



Healthy Belvedere

Making the Healthy Choice the Easy Choice

Data Overview

This overview summarizes archival documents, publications, surveys, and baseline data findings to inform the community action planning process for Healthy Belvedere. Healthy Belvedere is a partnership between Kaiser Permanente, the Community Foundation for Greater Atlanta, and the Belvedere community - located in southeast DeKalb County, Georgia. The primary objective of the partnership is to foster sustainable environmental changes and policies that support healthy eating and active living (HEAL) and reduce disease burden.

To accomplish this aim, Healthy Belvedere has taken an evidence-based approach that values local community voice and input. An Initiating Committee (IC) of local stakeholders was formed in late 2006 and collaborated with the Georgia Health Policy Center to study and understand the state of HEAL in Belvedere. The following is a synopsis of what has been learned to date, and is organized by demographics, health behaviors, environment, and policy and future plans.

Demographics

Belvedere's demographics are estimated from US Census data - tract 231.01, which approximates the community as defined by the IC for this initiative. The boundaries of the area are: Memorial Drive to the north, Columbia Drive to the east, Glenwood Avenue to the south, and Candler Road to the west. All of the community lies within Georgia's 3rd Congressional District and the census tract is one of twelve in the county that has been designated as "less developed" by the Georgia Department of Community Affairs based on criteria established by statute.

According to the 2000 US Census, about 5,457 people resided within this area and no significant increase in population growth is expected through 2010 (Atlanta Regional Commission). Significantly more African Americans reside in Belvedere than in the county as a whole (92% vs 54%) and relatively more single women are heads of households in the community. In addition, mean family incomes are substantially less than that of the county and, while owner occupancy rates are virtually the same, nearly twice as many homes are vacant in Belvedere.

Behaviors

The evaluation team reviewed the most recent data available from the 2005 DeKalb County Behavioral Risk Factor Surveillance System and the 2006 Youth Risk Behavior Survey to assess the current state of HEAL behaviors as reported by residents of the county. These surveys indicate that:

- Females are more likely to be overweight/obese and physically inactive than males
 - African Americans are more likely to be overweight/obese and physically inactive than other racial groups
 - Adults in DeKalb County eat more fruits and vegetables than adults across Georgia and in the US
-

While it is critical to understand the HEAL context at the county level, a random digit dial telephone survey was conducted with Belvedere residents specifically to gain a clearer sense of HEAL status at the neighborhood level. The survey is a self-report assessment of 98 residents and their responses suggest:

- 32% are physically active at the recommended level
- 49% are eating five or more fruits and vegetables a day
- 39% self reported being obese and 37% overweight

In addition, surveys conducted with students at Knollwood Elementary, Avondale Middle, and Avondale High Schools revealed that behaviors were generally comparable with other African American youth in DeKalb County. The surveys consisted of both a self-report questionnaire and observations of each school's food environment. Some of the primary findings include:

- Most students ride in a vehicle to and from school, but more 9th graders walk
- Middle and high school students are not required to take gym throughout the academic year
- Younger students tend to feel their neighborhoods are safer than older students
- Students felt their neighborhoods did not have enough places where physical activities were offered
- Most youth felt it was easier to find sweets and junk foods rather than healthy snack options for sale in their neighborhoods
- Youth eating habits tend to worsen with age
- Elementary girls eat significantly more fruits and vegetables than boys
- Middle and high schools students have access to vending machines and consume items from this source more often than other available food sources on campus
- Eating habits for elementary students are better at school than at home

Built Environment

An assessment of the built environment and local resources was completed using asset mapping, youth and adult Photovoice, and a walkability study. The Youth Photovoice project generated photos and themes on access to healthy foods, food and infrastructure disparities, and advocacy recommendations. The Adult Photovoice also included photos and covered themes such as sidewalk access, parks and recreation, convenience stores, and dilapidated buildings. Since sidewalk access was a major theme in both Photovoice projects and a concern voiced by the IC, a walkability study was also conducted. Maps were created to illustrate where there are existing and non-existent sidewalks in Belvedere. The asset maps indicate that most of the grocery stores, parks and recreational areas, restaurants, and business places were located on the fringe of the boundaries and at intersections of the major highways. While faith based institutions or churches were plentiful, only one public school, Knollwood Elementary was located inside the community. Belvedere also has few healthcare facilities in the immediate vicinity.

Existing Policies & Future Plans

Finally, the current policy context was assessed by a review of relevant local policies and strategic plans. The review indicates that several agencies and organizations within DeKalb County support and are actively engaged in promoting healthy lifestyles among residents. Some examples include, but are not limited to:

- School Wellness Policies
-

-
- Board of Health Steps Up Programming
 - Parks and Recreation 2010 Strategic Plan
 - Belvedere-Line Street: Guide to Active Living

Perspectives and vision from the wider community were solicited at two community forums held during the community engagement phase. The first forum focused on understanding past and current perspectives on HEAL. Forum participants suggested that the primary barriers to HEAL were: time, motivation, affordability, availability, safety, stress, lack of policy, and education. A second forum was held to advance the conversation about potential solutions by settings (i.e. neighborhood, school, faith-based, and health facilities). Among the most popular strategies participants recommended were: establishing more walking clubs, providing education programs, increasing access to recreational facilities, school cafeteria menu improvements, and opening a satellite clinic.

The data as summarized represents the background literature and baseline findings for Healthy Belvedere's Community Action Plan. As the process moves forward, the partnership will continue in its commitment to add and include any other data sets and information that will inform quality decision-making.

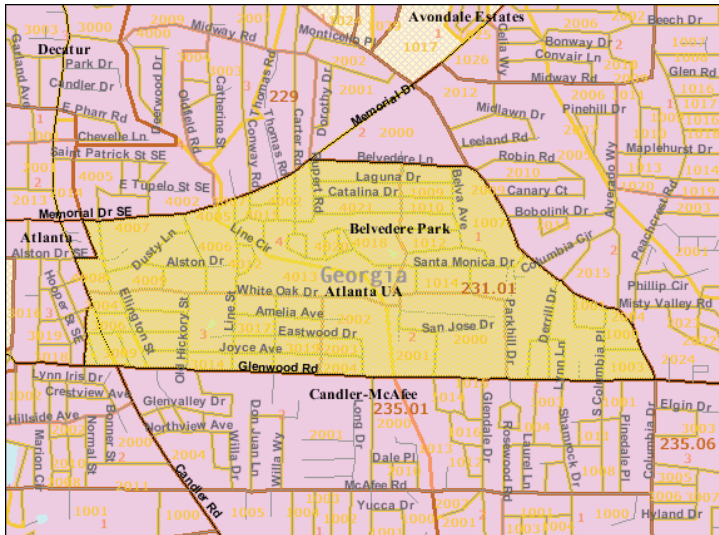


Healthy Belvedere
Making the Healthy Choice the Easy Choice

Quick Facts: Healthy Eating & Active Living Among Adults

Demographics

Belvedere is a neighborhood located in DeKalb County, Georgia. The neighborhood consists approximately of census tract 231.01 and is bound by Memorial Drive to the north, Columbia Drive to the east, Glenwood Avenue to the south, and Candler Road to the west.



Source: US Census, 2000

According to the 2000 US Census, the neighborhood served as home for 5,457 residents. General characteristics of these residents include:

- 55% female
- 44% are between 25-54 years of age with a median of 30 years
- 92% are African American
- 37% of households are headed by a single female
- 58% of households are occupied by homeowners
- 11% of housing stock is vacant

Chronic Disease

Chronic disease can emerge in adulthood if one does not maintain a healthy eating and active living lifestyle. As part of the Avondale/Towers/Columbia community health assessment area for DeKalb County, Belvedere is among the highest in the county for years of potential life lost due to stroke, heart disease and diabetes.

Across DeKalb County:

- Diabetes is higher for 45+yrs and African American
- Cardiovascular diseases are higher for 55+yrs

For more information, please visit:

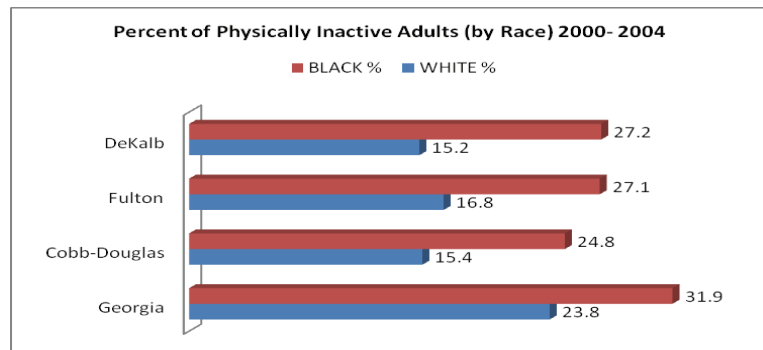
<http://www.dekalbhealth.net/information/status-health.asp>

<http://www.census.gov>

Physical Activity

The recommended minimum amount of physical activity for adults is 30 minutes of moderate activity five days a week. Less than this recommended amount increases the likelihood for obesity which, in turn, elevates risk for chronic illnesses. In DeKalb County, the level of adult physical activity is comparable to rates found among Georgians and across the US.

- 22% of adults are inactive
- 54% do not participate in vigorous activity
- Males are more active than females
- Whites are more active than other racial groups



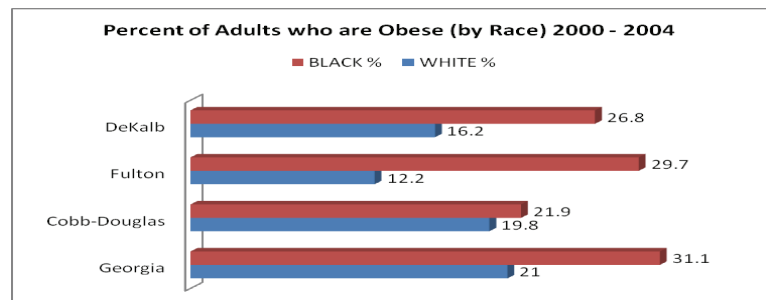
Source: DeKalb County, GA Behavior Risk Factor Surveillance Survey, 2005

Weight

Being overweight or obese increases risk for several chronic illnesses including diabetes and cardiovascular diseases. In DeKalb County, adults are:

- 35% overweight
- 21% obese

In addition, females have slightly higher rates of obesity than males. The most striking disparity is among race. African Americans have significantly higher levels of obesity than whites.



Source: DeKalb County, GA Behavior Risk Factor Surveillance Survey, 2005

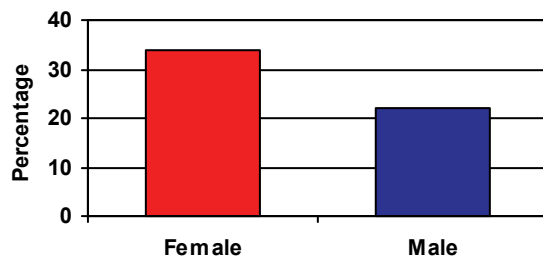
Nutrition

Proper nutrition is vital for health and preventing the onset of chronic disease. Eating the recommended five servings of fruits and vegetables a day is a critical component of a healthy diet.

In DeKalb County:

- 28% of adults eat the recommended amount of fruits and vegetables
- 43% know the minimum recommendation
- No significant differences in fruit and vegetable consumption amongst race and across age
- Females eat more fruits and vegetables than males

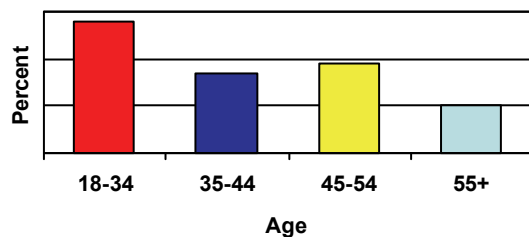
Percent who Eat Recommended Fruits and Vegetables



Source: DeKalb County, GA Behavior Risk Factor Surveillance Survey, 2005

- Younger adults, males, and African Americans tend to consume more fast food than other groups.

Percent who Frequently Consume Fast Food



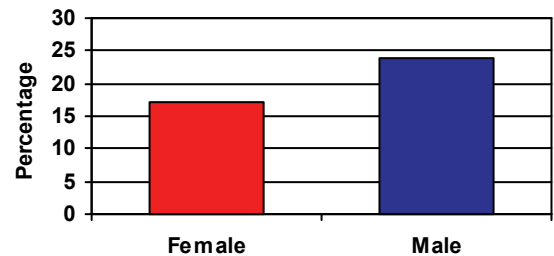
Source: DeKalb County, GA Behavior Risk Factor Surveillance Survey, 2005

For more information, please visit:

<http://www.dekalbhealth.net/information/status-health.asp>

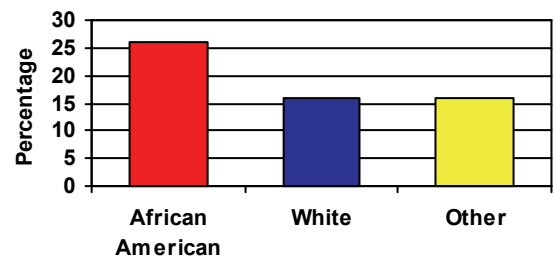
<http://www.census.gov>

Percent who Frequently Eat Fast Food



Source: DeKalb County, GA Behavior Risk Factor Surveillance Survey, 2005

Percent who Frequently Eat Fast Food



Source: DeKalb County, GA Behavior Risk Factor Surveillance Survey, 2005

Conclusion

The majority of residents in Belvedere are African American. At the county level, we know that African American adults have higher rates of diabetes than other racial groups. This disparity exists, despite a lack of significant differences in fruit and vegetable consumption across racial groups. Where African Americans differ, however, is in the lower level of physical activity and higher levels of obesity and fast food consumption.

Quick Facts: Healthy Eating & Active Living Among Youth



Background Information

To understand healthy eating and active living among youth in Belvedere, three schools were surveyed:

- Knollwood Elementary School
- Avondale Middle School
- Avondale High School

The surveys consisted of both a student questionnaire and observational measurements. Observations were conducted by local evaluators to assess the food environment in each school. The demographics of the student participants are depicted in Table 1.

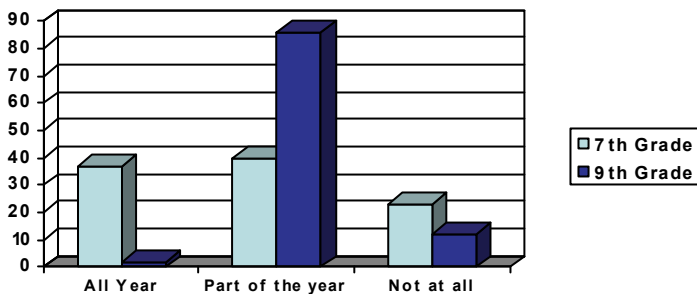
Table 1. Student Participant Demographics

	Knollwood Elementary	Avondale Middle School	Avondale High School
Total Number of Respondents	140	165	161
Percent Female	46%	47%	52%
Percent Male	51%	53%	48%
Percent African American	86%	85%	93%

Physical Activity

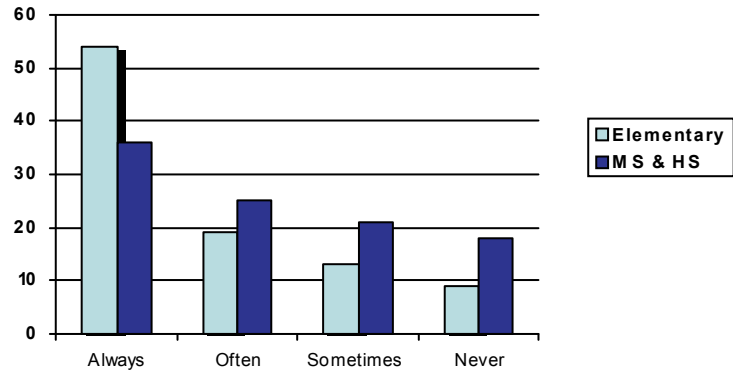
- Most students ride in a vehicle to and from school, but more 9th graders walk
- Middle and high schools students are not required to take gym throughout the academic year

Figure 1. Percent Middle and High School Students Enrolled in Physical Education



- Younger students tend to feel their neighborhoods are safer than older students

Figure 2. Percent Perceived Neighborhood as Safe



- Students felt their neighborhoods did not have many places where physical activities were offered

Eating Behaviors

- Youth eating habits tend to worsen with age

Figure 3. Elementary Student Breakfast Consumption

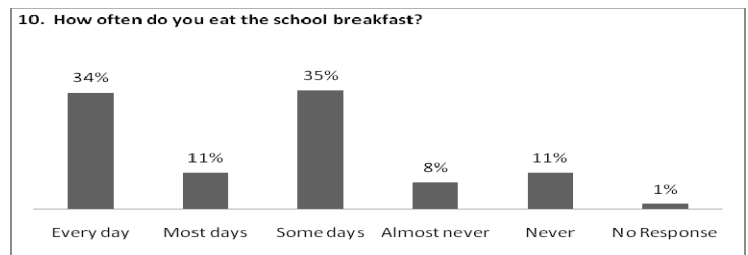
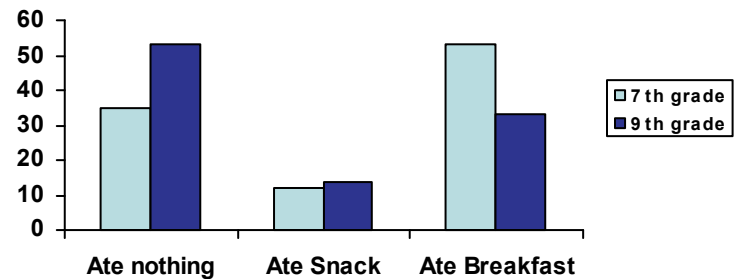
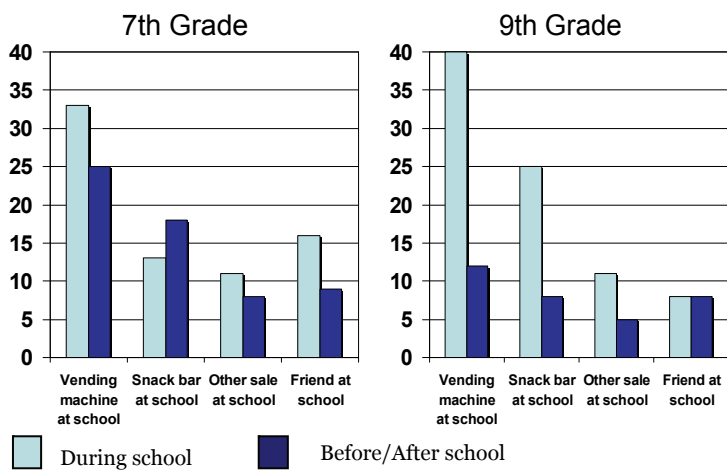


Figure 3. Middle and High School Breakfast Consumption



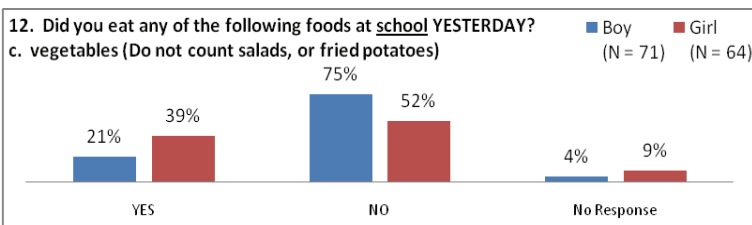
- Most elementary students eat lunch in the school cafeteria and think it tastes good
- Middle and high school students have access to vending machines at school and consume items from these machines more often than other available food sources

Figure 3. Middle and High School Food Sources



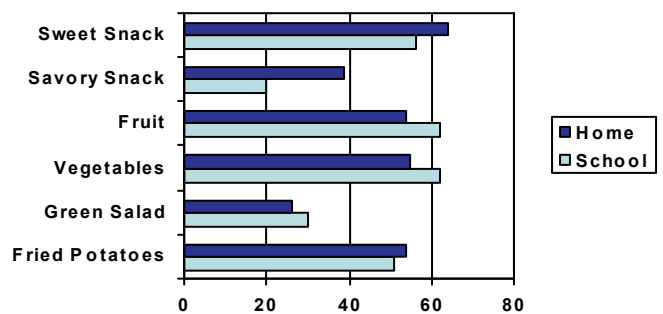
- Elementary aged girls eat significantly more vegetables than boys their age

Figure 4. Vegetable Consumption by Gender



- Most students regularly eat dinner at home
- Eating habits for elementary students are better at school than they are at home

Figure 5. School versus Home Eating Habits



Policy & Built Environment

- Most youth reported that access to exercise facilities was a barrier
- Younger students tended to feel that the neighborhood was safer than older students
- Vending machines are available in the middle and high schools, but not at elementary school
- Plain water is not served as a drink option in the elementary school cafeteria
- In November 2007, DeKalb County Schools implemented a new program that gives students the option to choose fresh fruit as a side with their lunch entrée
- Most youth felt it was easier to find sweets and junk foods rather than healthy snack options for sale in their neighborhoods

Summary Brief: Community Forum I

Background Information

The first community forum was a half-day event held on Saturday, October 20, 2007 at Christ the Lord Church of Atlanta.

The purpose of the this community forum was to hear rich stories from residents and get a sense from the community about what they thought of the following themes:

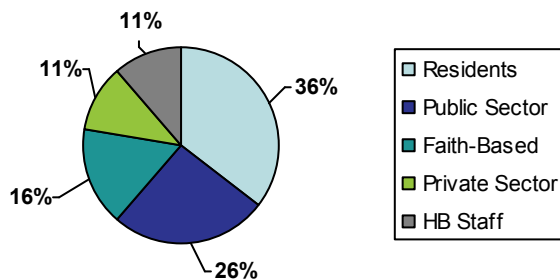
- Healthy eating and active living (HEAL) in the past, present and future
- Current concerns, issues, and barriers
- Motivating factors, strengths, and accessibility

The format of the forum was interactive where participants had the opportunity to engage in small and large group discussions. Themes from the discussions were recorded on wall and flip charts.

Participants

Sixty-two participants contributed to the first community forum. Participants represented a variety of perspectives.

Participant Representation at Community Forum I



HEAL Influences

Participants were asked to identify the people who have most influenced their HEAL behaviors. The group ranked the top influential people as:

1. Family members
2. Friends
3. Doctors, coaches, and religious leaders

Participants were also asked to indicate where they learned healthy eating and active living. The top places were ranked by the group in the following order:

1. Recreation centers and parks
2. Home
3. School
4. Doctor's office or health facilities
5. Church

Existing Barriers

Participants were asked to vote for whether they thought motivation, education, or resources was the greatest barrier to HEAL in Belvedere. These barriers were ranked as challenges in the following order:

1. Not enough resources and help (18 votes)
2. Hard to stay motivated (12 votes)
3. Do not know what to do (0 votes)

In addition, several other barriers were identified throughout the small and large group discussions. These barriers can be categorized by the following themes:

Time	Motivation	Affordability	Availability
Safety	Lack of Policy & Education	Access to Un-healthy Options	Stress

Recommended Solutions

A number of solutions were also identified by the participants. These solutions consisted of the following themes:

Environment Change	Social Support	Education	Increase Access
Improve Safety	Implement Policy	Funding for HEAL	

Summary Brief: Community Forum II

Background Information

The second community forum was a half-day event held on Saturday, November 10, 2007 at Christ the Lord Church of Atlanta.

The purpose of the this community forum was to relay findings from the first forum and gain an understanding of participants' ideas and opinions of :

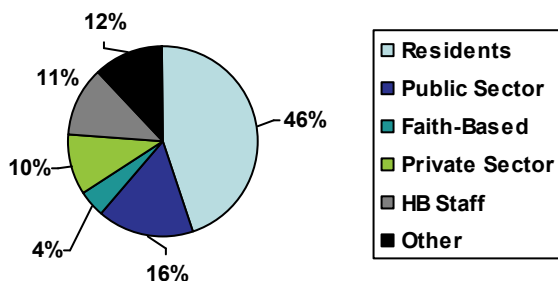
- Strategies for improving healthy eating and active living (HEAL) in Belvedere
- Approaches that would be effective in Belvedere
- Which strategies may elicit the most energy

The format of the forum was interactive where participants had the opportunity to engage in small and large group discussions. Themes from the discussions were recorded on wall and flip charts.

Participants

Sixty-seven participants contributed to the second community forum. Participants represented a variety of perspectives.

Participant Representation at Community Forum II



Wall Chart

As participants arrived, they were asked to write their ideas about HEAL improvement on sticky notes and place them on a wall chart in the appropriate setting—i.e. neighborhoods, schools, faith-based institutions, health facilities, and workplace. In addition, they were instructed to place a dot on the settings they believed to be the most important for improving HEAL. The results are summarized in Table 1.

Table 1. Wall Chart Findings

Settings	Votes	Strategies	
		Healthy Eating	Active Living
Neighborhood	22	<ul style="list-style-type: none"> Summer lunch program Saturday mini-café Home education for kids Organic community garden Improve personal diet 	<ul style="list-style-type: none"> Recreation for seniors Improve/create side-walks Walking trail Walking clubs Sports teams Neighborhood/park clean-up
Schools	17	<ul style="list-style-type: none"> Collaborate w/PTA Parent involvement in teacher initiatives Fresh produce for snack McNair High School exercise 	<ul style="list-style-type: none"> Walking clubs Gymnastics team at Knollwood Activity breaks After school activities
Health Facilities	17	<ul style="list-style-type: none"> Brochures for healthy eating Increase volunteerism & programming 	<ul style="list-style-type: none"> Increase information for seniors Aerobic training Improve physician follow-up Affordable/subsidized YMCA memberships
Faith-Based Organizations	10	<ul style="list-style-type: none"> Healthier church dinners Encourage community involvement City of Refuge (colic) 	<ul style="list-style-type: none"> Walking clubs Praise dance team Exercise programs for all ages Church outreach activities for community Church collaboration
Work Place	8	<ul style="list-style-type: none"> Nutritional education Bring own healthy lunch Cook at home 	<ul style="list-style-type: none"> 5-10 minute activity breaks Jog after work Take stairs vs. elevator

Small Group Discussions

Participants were asked to discuss and record their responses to the following questions in small groups:

1. When you think about the different settings (i.e. neighborhood, schools, faith-based organizations, and health facilities) in the community, what are the most important changes that need to be made to improve healthy eating and active living in the next five years?
2. When you think about the changes you have listed, which ones could have the biggest impact and be done within a year?

Each group wrote their responses on flip charts and then indicated which ideas they thought were most important. Following, each group shared their ideas with the larger group. After the community forum, the ideas on the flip charts were compiled and sorted. The following summary is organized by setting and indicates which ideas the group saw as priority and which ideas were repeated more than once.

Neighborhoods

Program-Level	Environment & Policy-Level
Property maintenance (2)	Walking trails (4)
Sports leagues	Access to recreation centers (4)
Fresh food giveaways	Sidewalk improvement(3)
Recipe sharing	Fresh food markets (3)
Collaborate w/YMCA and Boys & Girls Club	Improve light infrastructure (2)
Walking clubs	Garden plots(2)
Parade	Install traffic light at Santa Cruz & Glenwood
	Healthy Restaurant

**The bolded themes are those that were highlighted as priority by the group and the number next to themes is the number of times the theme was mentioned. Themes with no number next to them were mentioned only once.*

Schools

Program-Level	Environment & Policy-Level
Walking Clubs (4)	Mandate health/PE classes in all grade levels (3)
Sports Leagues (2)	Improve vending machine offerings (3)
Field day (2)	Gym access after hours
Healthy cafeteria menu (2)	Require showers after gym
Activities in class	Playground safety/maintenance policies
Involve restaurants in menu development	Involve students in health curriculum design
Create food information guide	
Send out meal plans	

Faith-Based Organizations

Program-Level	Environment & Policy-Level
Healthy brunch & dinners after services (3)	Open facilities to community partners (3)
Health education in sermons, classes, bible study, etc. (4)	
Health screenings after services	
Exercise, dance, sports programming (3)	
Healthy recipes in bulletin (2)	

Health Facilities

Program-Level	Environment & Policy-Level
Health fairs and prevention education (5)	Open satellite/walk-in clinic (6)
Support groups	Affordable/quality health care (5)
Hip hop stars to reach youth	Needs-based transportation (2)
Healthy diet sheets	Mobile unit
	Open facilities on weekends
	Healthy foods available at centers
	Assist Grady (3)

EVIDENCE-BASED ENVIRONMENTAL AND POLICY STRATEGIES TO PROMOTE HEALTHY EATING AND ACTIVE LIVING

ENVIRONMENTAL INTERVENTIONS

- ☑ Are defined as a class of strategies that do not require individuals to self-select into a defined educational program; instead, they encourage positive nutrition and physical activity by creating opportunities for action and removing barriers (Glanz and Millis 1988)
- ☑ Are “strategies that involve changing the physical surroundings and social, economic, or organizational systems in order to promote individual behavior change” (Matson-Koffman, Brownstein et al 2005)

POLICY INTERVENTIONS

- ☑ Are interventions fostered through policies (legislation or regulatory) such as school policies legislating the reduction of unhealthy food choices in school lunches

CHANGING THE SCHOOL ENVIRONMENT

According to Ashe, Feldstein et al. (2007), schools are institutions uniquely positioned to help promote students’ overall health.

- ☑ Reduce the barrage of advertising that encourages students to make poor nutritional choices
- ☑ Schools can legally prohibit all food and beverage advertising on school property or “can prohibit the advertising of food and beverages that have for health reasons, been excluded by the district to sell to the school community” (Ashe, Feldstein et al. 2007)
- ☑ Implement comprehensive, district-wide healthy food and beverage policy that establishes nutrition standards
- ☑ Pass a healthy vending policy: establish regulations, preferably at district level, to govern vending machine contracts (PolicyLink 2004; Ashe, Feldstein et al. 2007)

Challenges Associated with Vending Machines

- ☑ Vending machines are poorly regulated, provide access to the least nutritious foods and beverages, and are most convenient to purchase
- ☑ Vending machine contracts may provide cash and non-cash benefits to schools (e.g., paying for student trips & other extra-curricular activities; or in exchange for corporate donations (PolicyLink 2004)

CHANGING NUTRITION IN THE BUILT ENVIRONMENT

These strategies require collaboration between land-use planning decisions and nutritional environments.

- ☑ This is crucial in low-income neighborhoods that often suffer disproportionately from disinvestment and poor land use planning, which frequently results a food desert – i.e.,

“residential neighborhoods that lack ready access to the components of a fresh and healthful diet” (Ashe, Feldstein et al. 2007).

- ☑ Low-income neighborhoods have fewer grocery stores than their wealthier counterparts; grocery stores in African-American neighborhoods frequently do not offer healthful items such as fruits, vegetables, non- and low-fat milk and low-fat snacks (PolicyLink 2004)

Strategies include the following

- ☑ Limiting the number and density of fast food and other restaurants
- ☑ Improving the nutritional profile of foods offered in convenience stores
- ☑ Supporting the establishment of farmers’ markets, community gardens, and full-service supermarkets (This entails regulation of land use by local governments)

INCREASING ACCESS TO COMMUNITY FACILITIES

“Public health advocates are beginning to seek ways to open up facilities such as schools, church buildings, and community centers for public recreation when not otherwise in use” (Ashe, Feldstein et al. 2007).

- ☑ Many of these facilities house gyms, courts, tracks, fields, or swimming pools that sit vacant much of the time, especially in communities that lack access to safe and low-cost places to exercise
- ☑ **Challenges:** Must consider potential resistance to allowing outsider use; may increase concerns regarding funding, management and organization, and exposure to legal liability
- ☑ **Strategy:** advocates can become conversant in the financial, organizational, and legal issues associated with opening up facilities beyond regular hours

Considerations for Increased Facility Access:

- ☑ Need to identify and secure funding to cover costs associated with the public use of facilities (e.g., nonprofit organizations; matching grants?)
- ☑ Need to delineate how public use of facilities will be structured and operated
- ☑ Need to decide who is liable when facilities are used after hours. Is it with the funding source or the facility itself?

CHANGING THE POINT-OF-PURCHASE ENVIRONMENT

This strategy intervenes in the marketing of non-nutritious foods (especially to children);

- ☑ Limit and monitor the advertising of unhealthy foods, we help the consumer make healthier choices
- ☑ State and local governments could ban or restrict certain non-nutritious food types or food that fall below a specified nutritional standard (e.g. New York City restricts use of trans fats in restaurants)
- ☑ Land use and zoning policies can also limit the prevalence of liquor stores and fast foods outlets (PolicyLink 2002)