more convenient through cooking classes, demonstrations (demos) and tasting, and providing meal kits are also innovative strategies.

“You know, after a parent had a cooking class and said, ‘Oh, I don’t think my kid is going to eat this.’ And then, you get to hear the parent the next day, ‘You know that ceviche I made with you guys yesterday? I took it home. And they actually ate it and they love it. And it’s never happened to me before.’”

– Healthy Food Champion



Key informants were also asked how did HFHF Initiative address social and structural determinants of health and utilize community assets to support individuals and families in leading healthier lives. The HFHF Initiative addresses the social and structural determinants of health, which for this program was food supply, employment, income, access to care, and community. It is recognized that the issue of hunger has not been solved completely with this initiative. However, HFHF reduced barriers to accessing healthy foods by distributing healthy food in new places such as clinics and schools. Before the HFHF Initiative, there were some health centers that were giving away food, but they did not share with others and think through what is the most effective way to do this and give pointers to families. Often families cannot get to and/or find it humiliating to go to a food bank to get food. By being able to get your food in you health center, you become more connected to your health outcomes. This also reduced the stigma of free food.

Often in community development work, we expect people to volunteer. HFHF addressed income by giving an employment pathway to parent leaders who became Healthy Food Champions and by distributing free food to families. The initiative addresses access to care by including the healthcare strategy of food pharmacies and Food as Medicine components. The neighborhood strategy of the HFCs and the NSC addresses how positive and consistent community integration, engagement, and support systems can benefit individual and family health behavior change and can benefit collaborative efforts to address community needs. Seeing HFCs regularly in the community, because they are from that community, and trusting their education and leadership at schools, community events, and health clinics increased access to healthy foods and nutrition education.

When asked what ways do you think ALL IN's HFHF Initiative contributed to systems change and community transformation, the responses are similar to what has previously been noted in the evaluation report in the areas of leadership, collaborations and partnerships, and policy. ALL IN invested in community leaders to be change makers and promoting healthy eating. This in combination with health center leadership contributed to systems change and community transformation. The ALL IN leadership of the Executive Director and Chief Medical Officer have been utilized to influence policymakers, such as Alameda County Supervisors, and policy, such as promoting insurance coverage of food. The collaborations and partnerships with schools, health centers, community-based organizations and leaders, and local legislators and government officials set ALL IN up to create more systems change and support community transformation.

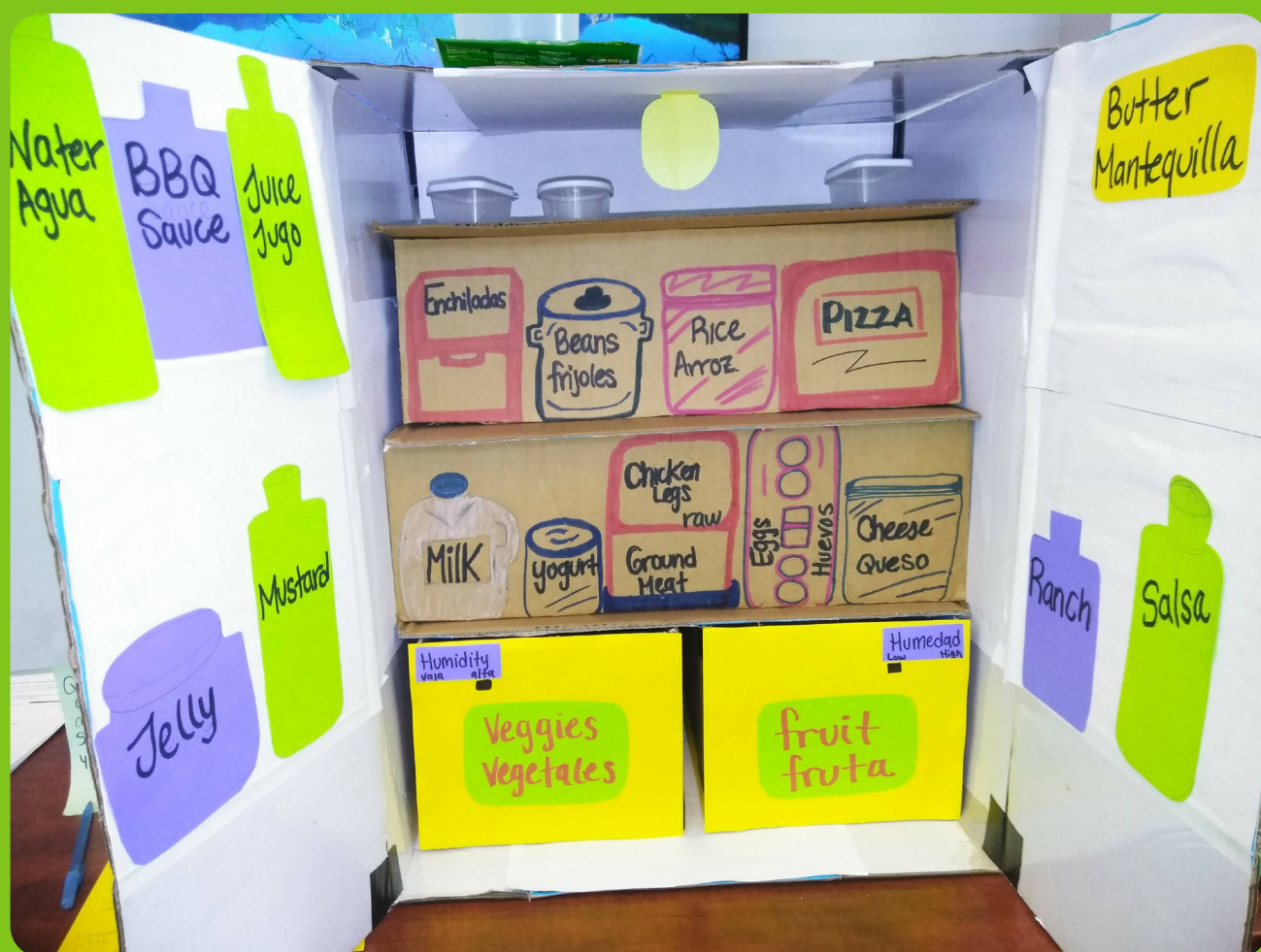


“As of November 2019, the Health Food Champions worked over 1,358 hours, conducted more than 75 activities, and had reached over 1,000 community members. We like stories, but sometimes numbers also show the magnitude of the work. These numbers are from 5 people who work part time.”

– Key Informant

Healthcare Strategy: Food Farmacy

One HFC partnered with the evaluator to interview a food farmacy client. Prior to participating in the food farmacy, this client was already incredibly versed in healthy eating and the culture of cooking and had been a personal chef and caterer. After participating in the food farmacy, this client was exposed to new produce, explored new recipes, ate healthier, and learned about blanching, preserving, and freezing foods to reduce waste and where to place her food in the refrigerator. This client was already aware of healthy food and by going to the food farmacy, she was able to try nutritious food that she had not had before. The client had learned about the food farmacy from word of mouth. Staff from the clinic promoted the food farmacy and resources and the client came in to see if the program would be useful to her. Staff was encouraging and kind which was a main reason she came to the clinic.



“There was this one lady who came into the food farmacy. And we had a little refrigerator that we made on how things supposed to be stored so your food could last longer. The lady actually FacedTimed her daughter and they walked her through how you’re supposed to keep stuff in the refrigerator.”

– Healthy Food Champion

“I had a patient come and ask me, “Do you remember that time you did that refrigerator (display), and I can’t remember what you said about keeping the greens. Is it on high moisture or low moisture?”

”

– Healthy Food Champion



When asked what could have made her participation easier and more understandable, the client replied that clinic staff should be kind and respectful when reaching out and promoting the food farmacy to prospective clients and clients should be informed of what to expect when coming into the food farmacy. She also shared how helpful it was to be notified of updated safety and check in procedures and scheduling food farmacy appointments. In addition, the client was able to get Cal Fresh because a Cal Fresh representative was at the food farmacy and help her walk through the process and facilitate an appointment.

The client provided constructive feedback on the food farmacy and these comments centered on promotional communications and safety. The client share that she would not recommend the food farmacy to other folks because she thought you had to be a current client of that clinic and that it was not offered to just anyone. She was not sure that she could recommend the food farmacy because she did not want to overwhelm the system. She suggested that the clinics could advertise that anyone, and not just current clients, can come to use their services, including the food farmacy. Another constructive suggestion was to ensure clients were safe while waiting to enter into the clinic. One of the last times the client was in line, there was an aggressive man shouting and harassing people. Apparently this has happened several times. On the same day as this interview with the client, the HFC shared this incident with their health center to address future safety concerns with food farmacy and clinic clients.

Neighborhood Strategy: Healthy Food Champions and Neighborhood Steering Committee

HFCs and Their Projects

Successful and positive components of HFHF Initiative are the Healthy Food Champions (HFCs) and their projects. This was mentioned repeatedly throughout this evaluation report. When asked about what challenges HFCs faced in their role, their responses were categorized in training and preparation, equipment and resources, and language. HFCs expressed that when they started out as parent volunteers, they did not get a clear understanding of what they were volunteering to do. In addition, they did not feel prepared on how to talk and teach children and parents and conduct outreach. When HFCs did outreach for the cooking classes, it was challenging to get parents to commit to a six classes. They also surveyed parents to assess best times for the cooking classes. So the HFCs adjusted the sessions to three and there was a better turnout for parents then.

“So we had a kid come and his dad picked him up. He was like, “Is a bell pepper a vegetable or a fruit?” His dad said it’s a vegetable. The kids said, “No, it’s a fruit because it has seeds in it.” So they’re educating their parents too.”

– Healthy Food Champion

When HFCs prepared for their cooking and gardening projects, they did not know where to start; where to get cooking and gardening materials and equipment; and who and where were resources to tap into. There were also language challenges that HFCs faced when they encountered food farmacy clients that spoke languages other than English and Spanish. HFCs overcame these challenges with their own research into gardening resources, working as a team with the HFC coordinator to find and secure equipment and materials for their projects, and getting training from La Clinica and ALL IN. There have been clinic staff who have been able to provide some interpretation for Vietnamese clients, but this was not the case for Hmong speaking clients.



The challenges communities and families faced before participating in HFHF projects and activities include not knowing where to go and what to expect. HFCs working in the food farmacies regularly have to explain the background and what to expect to new clients. One HFC explained their role is similar to promotoras and the client understood what that meant, especially in the Spanish-speaking community. In addition, parents may not know what to expect from the cooking classes and Family Friday events. HFCs continue to work on these challenges by promoting these projects and activities via flyers and communicating with the community regularly.

When HFCs were asked what has been rewarding about engaging the community in nutrition education, healthy eating, and food access, their responses were: relationships and friendships; engagement with communities and families at all events, gardens, and food farmacies; seeing families learning and eating healthier and wanting more healthy foods; hearing stories from parents and children; and seeing excitement from the community when they see and recognize HFCs in the neighborhood.



“Ms. Mary, she’s an older woman and everything she makes is high sodium. It’s just not good. And so from her taking our classes, she even cut back on sodium. And she started making different dishes. She made some kind of banana pudding, but it was sugar-free and on the healthier side. Instead of her making fatty foods, salty foods and sugary stuff, she started cutting back on all those things.”

–Healthy Food Champion



Neighborhood Steering Committee

Through collaborations, the goal of the Neighborhood Steering Committee is to align and disseminate healthy eating and healthy living resources and education that support families and residents in the Fruitvale and San Antonio neighborhoods.

Key informants were asked what was the intention of including a Neighborhood Steering Committee (NSC) as a part of ALL IN's HFHF neighborhood strategy. It was shared that communities operate from a neighborhood perspective. Identities are gained from your community and your neighborhood. This neighborhood focus facilitates reaching people through their blocks, homes, schools, local stores, and health centers. Community responsive and community driven work resonates fully within neighborhoods. NSC is intended to be a space to collectively discuss and address community needs around food access and nutrition education, establish points of collaboration, disseminate resources and information, and support individual and joint efforts.

“The Neighborhood Steering Committee is a space to provide updates, referrals, real time information sharing, feedback, and responding.”

– Key Informant

When asked what were challenges in convening the NSC, most of the responses were related to communications. NSC members did not understand the goal and purpose of the NSC and did not have a feeling of shared leadership. Some asked if there could be meeting agendas ahead of time and to share a contact list of NSC members and resources they provide. There were some who did not comprehend the restructuring of the NSC and did not feel informed about that decision. There was as an understanding of how leadership at the city and county levels integrate with ALL IN at the beginning of HFHF, but this is less so now. A possible solution proposed was to have ALL IN Executive Director and/or Supervisor Wilma Chan come periodically to the NSC to hear what the continued needs are and to respond.

The solutions to the challenges around convening the NSC were beginning to be addressed towards the end of 2019 and the beginning of 2020. ALL IN worked with a consultant to work on restructuring the NSC and to determine how to have shared leadership so the community members can help drive and lead the NSC. An ad hoc committee met to flush out NSC goal and objectives and develop operating guidelines and planning meeting schedule, topics, and agendas for 2020 meetings. A resource contact list was in process of being updated. Two co-chairs were selected from the community to help lead NSC meetings starting in 2020. There was only one in-person NSC meeting in February 2020 with modest turnout. A kick off event was to be planned for March 2020 when COVID-19 and the shelter-in-place went into effect. The NSC transitioned into meeting via the videoconference platform of Zoom and there was a substantial turnout. The group met and shared the needs they were hearing from the families in the community. Where there were problems and issues, the NSC pulled together to find multiple solutions and connect each other with resources. These Zoom meetings continued until June 2020.

“I think that the ALL IN team, in general, is so great. I really have enjoyed working with them. They just bring a really great sense of scope of work for the work that they do, understanding the community and the needs of the community and advocating.”

– Key Informant

Missed Opportunities

The table below outlines key informants' responses when asked what opportunities ALL IN may have missed out on and what infrastructure may have been helpful in advancing those opportunities.

MISSED OPPORTUNITIES	INFRASTRUCTURE MAY HAVE BEEN HELPFUL TO ADVANCE OPPORTUNITY
Identifying community partners from the beginning and document and provide overview of community dynamics. This could have established community leadership roles from the start and set up shared leadership (i.e. co-chairs) for NSC.	ALL IN staff or consultant to conduct asset mapping for communities and neighborhoods targeted
Not providing a map of where NSC members are working and covering geographically to facilitate connecting to resources.	ALL IN staff time and support to work on this with NSC members
ALL IN partners not understanding where they fit in HFHF logic model and where there could be opportunities for collaboration and alignment.	ALL IN staff time to work on this and discuss with ALL IN partners
When ALL IN organizational partner is aligned so well with HFHF goals, but never was asked to be a "true" partner and not truly "tapped into." Not able to partner more intentionally.	ALL IN staff time and support what it means to partner with ALL IN and clarify expectations, roles and responsibilities
Not working with Asian Health Services	ALL IN team and clinics with food pharmacies to discuss how to engage new clinic partners using the Food as Medicine toolkit and how to include HFC model
School-based health centers food insecurity survey results and no follow-up	ALL IN staff to discuss how to increase food insecurity screening rates and integrate how to start to work with school-based health centers
Working more regionally on Food as Medicine with Dr. Rita Nguyen and others	ALL IN staff time
No dissemination and updating plan for Food as Medicine toolkit	ALL IN staff or consultant focused on communications
Difficulties engaging with Social Services which could have expanded access to Cal Fresh.	ALL IN staff to engage with public sectors not at the table



MISSED OPPORTUNITIES	INFRASTRUCTURE MAY HAVE BEEN HELPFUL TO ADVANCE OPPORTUNITY
More frequent updates not only on the healthcare strategy of clinic and Food as Medicine side, but also updates on the neighborhood strategy of HFCs and NSC.	ALL IN staff or consultant focused on communications
Providing training to HFCs at HFHF beginning	ALL IN staff to develop and conduct training with HFCs
Community and neighborhood engagement with organizing and policy advocacy at the beginning of HFHF.	Involvement with community organizers and provide advocacy training
Having HFCs present their work on the neighborhood and healthcare levels to city and county policy makers and officials.	ALL IN staff or consultant focused on communications to prepare HFCs and schedule presentation with policy makers and officials
Not having more evaluation set in place from the start and throughout program	ALL IN staff or consultant focused on establish both qualitative and quantitative evaluation measures and tools
Accessing local celebrities to champion healthy eating (i.e. Ayesha and Stephen Curry, Marshawn Lynch, E-40)	ALL IN staff or consultant focused on communications

Implications for ALL IN Alameda County



Overall, ALL IN Alameda County have reached a majority of their outcomes of the Healthy Food, Healthy Families Initiative. This evaluation report on the Healthy Food, Healthy Families Initiative reveals multiple implications to help inform ALL IN's strategic plan and efforts moving forward. These implications are categorized for HFCs, NSC, food pharmacies, and ALL IN as a whole.

Implications for HFCs

ALL IN Alameda County needs to leverage HFCs to increase impact. Suggestions for this include:

- Increase the number of hours for current HFCs to full time with benefits
- Increase the number of places for HFCs to be deployed
- Provide training of trainers to current HFCs
- Increase the number of HFCs
- Hire HFCs with different language capacities
- Current HFCs train new HFCs
- Train HFCs to present to the county supervisors about their approaches and successes
- Streamline HFC evaluation and feedback

Implications for NSC

ALL IN Alameda County needs to renew investment in providing NSC with leadership, direction, purpose, and intentionality. Suggestions for this include:

- Develop a position to help fill the gap in coordination of HFHF efforts across the neighborhood to:
 - » Further discuss alignment of updated NSC goal and objective goal and objectives with NSC vision and a purpose for NSC
 - » Confirm shared community leadership and how to work with ALL IN as administrative custodians
 - » Discuss and streamline different methods of engagement, how to follow up, maintain momentum, and meeting content.
 - » Define what it means to partner with ALL IN and clarify expectations, roles and responsibilities
 - » Clarify who are point persons at all HFHF sectors of schools, clinics, organizations, and food distributors and provide a resource contact list.
 - » Determine where NSC and ALL IN partners fit in the HFHF Logic Model and goals
 - » Explore opportunities to collaborate and define goals and timelines
 - » Continue communications about decisions being made related to the NSC and ALL IN with NSC members
 - » Lead alignment when bringing NSC group together with existing and new members to utilize potential and synchronize work better
 - » Streamline NSC evaluation and feedback

Implications for Food Farmacies

ALL IN Alameda County needs to review opportunities for growth for the food farmacies. Suggestions for this include:

- Improve communications of food pharmacy background (what is a food pharmacy, why am I here, how often is this) expectations, and what to prepare for clients
- Determine how to potentially deploy HFCs to clinics currently with food farmacies
- Update, disseminate, and leverage Food as Medicine toolkit with health centers
- Delineate how HFHF food pharmacies is connected to or overlaps with ALL IN's USDA Food as Medicine Initiative
- Assess potential clinics to expand Food as Medicine to
- Consider reaching out to school-based health centers to engage in food security screening
- Streamline food pharmacy evaluation and feedback



Implications for ALL IN as a Whole

ALL IN Alameda County needs to revisit their approaches in order to be set up for success for strategic planning. Suggestions to do this include:

- Map the ecosystem of food access advocates who work in partnership with ALL IN including different funding sources including Hellman, USDA, etc.
- Leverage policy opportunities and relationships with key policymakers
- Advocate for soda tax revenue to support and fund healthy initiatives back to the community
- Utilize Food as Medicine Toolkit to leverage supervisors' interests and influence systems change
- Continue to empower and invest in the communities and neighborhoods

Conclusion

ALL IN Alameda County envisions a county without poverty where everyone thrives in healthy, vibrant, and resilient communities. ALL IN's Healthy Food, Healthy Families (HFHF) Initiative seeks to reduce health inequities by making healthy food options more readily available in vulnerable communities. The Initiative is just one part of the ecosystem of food security work in the county aimed at addressing poverty through its multi-sector collaborative of parents, community activists, healthcare providers, local governments, and non-profit organizations.

It is important to invest in the community, such as neighborhoods and community leadership such as the Healthy Food Champions, who can access schools, clinics, and organizations in those neighborhoods. This investment is not solely the responsibility of ALL IN Alameda County. The charge to increase access to quality and affordable healthy foods and to increase access to health care in the county should be included in action plans of all groups working in the food security ecosystem. These include schools, health systems, government agencies, and organizations. It is critical to sustain, leverage, and amplify the progress that has been made so that these healthcare and neighborhood strategies can continue to tackle disparities related to food supply, employment, income, health, and access to care.

“I would just say it is truly been a privilege to be a part of this work. I feel so lucky. I think every time I left the Healthy Food Champion workshops, especially, it made me feel so lucky to be doing this work and inspired to keep going. I think there’s a lot of momentum that is helping to facilitate this work, and it can be really draining. But I think having those experiences and seeing the amazing people and the amazing things that they’re doing and coming up with to help their own communities is so inspiring. I think it’s the most multidisciplinary approach that I’ve ever been a part of. It just feels awesome.”

– Key Informant



ALL IN Healthy Food Healthy Families (HFHF) Evaluation Key Informant Interview Guide

Purpose of Discussion: To gather feedback from community members, organizational leaders, employees, and ALL IN community partners who reside and work in Oakland's San Antonio and Fruitvale neighborhoods in order to draw out (1) lessons learned from ALL IN's Healthy Food Healthy Families (HFHF) Initiative's health care and neighborhood strategies and projects, (2) outcomes and impact related to HFHF Initiative's neighborhood work, and (3) stories and perspectives from participants and leaders engaged. This evaluation will help inform ALL IN's strategic plan and efforts moving forward.

Interview Roles

Facilitator: To facilitate the interview by opening the discussion, giving background of the HFHF Initiative evaluation, asking questions, listening, facilitating the discussion, and closing the interview. Majority of the time this is Roxanna. If informant is limited English proficient and HFC can speak same language, HFC can ask questions in language.

Note Taker: To write down facilitator's questions and informant's responses. Roxanna will be note taker when she and HFCs are asking questions.

Interpreter (when needed): To interpret between the facilitator and the informant. This person is a neutral communicator and conveys the content exchanged. HFCs who have language capacity can ask questions of informants and translate responses into English for note taker.

PROCEDURES FOR THE KEY INFORMANT INTERVIEWS

OPENING (5 minutes)

- Explain the purpose (above) of the interview discussion.
- Obtain verbal consent to use the information stated in the evaluation report.
- Interview responses will be audio recorded, transcribed, and summarized in the evaluation report.
- The recordings will be stored securely and confidentially on ALL IN's servers for 12 months and then will be deleted.
- Note that responses will not be directly attributed to any individual or organization in the evaluation report.

BACKGROUND INFORMATION (5 minutes)

- ALL IN Alameda County envisions a county without poverty where everyone thrives in healthy, vibrant, and resilient communities.
- The Healthy Food Healthy Families (HFHF) initiative is one of the main issue areas of ALL IN Alameda County. The HFHF initiative seeks to reduce health inequities by making healthy food options more readily available in vulnerable communities.
- ALL IN's health care strategies work seeks to connect patients at risk for chronic diseases to be "prescribed" healthy foods and fresh produce as a preventative health measure. The HFHF healthcare strategies component has one main component: food pharmacies at La Clinica de la Raza and Native American Health Center. These efforts included developing a toolkit on Food as Medicine and holding convenings with partners.
- ALL IN's neighborhood strategies work seeks to develop community leadership to identify the best and most appropriate ways for individual communities to eat healthy. The HFHF Neighborhood Strategy has three main components: the Neighborhood Steering Committee, Healthy Food Champions, and the Projects.

COMMON QUESTIONS (20 minutes)

1. How were you involved in the ALL IN's Healthy Food Healthy Families (HFHF) Initiative's projects and activities? Why did you get involved? (Check all that apply)
 - a. Health check-ups & nutrition consultations
 - b. Food insecurity screening
 - c. Cal-Fresh programming & enrollment
 - d. Neighborhood Steering Committee (NSC)
 - e. Healthy Food Champions (HFCs)
 - i. Food Pharmacies (NAHC & La Clinica), food distribution, and educating patients
 - ii. Gardening at EBAYC, Garfield Elementary & Manzanita Recreation Center Garden
 - iii. Family Fridays (family community event held at Manzanita Rec Center)
 - iv. Cooking, food, and pop-up demonstration classes and nutrition workshops (EBAYC, Garfield Elementary & Manzanita Rec Center)
 - v. Afterschool cooking classes
 - vi. Recipe of the month and spa water (EBAYC, Garfield, etc.)
 - f. Organizational community partner

PROCEDURES FOR THE KEY INFORMANT INTERVIEWS

COMMON QUESTIONS - continued

- f. Funder
 - g. ALL IN Staff, Consultant or Early Collaborative Partner
 - h. Other
2. Do you feel that these HFHF projects and activities have been successful? Why or why not?
 3. What are ways to continue the momentum and sustain HFHF projects and activities in the San Antonio and Fruitvale neighborhoods?
 4. Where else do you see this need in the community beyond these neighborhoods? What is needed to have these healthy food projects in those communities?
 5. Would you recommend these projects and activities to other organizations, community members and families?
 6. Beyond funding, what else is needed to sustain Healthy Food, Healthy Families efforts? What is needed that would benefit you, your family and/or your community?

TAILORED INTERVIEW DISCUSSION QUESTIONS (25-30 minutes) FOR:

- Healthy Food Champions (HFCs)
- Families/Communities Interacted with HFCs
- ALL IN NSC and ALL IN Community Partners
- Past & Current ALL IN Staff Members
- Other Interviewees

CLOSE THE INTERVIEW (2 minutes)

- Thank you for your time and your participation in this interview
- Explain to the informant the next steps and estimated timing of release of the evaluation report.

TAILORED INTERVIEW DISCUSSION QUESTIONS

QUESTIONS FOR HEALTHY FOOD CHAMPIONS (HFCs)

1. What impact and outcomes have you seen in the communities and families, who have participated in HFHF projects and activities?
 - a. Increased the amount of healthy food in our local food system
 - b. Increased the access to and affordability of healthy food for low-income communities
 - c. Increased the consumption of healthy foods by populations at risk of obesity and diabetes
2. How did HFCs know whether the communities and families consumed the healthier foods and utilized resources shared?
3. Please share a story of how a family was positively impacted by participating in HFC and HFHF activities.
4. What were challenges HFCs faced (i.e. logistical, technical, cultural, etc.)? What were challenges communities and families faced before participating in HFHF projects and activities? What strategies were used to overcome those challenges?
5. What were contributing factors to the success of HFCs' projects and activities?
6. What has been rewarding about engaging the community in nutrition education, healthy eating, and food access?
7. Any final comments you would like to add?

QUESTIONS FOR FAMILIES/COMMUNITIES INTERACTED WITH HFCs

1. What was your awareness of healthy nutrition and healthy eating before you participated in Healthy Food Champions (HFC) projects and activities?
2. What has changed in your life after participating in the HFC projects and activities? What have you learned from these HFC projects and activities that help you and your family eat healthier? Please share a story of how these projects and activities made a difference in your family.
3. How did your participation in HFC projects and activities increase your access to nutritious food?
4. How did you hear about HFC projects and activities? (Check all that apply)
 - a. Announcement at a meeting, event, etc.
 - b. Flyers
 - c. Email
 - d. Word of mouth
 - e. Health care providers
 - f. Other: _____
7. What could have made your participation easier, more understandable and/or accessible? What would have made you better prepared?
8. Any final comments you would like to add?

TAILORED INTERVIEW DISCUSSION QUESTIONS

QUESTIONS FOR ALL IN NSC AND ALL IN COMMUNITY PARTNERS

1. Why was it important to have /What was the intention of including a Neighborhood Steering Committee as a part of ALL IN's HFHF's neighborhood strategy?
2. What outcomes have you seen and what role did NSC play in those outcomes?
 - a. Increased the amount of healthy food in our local food system
 - b. Increased the access to and affordability of healthy food for low-income communities
 - c. Increased the consumption of healthy foods by populations at risk of obesity and diabetes
3. What was challenging in convening the NSC? What solutions were taken to overcome these challenges?
4. What lessons learned from the NSC restructuring in 2019 will inform ALL IN and NSC leadership efforts in 2020 and post Hellman funding?
5. What opportunities may we have missed out on and what infrastructure may have been helpful in advancing those opportunities?
6. Any final comments you would like to add?

QUESTIONS FOR FAMILIES/COMMUNITIES INTERACTED WITH HFCs

1. What impact and outcomes have you seen in the communities and families, who have participated in HFHF projects and activities?
 - a. Increased the amount of healthy food in our local food system
 - b. Increased the access to and affordability of healthy food for low-income communities
 - c. Increased the consumption of healthy foods by populations at risk of obesity and diabetes
2. How did ALL IN's HFHF Initiative's develop community leadership from the ground up and remove structural barriers that force so many individuals and families into poverty?
3. What were innovative strategies to integrate healthy food and nutrition services into the healthcare delivery system?
4. How did HFHF Initiative address social and structural determinants of health and utilize community assets to support individuals and families in leading healthier lives?
5. In what ways do you think ALL IN's HFHF Initiative contributed to systems change and community transformation?
6. What opportunities may we have missed out on and what infrastructure may have been helpful in advancing those opportunities?
7. Any final comments you would like to add?

TAILORED INTERVIEW DISCUSSION QUESTIONS

QUESTIONS FOR OTHER INTERVIEWEES

1. Why is it important for philanthropy to invest in multi-year efforts to support bold collaborations working on innovative solutions?
2. How does providing capacity building and leadership development to cross sector collaborations make a difference in successful outcomes?
3. In what ways do you think ALL IN's HFHF Initiative contributed to systems change and community transformation?
4. Any final comments you would like to add?



For more information about ALL IN Alameda County, visit our website at:
acgov.org/allin