If We Build It, We Will Come: A Model for Community-Led Change to Transform Neighborhood Conditions to Support Healthy Eating and Active Living

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Neighborhoods affect health. In 3 adjoining inner-city Cleveland, Ohio, neighborhoods, residents have an average life expectancy 15 years less than that of a nearby suburb. To address this disparity, a local health funder created the 2010 to 2013 Francis H. Beam Community Health Fellowship to develop a strategic community engagement process to establish a Healthy Eating & Active Living (HEAL) culture and lifestyle in the neighborhoods. The fellow developed and advanced a model, engaging the community in establishing HEAL options and culture. Residents used the model to identify a shared vision for HEAL and collaborated with community partners to create and sustain innovative HEAL opportunities. This community-led, collaborative model produced high engagement levels (15% of targeted 12,000 residents) and tangible improvements in the neighborhood’s physical, resource, and social environments. (Am J Public Health. 2015;105:1072–1077. doi:10.2105/AJPH.2015.302599)

The Saint Luke’s Foundation of Cleveland, Ohio, funded and established the 2010–2013 Francis H. Bean Community Health Fellowship (housed at the Case Western Reserve University Center for Reducing Health Disparities) to engage the community in improving conditions, culture, and lifestyle around Healthy Eating & Active Living (HEAL) at the neighborhood level, as part of their ongoing 10-year neighborhood revitalization plan. The fellow functioned as facilitator, connector, and catalyst to create a model envisioned by, led by, and integrated into community, abandoning the usual community health approach that places manufactured health programs into communities.

KEY FINDINGS

- The Healthy Eating & Active Living (HEAL) Model was developed to test the feasibility of a community-led approach to change neighborhood conditions and improve community health. The work proves that communities can come together to articulate a shared vision for their collective future and take strategic action to implement it with the community-led model for HEAL.
  - Establish a community leadership with majority community representation.
  - Gather community voice to identify values and priorities for the community’s future, and conduct neighborhood assessments to identify current assets and resources.
  - Identify and prioritize opportunities for collaborative action that is community envisioned, implemented, and sustained.
  - Form collaborative community working groups to develop and advance collaborative strategies.

- The role of the fellow as a facilitator and source of technical and theoretical assistance to the community, rather than as a prescriptive adviser, is critical to ensure successful community-owned strategies.

NEIGHBORHOODS, THE places where we live, work, play, and age, affect health and life expectancy. Residents of 3 adjacent Cleveland, Ohio, neighborhoods have average life expectancies 15 years less than residents of a suburb 8 miles away. Factors influencing behaviors around healthy eating and physical activity are significantly linked to neighborhood conditions. The physical, social, and resource conditions of neighborhoods can promote or deter healthy eating and physical activity behaviors. Although some neighborhoods have fewer resources for making healthy choices, research shows that when residents take an active role in improving neighborhood conditions, a positive effect on health results.

DEVELOPMENT AND IMPLEMENTATION

The fellow used best practices for community engagement and health promotion to develop a place-based community health model around HEAL. This model is a dynamic, community-led process that continuously engages community members in identifying and prioritizing strategic opportunities for HEAL, building HEAL culture, and implementing...
Community voice was elicited with a comprehensive engagement strategy that included focus groups, appreciative inquiry, stakeholder interviews, the arts, and large group visioning forums. Equal resident participation across neighborhoods was sought. A complementary HEAL asset assessment identified existing neighborhood resources and opportunities for healthy food and active living (Table 1).

### Collaborative, Community-Led Strategies

Considering community-identified priorities and existing assets, the HEAL Council identified actionable areas of opportunity to build infrastructure for healthy living and develop a culture of health in the neighborhood. The council used the resulting plan, the Community Vision for Healthy Living, to engage the larger community in creating, implementing, and participating in strategies for each priority area.

HEAL strategies create change in the neighborhood’s physical, social, and resource environments. HEAL strategies align community voice and assets, providing opportunities for residents and partners to work together to innovatively co-create the changes outlined in the Community Vision for Healthy Living. The strategies were built with the HEAL core value of “community connectedness,” maintaining fidelity to community voice, providing on-the-ground leadership to continuously increase community engagement, and advance the strategic plan. Community engagement is the core of the HEAL Model. Guided by the principle “Do Nothing About Me Without Me,” resident leaders and the community-at-large are empowered throughout the process to create changes they envision in their neighborhood. The HEAL Model places the power to identify and determine how to address priorities into the hands of the community rather than the institution or grant-making organization. This power shift positions the fellow, community partners, and stakeholders to support, rather than drive, the community’s agenda.

### Project Description

Healthy Eating & Active Living (HEAL) engages residents of 3 adjacent inner-city Cleveland, Ohio, neighborhoods in transforming their community to make healthy food and exercise a part of the culture and daily living in these neighborhoods. Since its inception in 2010, HEAL has grown into a community movement, empowering residents, producing high levels of resident engagement, and creating tangible changes in neighborhood culture and environment to support healthy living.
### TABLE 1—Summary of Healthy Eating & Active Living (HEAL) Actualized in Community Across 3 Neighborhood Environment Domains: Cleveland, OH, 2010–2013

<table>
<thead>
<tr>
<th>HEAL Priority</th>
<th>Physical</th>
<th>Resource</th>
<th>Social</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable</td>
<td>Neighborhood garden network (192 backyard gardens, 13 community gardens, 1 urban farm and orchard, 3 school-based gardens)</td>
<td>Hands on gardening training and support led by residents and organizations</td>
<td>Garden mentor network</td>
<td>Food retail scans</td>
</tr>
<tr>
<td>Accessible</td>
<td>Produce in corner store</td>
<td></td>
<td>Garden leader network</td>
<td>Food access surveys</td>
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<tr>
<td>food</td>
<td></td>
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<tr>
<td>Opportunities for active living that build relationships</td>
<td>5 community centers, 1 church, 3 parks host free exercise activities</td>
<td>Year-round free exercise classes (≥ 40 volunteer-led activities/week for all ages)</td>
<td>Exercise classes and walking groups led by resident volunteer instructor (80% of instructors are from the neighborhood)</td>
<td>Tracked repeat participation, retention, and growth of class size and number offered</td>
</tr>
<tr>
<td>Space</td>
<td>Silver Sneakers gym</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hubs and safe spaces</td>
<td>3 marked walking routes</td>
<td></td>
<td></td>
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<tr>
<td>Opportunities to learn and practice healthy living skills</td>
<td>Hands-on learning community kitchen Neighborhood walking routes with route markers and maps</td>
<td>Year-round healthy cooking courses for adults and youths Adult and youth healthy weight, healthy lifestyle clinical coaching</td>
<td>Resident-initiated efforts Walking groups and events Health forums in salons and barbershops Resident-led healthy cooking and snack demonstrations</td>
<td>Assessed satisfaction, change in knowledge, skill, and intent among participants</td>
</tr>
<tr>
<td>Space</td>
<td></td>
<td></td>
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<tr>
<td>Intraconnected and interconnected communities</td>
<td>Kiosk at library</td>
<td>Multimedia neighborhood communications: flyers, mailers, Web, mobile application, video, and social media</td>
<td>Established HEAL Council with resident leaders from each neighborhood Cross-neighborhood community planning and workgroups Semiannual HEAL focused community planning and resource events</td>
<td>Counts of reach and response rate for flyers, Web, etc.</td>
</tr>
<tr>
<td>Space</td>
<td></td>
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<tr>
<td>Branding and awareness</td>
<td>HEAL cobranding Signage connecting partner programs and establishments</td>
<td>Interactive HEAL Web site and social media</td>
<td>HEAL and the arts HEAL wristbands HEAL partner events</td>
<td>Brand awareness survey</td>
</tr>
</tbody>
</table>
whereby relationship building is the primary driver for garnering resources, aligning strategy, and building necessary infrastructure to create change at a scalable level. The fellow modeled this concept in the visual of a Buckeye Tree (Figure 2).

The HEAL Council formed community working groups that connected and engaged resident leaders, lay residents, and community partners in developing and advancing strategies for priority areas (Table 1).

Example: Creating Opportunities for Exercise

In the Community Vision for Healthy Living, residents identified “opportunities for active living that build relationships” as essential for a healthy, thriving neighborhood. The HEAL resources assessment showed few organized opportunities for active living. One recreation center, shared by 4 neighborhoods, operated at maximum capacity with limited hours and activities.

Fifteen neighborhood parks and green spaces were identified as community assets. Considering community voice, available resources, and opportunities for action, the HEAL Council led a community working group to create a free summer outdoor exercise series. The community working group used personal relationships to recruit volunteer activity leaders and exercise instructors from the neighborhood to lead 8 activities at 3 neighborhood parks for 12 weeks. The first quarter had 400 regular participants. Within 2 years, 40 weekly volunteer-led activities were offered each quarter, averaging 300 monthly participants.

The HEAL Council and residents also worked together to
construct 2 community gym spaces and created a community exercise certification program, providing scholarships for instructor certification to residents who, in return, provide free instruction hours to the community to sustain this infrastructure for active living.

**EVALUATION**

The fellowship focused primarily on the feasibility of successfully developing and implementing a model for community-envisioned and community-implemented change in neighborhood conditions around healthy food and exercise. The program evaluator (J.B.L.) and evaluation intern (Erica Chambers, MPH) evaluated the 6 HEAL priority areas to assess change created in 3 neighborhood domains: physical, resource, and social environments (Table 1). Change indicators for each environment were measured with varied data collection methods.

Engagement was evaluated for reach and authenticity according to the definition, core values, and 10% participation goal set by the HEAL Council at the onset of the work. The HEAL Model exceeded the goal, engaging 15% of the residents (1800) in the focus population (Figure 3) in 2 years.

**NEXT STEPS**

The next key steps are to (1) support continued use of the model to evaluate long-term sustainability and engagement for HEAL activities, and (2) replicate the model in other neighborhood settings to establish proof of concept.

Future evaluation should include measures to understand and validate the community engagement process, describe changes in relationships and behaviors associated with implementation of the work resulting from the model, and assess changes in neighborhood health associated with the work.

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Contributors
All authors collaborated in designing the project and writing and revising the article.

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Human Participant Protection
This project did not include human participant research; therefore, institutional review board approval was not sought.

References


