

**Marin Community Foundation  
Healthy Eating Active Living Grantmaking Framework**

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FINAL DRAFT

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## I. INTRODUCTION

### A. Background

Marin County consistently ranks as one of the healthiest and wealthiest counties in the nation. With its proximity to San Francisco and beautiful natural environments, highly ranked schools, pleasant weather, and quaint communities, Marin is a highly desirable place to live. Its population is, for the most part, well-educated and prosperous. Nearly 55% of Marin County residents have a bachelor's degree or higher (U.S. Census Bureau, 2009-2013). Home ownership rates approach 63% (U.S. Census Bureau, 2009-2013).

Yet not all residents can equally enjoy the quality of life offered by Marin County. Marin County's overall health and well-being mask the economic struggles and poor health indicators of its poorest communities which are correlated to neighborhood, ethnicity, educational level, and income. According to the 2010 United States Census, Marin County had a population of 252,409, and 20% were non-white (American Community Survey, 2010). Whites and Asians scored highly on the Human Development Index, a composite score of health, education and living standard indicators (8.88 and 8.44 out of 10, respectively) compared to 5.72 for African Americans and 5.17 for Latinos (A Portrait of Marin: Marin County Human Development Report, 2012). While the overall countywide diabetes rate is very low, a recent screening program in Marin's low-income communities found that 63% of those screened were diabetic or pre-diabetic (Marin Independent Journal, May 15, 2014). While life expectancy for residents of the affluent community of Ross is 94 years, the life expectancy for residents in San Rafael's unincorporated areas is only 77 (Population Health Institute, "County Health Rankings").

The cost of living in Marin County is extremely high, making it difficult for low-income residents, people of color and immigrant communities to thrive. In 2014, the median home price approached \$1 million (Data Quick, 2014). According to Marin County's Department of Health and Human Services, about 25% of Marin County's population lives below the income level needed by working families just to meet their basic needs (Marin County Department of Health and Human Services, "Health Inequities and Poverty Masked by Affluence in Marin County, California", poster, 2011). In the predominantly Latino Canal district, nearly 65% of residents have incomes less than the 200% Federal Poverty Level (FPL) and nearly three quarters of residents spend more than 30% of their income on rent (Healthy Marin Partnership, 2013 Marin County Community Health Needs Assessment). Of the 4,000 children who are eligible for and in need of subsidized childcare, more than half cannot be accommodated (Marin County Child Care Commission, "The Marin County Child Care Master Plan, 2008-2013). Spending per pupil at San Marin High School in Novato is only 60% of the dollars spent per student at high schools in the county's wealthier communities (California Department of Education, "Dataquest" and School Accountability Report Card, 2009-2010).

While some Marin County communities enjoy access to abundant healthy eating and physical activity opportunities, the county's lowest income communities are likely to lack access to fresh fruits and vegetables, walking paths and bike lanes, and safe and clean parks. Marin City, home

to the County's largest African American population, has no grocery store, farmer's market or public park (CX3, A Health Snapshot of Marin City, 2014). In the Canal district, fast food establishments proliferate, residents feel unsafe and the community has access to only one park (CX3, A Health Snapshot of the Canal, 2014). Marin City, parts of Fairfax, parts of West Marin, and parts of Novato have rates of vigorous physical activity lower than 25% (Healthy Marin Partnership, 2013 Marin County Community Health Needs Assessment). In Marin County, about 30% of children are overweight by the age of 5; over 34% of low-income Hispanic children are overweight (First 5 Marin Children & Families Commission, Marin County Early Childhood Obesity Prevention Plan, 2012). Data on Marin County fifth graders shows disparities between high and low-income schools. In the Marin Community Foundation's (MCF) target low-income school districts (Sausalito Marin City, San Rafael, Novato, and Shoreline) the proportion of physically fit children (scoring in the Healthy Fitness Zone on Fitnessgram testing) ranged from 6% to 31% as compared with 57% of children in the Healthy Fitness Zone in the Ross school district. Even greater disparities were found in children's weight status; the low-income districts had between 39% and 47% of fifth graders overweight/at risk for overweight while 11% of Ross fifth graders were categorized as overweight/at risk for overweight (Fitnessgram).

Participation rates in federal food assistance programs are some of the lowest in California. Less than one third of eligible people participate in Marin County, leaving nearly 15,000 eligible children, adults and seniors with no federal nutrition assistance (Fixing Food Together: Marin County Food System Assessment Project, 2013). According to the SF-Marin Food Bank, more than 20% of the County's residents are in need of food assistance (Marin Health and Human Services, 2014 Marin County Local Supplement: County Health Rankings Key Points).

Older adults are a vulnerable - and growing - population in Marin County. In 2014, approximately 68,000 people over the age of 60 resided in Marin (Marin County Division of Social Services Aging and Adult Services, Live Long, Live Well: Area Agency on Aging Plan, Fiscal Year 2014-2015 Update), accounting for 26% of the County population (U.S. Census Bureau: State and County QuickFacts, 2015). By 2030, there will be an estimated 121,000 adults over 60 living in Marin (Senior Mobility Action and Implementation Plan, draft, based on data from the Association of Bay Area Governments, September 2009).

Although many Marin older adults are financially secure, up to 12,000 live below the Elder Index, existing on minimal incomes: less than \$29,000/year for individuals who rent and \$37,000 for couples who rent (UCLA Center for Health Policy Research, 2011). 2008-2010 data show that 2,000 Marin residents over 65 lived on incomes below the Federal poverty line, and 10% of the Marin households receiving food stamps included at least one person over age 60 (Marin Health and Human Services, Profile of Marin Older Adults, undated presentation).

A network of community based organizations, governmental agencies and community residents is working to address the disparities in access to healthy eating and physical activity opportunities in Marin County and its lowest-income communities through a variety of strategies including fresh, locally grown produce in schools, bringing full service grocery stores to communities that lack them, and facilitating access to park trails.

## B. HEAL Grantmaking Framework Development

Policy, systems and environmental (PSE) change to improve access to healthy food and physical activity leads to healthy, safe and livable environments resulting in improved health outcomes for Marin County residents over the long term. Due to the healthy eating and physical activity inequities in Marin County and the high level of interest in addressing these issues, The Marin Community Foundation engaged Ad Lucem Consulting to develop a Healthy Eating Active Living (HEAL) grantmaking framework to inform MCF's HEAL grantmaking within a health equity framework. Viewing HEAL through this lens allows MCF to:

- Address the policies, systems and environments that contribute to weight and activity disparities in Marin County
- Shift focus:
  - Obesity → Health and Quality of Life
  - Disease → Well-being
  - Individual → Environmental

The framework development process identified many HEAL opportunities and challenges and allowed MCF to narrow its focus to 3 high priority areas to address during the initial two years of HEAL grantmaking. These priority areas allow MCF to build on work already underway and to leverage investments from other MCF program areas. For each priority area – childcare, older adults and PreK-3, the framework includes a rationale, goals, priority strategies, capacities and partners needed to implement the strategies, recommended projects to fund, and outcomes and suggested evaluation measures. The childcare priority area is ripe for immediate action as HEAL strategies can be incorporated into the childcare quality improvement process underway. As a result, the childcare priority area is more developed than the other priority areas, which require investment in needs assessment and planning during the initial two years of the HEAL initiative. The initial two years of the HEAL initiative are a learning period, and future grantmaking will be developed and scaled based on the learning from the first two years. The framework concludes with a discussion of ways in which MCF can provide leadership on HEAL with diverse partners by promoting best practices and collaboration.

## II. RESEARCH FINDINGS SUMMARY

### A. Stakeholder Input

Healthy eating and active living are topics that intersect with almost every sector of a community – from health care and public health to education to business and transportation. To capture a variety of perspectives on healthy eating and active living opportunities and challenges, Ad Lucem Consulting talked with a wide variety of Marin County stakeholders. Eleven stakeholders were interviewed individually (see Appendix I for a list of interviewees), and two stakeholder groups were convened. Four Marin County Funders with an interest in HEAL came together with MCF program directors to discuss their thoughts on HEAL priorities and challenges as well as opportunities for funder collaboration. MCF leadership, program

directors and evaluation and learning staff discussed how HEAL funding could best be aligned and integrated with other MCF grantmaking priorities (such as childcare, early education, and the environment) to achieve shared goals. Findings from the stakeholder interviews and meetings highlight particular needs within Marin County as well as recommend strategies most likely to be successful.

#### Contextual Issues:

Stakeholders pointed out a number of factors that influence Marin County residents' ability to access healthy food and physical activity as well as factors that may influence the feasibility and success of HEAL interventions:

- High cost of living in Marin:
  - Hard to afford fresh food.
  - Multiple jobs leave little time for cooking healthy meals, eating family meals, and engaging in physical activity.
- Inequities must be acknowledged and addressed.
- Municipal leadership reluctance to adopt plans/policies/public amenities that may be associated with low-income communities.

#### Cross-cutting Themes:

A number of cross-cutting themes emerged from the stakeholder interviews/discussions that frame HEAL in the larger context of Marin County community needs:

- Key populations with the greatest need for improved access to healthy food and physical activity include: young children (0-5), older adults across the County, and West Marin residents.
- There is an intersection between healthy food, environment and economic development.
- HEAL is a crucial element for child development and learning in childcare and early education settings.
- Neighborhood safety is a key element of physical activity interventions.
- Successful active living strategies respond to cultural and community preferences.
- Childcare centers, school sites and community centers are ripe settings for policy and environmental change strategies.
- Shared outcomes and common indicators are a growing interest within MCF, among Marin County HEAL funders and among partners/stakeholders engaged in HEAL.
- There is a tension between comprehensive and targeted grantmaking. Identifying 2-3 key HEAL disparities, based on data and community needs, allows a focus on the right programs and the best organizations with which to partner.

#### West Marin:

West Marin, due to its rural nature, presents a number of unique challenges and opportunities related to HEAL.

- Challenges:
  - Food insecurity for farm workers.
  - Food retail that is geared to tourists and with high prices.

- Transportation and overcoming geographic isolation.
- Opportunities:
  - Develop strategies that create access to healthy food options and simultaneously promote economic development.

#### Opportunities:

Stakeholders identified a number of opportunities to accelerate and institutionalize change to create environments that support healthy eating and physical activity:

- HEAL resources will allow childcare sites to make nutrition and physical activity quality improvements that are otherwise beyond their capacity.
- Intervention around HEAL impacts educational outcomes: evidence exists for a strong link between hunger, physical activity and academic success.
- Established strategies exist to address hunger, food quality, and physical activity in schools and childcare settings through:
  - Increasing participation in the school meal programs, particularly breakfast (for example, breakfast in the classroom).
  - Instituting recess before lunch.
  - Evidence based programs for improving physical activity (Schools in Motion, Playworks, Catch).
- Expanding existing promotore/community health outreach worker capacity will help to address HEAL PSE change:
  - Promotores are the trusted resource in communities.
  - Promotores and community health outreach workers are able to reach the most at risk/hard to reach populations.
  - Evaluate promotore/community health outreach worker reach, capacity and quality to identify the best ways to integrate HEAL.

#### Challenges:

Stakeholders recognized the following barriers to HEAL PSE work in Marin County.

- Limited capacity and expertise among organizations to carry out PSE strategies effectively.
- Lack of coordination among Marin County 's 11 municipalities.
- Difficulty among organizations to move from planning to implementation and limit focus to a few, strategic areas.
- Difficulty expanding effective school site strategies into school district-wide initiatives.
- Lack of clearly defined, measurable outcomes for programs and funders.

#### HEAL Funder Priorities:

The Marin County HEAL funders identified a number of HEAL PSE change interventions currently underway that they perceive as priorities within the County:

- Increase access to healthy food:
  - Small market makeovers in the Canal.
  - Grocery store in Marin City.
  - Farm Fresh incentives.

- Provide healthy foods in childcare and schools:
  - Build on the Wellness coordinator position at Marin County Office of Education (funded by the philanthropic sector).
- Create sufficient and safe physical activity opportunities for youth.

#### HEAL Funder Collaboration:

HEAL funders expressed a strong desire to collaborate on HEAL PSE interventions, recognizing the value of a collective approach.

- Coordinate grantmaking strategically to achieve substantial collective impact.
- Focus on a narrow set of agreed upon strategies/priorities for greatest impact.
- Foster systems coordination to connect and enhance effectiveness of disconnected HEAL activities.
- In partnership with communities, develop/adopt a common set of indicators and benchmark progress on achieving outcomes.
- Identify additional funders to include in collaborative funding activities. Reach out to funders who may not identify as health funders, but who have related interests (e.g. Marin County Parks).
- Build on funders' strengths – linking organizations, brokering relationships, promoting capacity building, serving as a convener.

#### Recommendations:

When asked to make recommendations on the HEAL PSE strategies with greatest impact, stakeholders provided both general suggestions for organizing and aligning HEAL PSE work as well as recommendations for how to approach specific HEAL topics.

#### *Overall recommendations:*

- Link HEAL PSE work to nutrition/health education and programming.
- Work on the local level: communities have distinct needs.
- Convene grantees to build relationships, promote peer learning and allow best practices to emerge (The California Wellness Foundation model).
- Build capacity of organizations working in HEAL to set appropriate objectives/outcomes and implement best practices.
- Build political will for HEAL systems: food systems and transportation.
- Cultivate a cadre of strong community leaders and promotores to advocate for HEAL change and expand/sustain HEAL efforts and reach.
- Align messaging in communities across settings (e.g., clinics, schools) and populations (e.g., parents, older adults).

#### *Topic Specific Recommendations:*

- Childcare sector:
  - Institute strong HEAL policies and practices.
  - Train childcare providers who are conduits to families and are often low-income themselves.
- Schools: leverage ongoing work.



- Expand services for older adults: congregate meals and physical activity.
- Transportation: crucial to accessing healthy food and physical activity.
- Infuse HEAL into strengthening the clinic-community connection.
- Promote community gardens.
- Parks: build new and improve existing parks.

#### Role for MCF:

A number of recommendations emerged from the stakeholder conversations on the most effective role MCF can play as a partner in promoting HEAL PSE change in Marin County.

- Leverage strategies/interventions that have momentum.
- Increase transparency: inform communities of MCF thinking and planning.
- Fill gaps where other funding isn't available.
- Set clear expectations for strong outcomes.
- Provide technical assistance to build capacity to achieve outcomes.
- Cultivate HEAL leadership.
- Promote accountability.
- Position outcomes as a priority.
- Continue to play the convener role.
- Provide resources for systems planning.
- Support interconnectedness through technology.

#### Internal Policies and Practices:

To position MCF as a HEAL leader within Marin County, MCF leadership and program directors identified a number of internal actions to assure that MCF is prioritizing healthy eating and physical activity in a way that is visible to Foundation staff as well as external community partners.

- Adopt an MCF wellness policy.
  - Model wellness policy for other organizations.
- Adopt HEAL guidelines that MCF grantees must follow to spread organizational wellness.
- Assure that MCF HEAL grantmaking is conducted through an equity lens; HEAL strategies must address the greatest inequities in the County.
- Educate and engage MCF leadership as champions for HEAL PSE change and health equity; MCF leadership can serve as advocates and influence other County leaders.
- Provide leadership to maximize public dollars accessed for HEAL in Marin County.
- Highlight MCF's successes and lessons learned to motivate and engage partners.
- Utilize MCF's unique approach to capacity building to promote HEAL PSE change.
- Provide HEAL capacity building funds for grantees that serve as anchor organizations.
- Infuse MCF's civic engagement priority into HEAL. Build community resident leadership on HEAL issues.
  - Childcare and Early School Success program areas have a parent engagement component that HEAL can leverage. Identify activated pockets of parent engagement and engage these parents in HEAL.

## B. Focus Group Summary

In March and April 2015, Ad Lucem Consulting conducted three focus groups with Marin County promotoras/community health workers/community resident activists, childcare providers, and parents of children in childcare (28 participants total across the three focus groups). The focus group objectives were to explore healthy eating and physical activity needs, opportunities, and challenges in Marin communities with a specific focus on childcare for the childcare provider and parent focus groups.

The focus groups were designed as semi-structured discussions with set questions and probes to elicit detailed responses. Ad Lucem Consulting utilized partner organization referrals to recruit participants representing Marin County's highest need communities (San Rafael Canal district, Marin City, West Marin and South Novato). Despite numerous emails and phone calls and due to the distance to the focus group locations, fewer individuals from Marin City and West Marin participated in the focus groups than from the other target communities. Each focus group session averaged 90 minutes and was facilitated by a trained moderator and co-moderator/note taker; two focus groups were conducted in Spanish and one in English. All focus groups were audio-recorded while the co-moderator took detailed notes. Each focus group participant received a \$25 gift card; participants in the promotoras/community health workers/community resident activists and parent focus groups also received transportation stipends. Verbatim transcripts of each focus group were prepared by a transcription company and used for data analysis.

### Promotoras /Community Health Workers/ Community Resident Activists Focus Group: Key Findings:

The focus group participants identified the following overall challenges to HEAL PSE work in Marin County:

- Low quality school lunch and lack of personnel dedicated to tending school gardens.
- Limited physical activity opportunities in schools, particularly in Title I schools that need to focus on academics over physical education and intramural sports.
- Lack of affordable and quality foods, especially fresh produce.
  - Despite the efforts of some food security service providers, some focus group participants stated that the foods provided are not always culturally appropriate and of high quality.
  - Some access to affordable and culturally appropriate food and fresh produce exists in the Canal district, but fresh produce continues to be inaccessible and unaffordable in other low-income areas.

*If it were all of us [saying we want changes], then the [school] district would have to change. But it's just two or three of us.*

*~ Promotora/community health worker/community resident activist focus group participant*

- Difficulties engaging in physical activity in low-income communities due to lack of access to clean, safe parks, affordable gym memberships and exercise classes, and school physical activity facilities outside of the school day.
- Low level of awareness of existing HEAL services and programs.
- Imbalance between stores selling healthy foods and stores selling alcohol in the lowest income communities.
- Feelings of isolation, inequality and sometimes discrimination.
- High rents in low-income communities account for a large portion of income.

Focus group participants identified a variety of opportunities and assets for HEAL PSE change, particularly in schools.

- Work with schools to improve school meals.
- Increase the availability of free, high quality after school physical activity programs for children and youth conducted by professionals in safe settings.
- Conduct parent engagement activities that motivate parents to ask for changes in schools.
- Ensure access to healthy food, nutrition education and physical activity that it is culturally appropriate and available in Spanish.
- Work with the City of San Rafael to stop authorizing alcohol licenses in the Canal district.

#### Childcare Provider Focus Group: Key Findings:

Childcare provider focus group participants described the characteristics of an ideal childcare system that would maximize HEAL:

- A support entity is needed to coordinate HEAL efforts in childcare sites through common assessments, tools and a group that convenes on a regular basis to share ideas and resources. Childcare centers and family child care homes should be given room for creativity and innovation, however, to develop innovative strategies at their sites.
- Direction and role modeling has to come from committed childcare leaders, who can motivate staff.
- Childcare staff need to be trained to implement changes that infuse HEAL into the daily workings of the childcare site. A coaching model that trains providers onsite was identified as most effective. Outside providers coming into the childcare setting and leading isolated nutrition education or physical activity classes is not effective for sustainable change.
- Include nutrition education and physical activity in childcare provider training and certification curricula in community colleges.
  - Childcare sites would benefit from additional staff members who have nutrition education, healthy food preparation and/or gardening skills.
- Increase outdoor activity time to provide physical activity and build appreciation for the environment.

*It [HEAL] shouldn't be something extra. It is a part of the whole thing. It is woven into...everything that is being talked about.*

~Childcare provider focus group participant

- Promote physical activity for physical health, motor skill development and mental health.
- Engage parents in HEAL PSE change activities at the childcare site to facilitate translating HEAL practices to the home.
- Engage parents in gardening/farming/food production to create economic development opportunities (job training, employment) while simultaneously increasing access to fresh produce for childcare sites. Build partnerships with organizations engaged in healthy food production and distribution.
- Place a high priority on cultural competence when making changes in the childcare healthy eating and physical activity environment.
- Support the health and wellness of childcare staff. Examples included on site physical activity and healthy eating opportunities, exercise equipment, walking groups and kitchens stocked with healthy foods and beverages and reduced cost gym memberships.

Providers recommended replicating the North Bay Children's Center model that includes the following tools, strategies, and curricula to support HEAL in childcare settings:

- Institutional food policies for menus, celebrations, and staff and parent meetings.
- Train-the-trainer models.
- Physical activity coaches.
- Parent engagement.
- Outdoor classroom model.
- C.H.O.I.C.E. tool-kit and self-assessment questionnaire (Contra Costa Child Care Council).
- CATCH program includes motor skills development.

*We would all have common policies and also assessment tools to identify [and capitalize on] common resources in the county so that every child has the same experience in early childhood with healthy eating and physical activity.*

*~Childcare provider focus group participant*

Participants in the childcare provider focus group also recognized the following real world barriers to establishing healthy eating and physical activity environments in childcare settings:

- Lack of time for teacher training and planning.
- Lack of awareness of and underutilization of health education materials and programs available through Marin County Department of Health and Human Services (HHS).
- Physical activity challenges: Working with mixed age groups and difficulty finding physical education specialists for the 0-5 year old age group.
- Family child care homes and childcare centers do not provide the same level and quality of access to healthy eating and physical activity opportunities.
- Childcare physical activity infrastructure is often not conducive to outdoor activities in a natural environment.
- Differences in cultural practices at home versus in the childcare setting.

### Parents with Children in Childcare Focus Group: Key Findings:

Focus group participants expressed that while childcare centers and family child care homes have different challenges, both can benefit from the following changes:

- Higher quality food.
- Additional skilled staff to promote healthy eating and physical activity (e.g. personnel with experience in child nutrition/meal preparation/menu planning and gardening).
- Physical activity policies.
- Food policies for celebrations and other events.
- Case managers to help parents navigate the childcare system, and empower them to act on their rights – including the right to quality HEAL childcare environments. This is especially needed for parents with children in family child care homes.
- More parent engagement around healthy eating and physical activity while recognizing that parents have little time to participate.
- Affordable, active summer programs, camps, and after school activities.

*Thirty minutes of physical activity should be mandatory [in childcare settings].*

~Parents with children in childcare focus group participant

### Overall Recommendations:

Findings from the three focus groups revealed a number of recommendations for improving access to healthy eating and physical activity opportunities:

- Emphasize healthy eating and physical activity as organizational/institutional values that lead to greater health and productivity.
- Create coordinated and seamless systems for ensuring access to HEAL opportunities for children and families.
  - Replicate adapt and expand partnerships and resources that are already in place to support HEAL in childcare [e.g. HSS Nutrition Education and Obesity Prevention (NEOP) program, SF-Marin Foodbank, Northbay Children's Center].
- Engage staff and families in creating change.
- Improve the quality and cultural appropriateness of foods that are offered in childcare settings and schools.
- Assure consistent and varied opportunities for families to be physically active in partnership with a variety of governmental and community based partners.
- Foster supportive work environments that encourage healthy lifestyle choices.
- Train staff on healthy eating and physical activity.
- Utilize train-the-trainer and coaching models to enhance capacity to implement HEAL changes in childcare and school environments.
- Adopt and implement organizational wellness policies that include strong nutrition and physical activity standards in childcare, schools and other settings serving children and families.

### III. GRANTMAKING RECOMMENDATIONS

The grantmaking recommendations included in this section emerged from a synthesis of the key findings uncovered from the stakeholder interviews/discussions and focus groups described above as well as a review of reports describing Marin County demographics, health statistics and current and past efforts around HEAL. These grantmaking recommendations are designed to provide direction to the HEAL initiative over the initial two years of grantmaking (summarized in Appendix II). As the HEAL initiative gathers experience and matures, activities presented here may be deepened or expanded upon, revised, discontinued or added to.

The following section describes the overall goals for MCF's HEAL grantmaking as well the three priority areas on which this initial grantmaking will focus over the next two years. HEAL needs in Marin County are great and widespread, yet there was a clear message from the stakeholders that real impacts would only be achieved by selecting a limited number of priorities for focused attention and financial support. For each priority area described below, a rationale is provided to describe why the area emerged as a priority.

#### A. Overarching Goals

The overarching goal of the MCF HEAL initiative is to assure that all Marin communities actively support healthy eating and physical activity environments, especially in the most under-resourced areas in Marin County (San Rafael Canal District, Marin City, South Novato and West Marin). Marin County offers a plethora of healthy food and physical activity opportunities, yet these are often not available to the County's low-income residents. MCF's HEAL work will be conducted through an equity lens, with grantmaking strategically designed to reduce disparities in access to healthy food and physical activity and to assure that all County residents benefit from the HEAL movement that is firmly rooted in the County. MCF's HEAL funding will promote access to healthy food and physical activity for children and adults residing in Marin County, with specific focus on childcare settings, programs for older adults, and PreK-3 settings. The childcare area will be addressed with interventions during the first two years of the HEAL initiative, while older adults and PreK-3 will be explored during the first two years and addressed with specific interventions in later years. The MCF HEAL funding will be designed to:

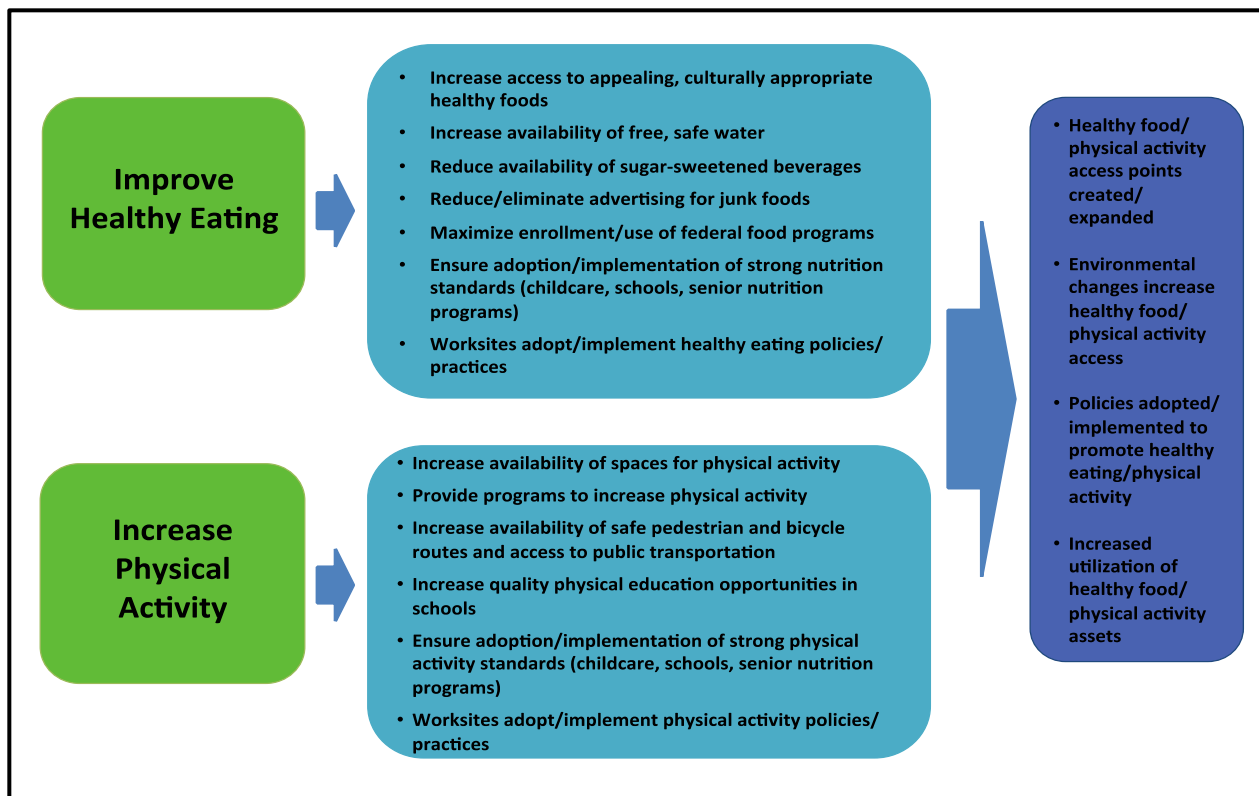
- Engage community partners, organizations and government institutions in creating a seamless healthy eating and physical activity environment in Marin County's highest need communities.
- Enhance the capacity of community partners, organizations and government institutions to create healthy eating and physical activity policies, systems, practices and environments.
- Facilitate sharing and dissemination of lessons learned and best practices.
- Leverage relationships, programs and resources with other Marin HEAL funders to maximize impact.
- Utilize PSE change to ensure sustainability of HEAL improvements.
- Engage and empower community residents as key players in the change process from project initiation through project sustainability.

- Link HEAL funding to other MCF program areas.
- Cultivate HEAL leadership by:
  - Building capacity.
  - Convening stakeholders.
  - Prioritizing outcomes.

All of the items above will be touched on in the HEAL Initiative’s first two years, but some items will be addressed more robustly in future years.

Figure 1 provides a visual representation of HEAL policy, systems and environmental changes that can be expected to result in increased access to and utilization of healthy eating and physical activity environments and opportunities. These best practices can be applied to the three priority areas.

**Figure 1: HEAL Policy, Systems and Environmental Change Best Practices**



## B. Priority Area: Childcare

### Rationale:

There is widespread recognition of the importance of intervening on HEAL for the youngest children – ages zero to five – in order to maximize mental and physical development and cement lifelong habits that lead to a healthy, happy and productive adulthood (Robert Wood



Johnson Foundation, Healthy Eating Research, Active Living Research, Preventing Obesity Among Preschool Children: How Can Child-care Settings Promote Healthy Eating and Physical Activity Research Synthesis, October 2011). Children in the zero to five age group spend significant amounts of time in childcare and society counts on childcare to model and teach parents good parenting skills, including HEAL behaviors. Working with childcare settings allows an intervention to reach multiple populations, including children, parents, and childcare providers/staff who are often low-income and from target communities.

Childcare settings face numerous challenges in providing healthy eating and physical activity environments for children, staff and families:

- Inadequate resources to provide healthy foods due to low Child and Adult Care Food Program (CACFP) reimbursement rates.
- Weak CACFP meal pattern guidelines.
- Lack of HEAL policies to support HEAL practices.
- Lack of provider training in HEAL practices.
- Uneven provider understanding of optimal early childhood feeding practices.
- High sugar, fat and sodium food “treats” provided for rewards and celebrations.
- Ensuring children’s physical activity is provided at the appropriate developmental level.
- Lack of space and equipment for physical activity and play.
- Providers not comfortable participating in physical activity with children.
- Staff consuming unhealthy foods and beverages in front of children.

15,623 children ages 0-5 live in Marin County [as cited on kidsdata.org, California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060; US Census Bureau, Current Population Estimates, Vintage 2012 (June 2013)] and approximately 10.5% of Marin County children are living in poverty (U.S. Census Bureau, American Community Survey, 2010). 24.8% of children in Marin live at or below 200% of the federal poverty level. Marin’s youngest residents are cared for in 178 childcare centers (serving 8,575 children) and 158 licensed family child care homes serving 1,902 children (Community Care Licensing, 2014). 1,811 children in Marin receive some sort of childcare subsidy (Marin Child Care Council Central Eligibility List, rolling date).

Childcare settings provide an environment ready for policy and practice change. Childcare centers are a regulated environment; the CACFP provides nutrition standards (currently weak but under revision) for foods served in childcare, and the childcare licensing process sets health and safety standards for licensed childcare settings. Title 22 provides basic guidance on childcare quality including the childcare environment and daily activities for children. The childcare quality improvement (QI) process underway is a focus at the State and national levels, and childcare QI metrics include healthy eating and physical activity goals; but childcare providers won’t prioritize HEAL quality measures without incentives and assistance. MCF prioritizes childcare access and is investing in supporting the QI process. Adding a focus on HEAL is a natural enhancement of MCF’s childcare grantmaking, which will lead to achieving outcomes shared by both MCF priorities.



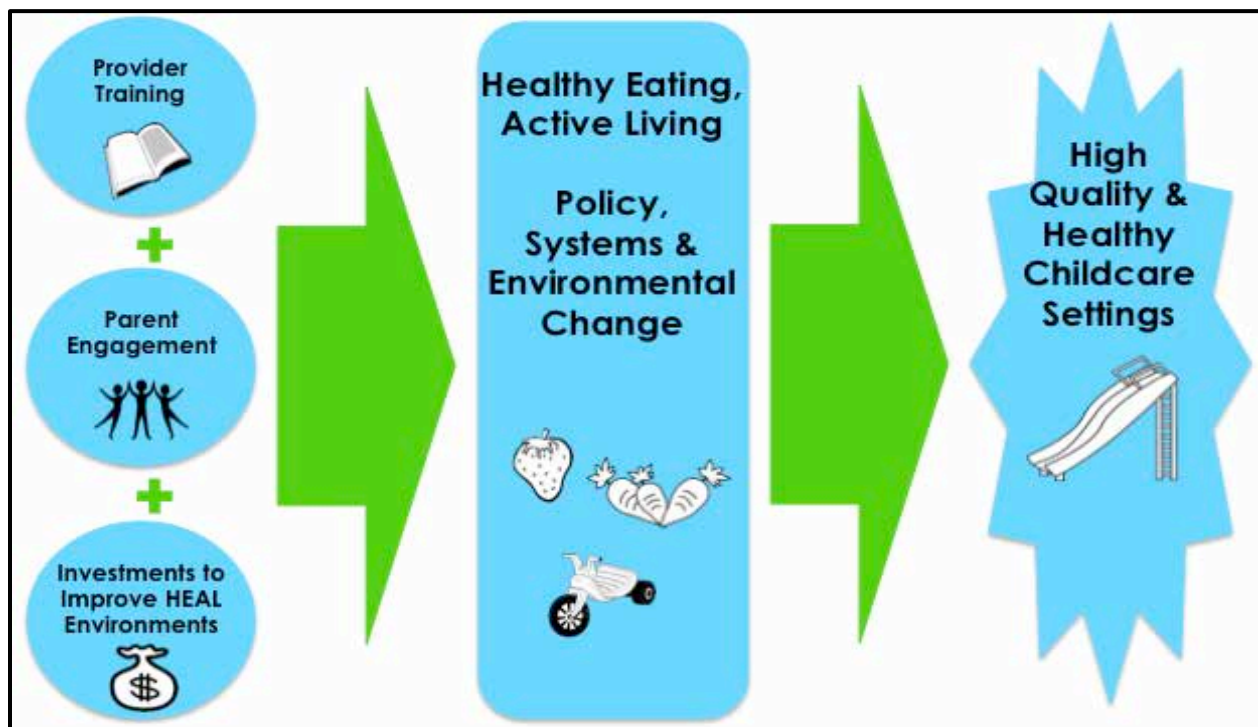
### Childcare Grantmaking Goals:

MCF HEAL funding in the childcare area seeks to achieve the following goals:

- Support childcare providers/staff to provide healthy eating and physical activity environments for all children in childcare.
- Assist childcare providers to address barriers to creating/improving healthy eating and physical activity environments in childcare settings.
- Enhance the capacity of the Marin County childcare system and individual childcare sites to effectively promote healthy eating and physical activity PSE change.
- Promote effective and culturally appropriate HEAL strategies in childcare settings.
- Promote the health and wellness of childcare providers/staff.
- Actively engage families in improving the food and physical activity environment in childcare settings.

In the childcare area, provider training, parent engagement, and investments to improve HEAL environments are needed to create HEAL policy, systems and environmental changes, resulting in high quality, healthy childcare settings. (See Figure 2, Childcare Theory of Change).

**Figure 2: Childcare Theory of Change**



### Priority Strategies to Achieve Childcare Goals:

Childcare grantmaking will focus on childcare centers for the first two years as these settings are easiest to reach and have structures and systems in place that lend themselves to sustainable changes. Centers have a high level of readiness to improve HEAL environments as

well as mechanisms for parent engagement. Once best practices and lessons are learned from initial work with centers, the HEAL approach can be tailored to licensed and exempt family child care homes.

The following strategies emerged from the focus groups, stakeholder interviews and document review as needed to achieve sustainable HEAL improvements in the childcare area:

- Provide HEAL PSE technical assistance and training to childcare sites:
  - In order to successfully improve HEAL in childcare settings, a culture shift needs to take place that embraces health and wellness and addresses the challenges listed in the Childcare Rationale section above. This culture shift is facilitated by training and support that guides childcare providers to infuse HEAL into all aspects of their setting by adopting HEAL policies, integrate HEAL into lesson plans, and provide children access to culturally appropriate healthy food and physical activity opportunities.
  - Integrate HEAL PSE into ongoing QI coaching.
- To achieve the QI standards, childcare providers need resources and incentives to implement concrete PSE changes.
- Align childcare sites receiving TA and resources with direct education programming (e.g. NEOP program) to maximize parent knowledge and attitude shifts as well as engagement in activities to improve childcare food and physical activity environments.
- Recognize innovation and excellence in creating HEAL childcare environments:
  - Celebrate accomplishments and acknowledge that HEAL change is challenging yet feasible. Stimulate and inspire childcare providers to make sustainable HEAL changes.
- Engage parents in HEAL PSE activities.

#### What's Needed to Implement Childcare HEAL Strategies:

##### *Capacities*

Implementing the childcare HEAL strategies requires a comprehensive and coordinated approach in collaboration with Marin County's key childcare stakeholders and leaders to foster continuous learning and sharing of best practices. Considerable gains have been made in increasing access to childcare; efforts are needed to build childcare capacity to engage in the following HEAL activities:

- Assessing HEAL assets and deficits in childcare sites.
- Developing, implementing and monitoring healthy eating and physical activity policies.
- Providing healthy eating and physical activity opportunities for staff and positioning staff as HEAL role models for families.
- Engaging parents in culturally appropriate healthy eating and physical activities and PSE change.
- Providing childcare families with onsite access to culturally appropriate healthy foods to supplement their food dollars.
- Creating innovative and inviting HEAL environments within childcare settings, including gardens, outdoor time and structured and unstructured active play.

### *Partners*

Childcare providers want technical assistance (TA) from trusted sources who have experience in the County and childcare expertise. Potential organizational partners include:

- Childcare systems, centers and family child care homes
- Resource and referral agency
- Community college/ECE certification providers
- HHS
- Food bank/other community food security organizations
- SNAP Ed and other food assistance programs
- Physical activity programs (Soccer Shots, Schools in Motion)
- Funders

### Recommended Childcare Grantmaking:

Table 1 describes recommended childcare grantmaking during Years 1 and 2 of the HEAL Initiative, including projects, objectives/activities, potential grantees, and funding level.

**Table 1: Recommended Childcare Grantmaking**

Project	Objectives/Activities	Potential Grantee(s)	Possible Funding Level
<p>Technical Assistance and training to up to 20 center-based childcare sites</p>	<ul style="list-style-type: none"> <li>• Position an agency as the lead HEAL TA provider for childcare.</li> <li>• Identify high need childcare centers for participation in TA and training (e.g. Title 5). Select from sites participating in MCF’s Childcare and PreK-3 initiatives; selection criteria will include childcare center leadership readiness for and commitment to HEAL PSE improvements.</li> <li>• Assemble, adapt, and/or create resources/toolkits to guide childcare centers to make HEAL improvements.</li> <li>• Identify parent engagement best practices and adapt/create toolkits and trainings on effective parent engagement in the childcare setting.</li> <li>• Act as a TA broker to connect childcare sites to expertise and resources outside of the childcare arena. Facilitate access to specialized TA depending on needs and priorities.</li> <li>• Develop HEAL coaches (may be existing QI coaches) to visit childcare centers for in-person training and support.</li> <li>• Provide group and individual TA/training to childcare sites (leadership and staff) around meeting the HEAL QI goals.</li> <li>• Test TA/training approaches with year 1 selected childcare sites: <ul style="list-style-type: none"> <li>○ Needs assessment including analyzing data and reviewing findings.</li> <li>○ Creating an action plan that includes objectives and specific activities to achieve HEAL improvements around PSE change.</li> <li>○ Integrating HEAL into childcare center leadership responsibilities and practices.</li> <li>○ Staff wellness policy and practices.</li> <li>○ Parent engagement.</li> <li>○ Implementing the action plan.</li> <li>○ Monitoring and sustaining HEAL changes.</li> </ul> </li> <li>• Conduct process evaluation during year 1 to assess TA provider role, reach, and efficacy. Use process evaluation findings to revise plans for year 2.</li> <li>• Repeat the process with additional sites in year 2 and consider refunding</li> </ul>	<p>In partnership with Marin Child Care Council (MC3)</p>	<p><b>Year 1: \$130,000</b></p> <p><b>Year 2: \$130,000</b></p> <p>Funds cover:</p> <ul style="list-style-type: none"> <li>• Staff time</li> <li>• Training materials</li> <li>• Other training needs</li> <li>• Data and technology needs</li> <li>• Travel</li> </ul>

Project	Objectives/Activities	Potential Grantee(s)	Possible Funding Level
	<p>TA/training to year 1 sites that show significant progress.</p> <ul style="list-style-type: none"> <li>Convene an advisory committee to the TA/training provider to assure use of best practices and responsiveness to community needs and cultural sensitivities. <ul style="list-style-type: none"> <li>Engage existing parent advisory groups in providing input on HEAL.</li> </ul> </li> <li>Adapt the TA/training and materials for family child care home providers (year 2).</li> </ul>		
<p>Grants directly to childcare sites to implement HEAL improvements</p> <p>Up to 20 childcare centers</p>	<ul style="list-style-type: none"> <li>Provide implementation funds directly to childcare sites receiving the TA described above to make HEAL PSE changes and meet QI standards.</li> <li>Sites agree to engage in site assessment, policy development and adoption, systems/practice change, environmental improvements, parent engagement, and monitoring to assure sustainable change.</li> <li>Sites can be hand selected based on knowledge of their readiness or picked through an RFP process.</li> <li>Provide sites with funds to participate in TA/training and PSE change. Funds cover: staff time to participate in trainings, conduct assessments, participate in coaching sessions, conduct parent engagement activities, develop policies, make physical changes to environment and implement new systems/practices. Allow up to \$5,000 of the total budget per site for the physical changes required to improve the environment (equipment, landscaping, etc.).</li> </ul>	<p>Childcare centers in target geographies participating in MCF's Access to Quality Child Care Initiative</p>	<p>\$10,000 - \$15,000 for participation per site</p> <p><b>Year 1: \$100,000 - \$150,000</b></p> <p><b>Year 2: \$100,000 - \$150,000</b></p>
<p>Childcare Provider Education: Infusing HEAL</p>	<ul style="list-style-type: none"> <li>Fund community college(s) to develop HEAL courses (units) as an integral part of their early childcare education degree program/skills certificate.</li> <li>Includes developing professional expertise to teach the material, standard curriculum, educational materials and fieldwork/internship experience focused on HEAL.</li> </ul>	<p>College of Marin</p>	<p><b>Year 1: \$10,000</b></p> <p><b>Year 2: \$10,000</b></p> <p>Funds cover: Staff time to research</p>

Project	Objectives/Activities	Potential Grantee(s)	Possible Funding Level
			appropriate course content, time to develop course materials, administrative tasks to include HEAL units in the course schedule
Childcare HEAL Champion Award	<ul style="list-style-type: none"> <li>Establish an award program to recognize innovation and leadership in improving HEAL PSE in childcare settings. Provide awards for: <ul style="list-style-type: none"> <li>Systems leaders</li> <li>Childcare centers</li> <li>Parent advocates</li> <li>Family child care home providers (future years)</li> </ul> </li> <li>Establish a review committee to develop award criteria and nomination process, and make award selections.</li> <li>Provide a cash award and recognition. Disseminate the award through MCF communications and partner agency communications.</li> </ul>	MC3	<b>Year 1: \$12,000</b> <b>Year 2: \$12,000</b>
Outreach to Family Child Care Home Providers	<ul style="list-style-type: none"> <li>Investigate the best methods for reaching licensed and exempt family child care home providers with HEAL PSE TA, trainings, and incentives for change.</li> <li>Explore how to reach family child care home providers, what HEAL PSE changes are feasible to make, and what supports or resources family child care home providers need in order to make HEAL improvements and engage parents in HEAL.</li> </ul>	MC3	<b>Year 2: \$20,000</b>
<b>Total Childcare Funding</b>			<b>Years 1 and 2: \$524,000-\$624,000</b>

#### Childcare Outcomes and Suggested Evaluation Measures:

A number of outcomes are achievable given the grantmaking outlined above. Table 2 below provides preliminary suggestions on measurable outcomes and appropriate evaluation measures to capture the impact of the first 2 years of HEAL grantmaking in the childcare area.

**Table 2: Childcare Outcomes and Suggested Evaluation Measures**

<b>Outcome</b>	<b>Evaluation Measure</b>
Policies in place to assure a healthy food and beverage environment	Childcare site policy inventory
Policies to assure plentiful and engaging physical activity opportunities	Childcare site policy inventory
Childcare sites provide a healthy food and beverage environment	Environmental assessment of childcare sites
Childcare sites provide plentiful and engaging physical activity opportunities	Environmental assessment of childcare sites
Childcare staff prioritize and integrate healthy eating and physical activity into the childcare day (lesson plans, schedules, etc.)	Childcare director and staff survey
Childcare sites support staff wellness	Childcare director and staff survey
Increased parent knowledge of and engagement in healthy eating and physical activities at the childcare site	Parent focus group Childcare director and staff survey
Healthy eating and physical activity opportunities meet the cultural preferences of children and parents	Parent focus group

#### **C. Priority Area: Older Adults**

##### Rationale:

Among the county's 82,000 adults over 60, a significant number struggle to make ends meet, making difficult choices between spending on housing, medicine and food (Center for the Health Professions, UCSF, Assessing Services Aimed at a Diverse Aging Population in Marin, Undated Document). Only 50% of Latino and African American adults over age 60 in Marin County say they can usually find fresh produce in their neighborhood (California Health Interview Survey, 2011-2012). Of Marin County Latino and African American adults over age 60 only 24% say they engage in regular physical activity; 54% report doing some physical activity and 22% report being sedentary (California Health Interview Survey, 2009).

Structured programs exist (congregate meals, home delivered meals, senior centers) to provide older adults with food supports, and these programs are ripe for improvement and expansion to maximize utilization and draw down additional federal dollars from programs such as SNAP, Medicare nutrition counseling, and congregate meals. The timing is right to build on MCF's demonstrated commitment to serving the needs of older adults by introducing a HEAL element to complement other older adult grantmaking; MCF funding could supplement and enhance the activities of the Marin Department of Health and Human Services Office of Aging and Adult

Services as they enter the planning phase for their next Area Agency on Aging (AAA) 4 year plan.

#### Older Adult HEAL Grantmaking Initiative Goals:

- Develop a comprehensive understanding of the barriers for older adults to accessing healthy eating supports as well as promising strategies for improving utilization of healthy eating supports.
- Explore PSE strategies to facilitate physical activity for older adults.
- Move from planning to action on improving healthy food access for older adults.
- Create a space for sharing best practices and brainstorming solutions to challenges.

#### Priority Strategies to Achieve Older Adult HEAL Initiative Goals:

As a first step in addressing the HEAL needs of older adults, stakeholders suggested focusing on understanding how to enhance access to and utilization of healthy eating opportunities for older adults. Programs exist within the County that provide healthy food to older adults, but maximizing utilization of these services remains challenging. Although physical activity access is also important, a focus on physical activity is more appropriate once utilization of congregate meal sites has increased, providing a ready audience for physical activity interventions.

Work to promote HEAL PSE change to benefit older adults should take advantage of the growing interest in Marin County to create age-friendly communities. The age-friendly communities movement is bringing local leadership to the table, and there is an opportunity to insert HEAL priorities into these discussions.

Stakeholders consistently cited a lack of data around senior nutrition services needs, preferences and utilization as a major barrier to program improvement. By supporting a needs assessment, MCF can inform the AAA planning process with robust data on senior nutrition program usage as well as innovative and feasible strategies – tested within the County and elsewhere - for improving access to and utilization of senior nutrition programs. Specific strategies include:

- Support robust needs assessment of Marin County older adult healthy eating supports (congregate and home delivered meal programs, CalFresh).
- Identify tested strategies for enhancing utilization of senior nutrition programs.
- Assure that needs assessment data informs development of the 4 year AAA plan.
- Build on the plans/priorities developed by the Aging Action Initiative of Marin County; support priority setting and putting plans into action.
- Support continued collaboration/conversation among aging services providers.
- Explore how promotores can be engaged in conducting outreach to older adults to engage them in senior nutrition programs.

#### What's Needed to Implement the Older Adult HEAL Strategies:

##### *Capacities*

In order to better serve the older adults of Marin County, there is a real need to understand the knowledge gaps of providers regarding senior nutrition program access and utilization. Data is



needed on why older adults do and don't utilize healthy eating supports and there is a need to develop a tracking system that will provide this information on a regular basis to inform program improvements. Enhanced data tracking is especially valuable as the demographics of the Marin older adult population are changing rapidly. Significant population characteristics that influence program planning include: growing older adult population, different needs of the younger versus frail older adult populations, older adult workforce participation, and increased ethnic diversity of older adults. Capacity is needed around understanding and implementing senior nutrition program best practices, particularly around program marketing and outreach, appealing to ethnic populations, and accommodating the needs of different segments of the older adult population.

#### *Partners*

Stakeholders engaged in HEAL across disciplines and sectors recognize that older adults are a population in need of greater attention in Marin County. The following partners were identified as crucial to enhancing healthy food access for older adults:

- Aging Services Providers
- CalFresh and Food Banks
- HHS DAAS
- Local municipalities
- Marin County Parks
- Community Based Organizations
- Faith Based Organizations
- Funders

#### Recommended Older Adult Grantmaking:

Table 3 describes recommended older adult grantmaking during Years 1 and 2 of the HEAL Initiative, including projects, objectives/activities, potential grantees, and funding level.

**Table 3: Recommended Older Adult Preliminary Grantmaking**

Project	Objectives/Activities	Potential Grantee(s)	Possible Funding Level
Senior Nutrition Services Needs Assessment and Best Practice Scan	<ul style="list-style-type: none"> <li>• Develop and implement a robust data collection system for senior nutrition programs (including CalFresh) that tracks demographics of attendees, barriers to access, healthy eating/physical activity and socialization opportunities provided, and incorporates existing data on older adult nutrition and physical activity environments. Includes research with congregate meal program attendees and non-attendees.</li> <li>• Conduct a scan of senior nutrition program best practices (tested or evidence based within Marin County or with similar populations) to identify which practices should be replicated across the County.</li> <li>• Research opportunities and barriers to facilitating older adult physical activity.</li> <li>• Explore the best ways to integrate HEAL into Age-Friendly Cities/Communities work.</li> <li>• Incorporate data collected into the DAAS AAA 4 year plan with the objective to improve senior nutrition program systems.</li> </ul>	SF Marin Food Bank, Food Policy Council, Cooperative Extension, U.C. Berkeley Center for Weight and Health, UCSF	<b>Year 1: \$50,000</b> <b>Year 2: \$50,000</b>
Taking Action to Improve HEAL Access for Older Adults	<ul style="list-style-type: none"> <li>• Support the regular convening of the Aging Action Initiative of Marin County to identify PSE priorities and put plans into action to address identified needs.</li> <li>• Train aging services providers on the PSE approach and provide TA on implementing PSE strategies to improve HEAL environments.</li> <li>• Leverage County and other local government funds for action plan implementation. Priority activities may include: improving linkages between aging service providers, training and technical assistance, outreach campaigns, and addressing transportation gaps.</li> </ul>	Aging Action Initiative of Marin, Aging services providers	<b>Year 1: \$20,000</b> <b>Year 2: \$125,000</b>
<b>Total Older Adult Funding</b>			<b>Year 1 and Year 2: \$245,000</b>

#### Older Adult Preliminary Outcomes and Suggested Evaluation Measures:

Recommended grantmaking for older adults focuses on needs assessment, best practice identification, action planning, and early implementation. Appropriate valuation of MCF's initial older adults grantmaking will focus on the extent to which: 1) tasks are completed, 2) information is disseminated, and 3) first steps towards implementation are taken.

**Table 4: Older Adult Preliminary Outcomes and Suggested Evaluation Measures**

<b>Outcomes</b>	<b>Evaluation Measures</b>
Aging service providers have the data needed to strategically plan for maximizing utilization of senior nutrition programs	Data reported and data tracking system in place
Detailed short-term action plan (with feasible objectives) guides work to improve senior nutrition program systems and environments?	Action plan document developed and disseminated to key stakeholders
Aging service providers implement the action plan	Evaluation tailored to specific action items

#### **D. Priority Area: PreK-3**

##### Rationale:

Quality PreK-3 education is an MCF priority; adding a focus on HEAL is a natural extension of this work that will contribute to meeting established education-related outcomes as healthy eating and physical activity are key to school readiness and maximizing learning. The ten schools (from 4 school districts) participating in MCF's PreK-3 Initiative serve a growing population of low-income and English Language Learner (ELL) students; rates of Free and Reduced Price (FRP) meal participation are high at these schools, ranging from 50-100% (Marin Community Foundation, Early School Success Demographics Update). PreK-3 sites have a level of readiness to make HEAL improvements; there is demonstrated interest among education leaders around improving school food and physical activity environments, and a number of schools within the County are models of HEAL best practices that can be replicated. The PreK-3 setting presents many opportunities for HEAL intervention:

- PreK-3 settings are already regulated by federal nutrition standards, state physical activity standards and local wellness policies; these policies provide a foundation for further PSE changes to create a truly healthy school environment for all students.
- Evidence-based programs are available to address both food and physical activity in the school setting.
- PreK-3 sites overlap with the childcare sites MCF will support through the QI process.
- Addresses disparities in food and physical activity environments between high and low-income schools.

##### PreK-3 Grantmaking Initiative Goals:

- Identify and provide health and education professionals in Marin County with a comprehensive understanding of the priority needs for HEAL improvements in PreK-3.
- Put policies and systems in place to institutionalize healthy food and physical activity practices and environments.

- Maximize children’s access to healthy food and physical activity in PreK-3 settings.
- Align with direct education providers (e.g. HHS NEOP) to create synergistic efforts to address HEAL.
- Position HEAL as integral component of the overall PreK-3 improvement strategy.

#### Priority Strategies to Achieve PreK-3 Initiative Goals:

PreK-3 sites juggle many competing demands. To position HEAL as a priority and to make HEAL improvements feasible, intervention strategies must focus on a small set of concrete changes that will have maximum impact on improving access to healthy eating and physical activity at PreK-3 sites to contribute to achieving education objectives. MCF’s HEAL grantmaking for PreK-3 will be aligned and integrated with MCF’s Education program area.

- Include HEAL in the MCF PreK-3 needs assessment to identify HEAL best practices and priorities in PreK-3 settings.
- Develop HEAL components to the overall PreK-3 strategy that address HEAL PSE priorities identified during the needs assessment. Include HEAL elements that will enhance access to healthy food and physical activity in a sustainable manner. HEAL PSE intervention implementation will begin in school year 2016-2017 at the school sites targeted by the MCF PreK-3 Initiative.
- Expand on and disseminate the HEAL PSE advancements underway at the Marin County Office of Education (MCOE) and early-adopter schools to assure that all PreK-3 students have access to quality HEAL environments at school.

#### What’s Needed to Implement the PreK-3 HEAL Strategies:

##### *Capacities:*

To create quality HEAL environments for all Marin PreK-3 students, education leadership needs capacity to conduct a HEAL planning and prioritization process that results in implementing HEAL strategies as core elements of quality PreK-3 education. In addition, education staff and leadership need capacity to implement evidence-based HEAL best practices and adapt and replicate County-wide the promising strategies that have proved successful at individual schools. There is a need within the County for an organization to take the lead on and build the capacity to assess HEAL needs and engage educators in prioritizing the HEAL topics to address.

##### *Partners:*

The following organizations are natural partners for conducting the PreK-3 needs assessment/best practice scan:

- |   |                              |
|---|------------------------------|
| ■ PreK-3 sites in low-income Marin County communities (especially MCF PreK-3 Initiative and HHS NEOP program sites) | ■ School district leadership |
|   | ■ MCOE                       |
|   | ■ Marin County HHS           |
|   | ■ MCF’s Education Program    |

#### Recommended PreK-3 Grantmaking:

Table 5 describes recommended PreK-3 grantmaking of the HEAL Initiative, including projects, objectives/activities, potential grantees, and funding level.

**Table 5: Recommended PreK-3 Preliminary Grantmaking:**

<b>Project</b>	<b>Objectives/Activities</b>	<b>Potential Grantees</b>	<b>Possible Funding Level</b>
PreK-3 HEAL Needs Assessment and Best Practice Scan	<ul style="list-style-type: none"> <li>• Develop HEAL components for the overall PreK-3 needs assessment to identify HEAL priorities, best practices and map current HEAL PSE approaches for PreK-3. Potential priorities/best practices may include school breakfast and lunch participation, quality physical education (PE), and physical activity outside of PE time.</li> <li>• Use findings from the needs assessment to inform planning that integrates HEAL PSE strategies with MCF PreK-3 Initiative planning and educational priorities.</li> </ul>	MCOE, HHS, UC Berkeley Center for Weight and Health	<b>Year 1: \$40,000</b>
HEAL PSE Change	<ul style="list-style-type: none"> <li>• Implement HEAL PSE interventions as part of the overall MCF PreK-3 strategy</li> </ul>	Technical assistance providers, Target schools for MCF PreK-3 initiative	<b>TBD</b>
<b>Total PreK-3 Funding</b>			<b>\$40,000</b>

#### PreK-3 Preliminary Outcomes and Suggested Evaluation Measures:

The suggested initial grantmaking for the PreK-3 HEAL initiative is a needs assessment that will inform future grants to put HEAL PSE improvements in place in PreK-3 settings. Appropriate valuation of MCF's initial grantmaking in this area will focus on the extent to which the needs assessment is completed and information is disseminated to key audiences.

**Table 6: PreK-3 Preliminary Outcomes and Suggestions Evaluation Measures**

<b>Outcomes</b>	<b>Evaluation Measures</b>
Public health and PreK-3 education leadership have the data needed to prioritize specific healthy eating and/or active living needs to address.	Data reported and utilized to inform next steps
Best practices are identified and methods for implementation/replication in Marin County low-income schools are identified.	

#### **IV. MCF LEADERSHIP ON HEAL**

Addressing the complex underlying conditions that hinder or support healthy eating and active living for Marin County's residents requires comprehensive approaches that include PSE change, engaging, educating and empowering communities, and ameliorating inequities in access to healthy food and physical activity opportunities that exist between Marin County's low-income and wealthy communities. Implementation of these approaches now and into the future requires needs assessment, strategic planning, leadership, and action. Moving forward, MCF can facilitate change within the County by fostering strong, multi-sector partnerships, promoting and funding evidence-based practices, leveraging financial and other resources from the philanthropic and public sectors, and developing leadership capacity of MCF staff and community partners. MCF will approach HEAL through an equity lens and elevate cultural sensitivity and competence. These approaches are the building blocks that position MCF to successfully address current issues and emerging challenges into the future.

#### Partnership with HHS:

While MCF can play a valuable leadership role in the healthy eating and active living arena, the Foundation recognizes that the most effective model is to share leadership. A particularly important partnership lies with Marin County HHS – which has a track record around HEAL, established relationships, and significant HEAL work underway. MCF and HHS have an established relationship to build on; by creating visible shared leadership with HHS, MCF leverages resources and health expertise, extends reach, and expands the pool of partners for HEAL work. MCF and HHS can collaborate on agenda development, priority setting, and outcome identification, and MCF can provide the human capital and expertise to accelerate HHS work.

#### MCF as Leader for Prioritization and Outcomes:

Stakeholders consistently identified the need to set HEAL priorities and identify shared outcomes. Clear priorities and outcomes will focus efforts on areas of greatest need and potential strategies for success, galvanize action, and shift the current, diffuse nature of HEAL work in the County. MCF has a leadership opportunity to initiate conversations around priorities and outcomes, resulting in shared outcomes being adopted by other funders, grantees, and partners. With external partners, MCF can provide leadership by promoting priority setting and defining outcomes and by integrating the priorities and outcomes into MCF grantmaking. Internally, MCF can employ the shared HEAL outcomes to align expected impacts across Foundation program areas.

#### MCF Role as Best Practice Disseminator:

MCF can facilitate learning across the County by publishing and disseminating case studies describing grantee experiences and creating forums where HEAL lessons learned can be shared. These activities will contribute to the evidence base for best practices, support expansion of pilot programs, and help replicate tested strategies. Dissemination of best practices is important to assure that limited resources are invested in the strategies with the greatest likelihood of success.

#### HEAL Funder Collaboration:

Marin County HEAL funders are highly interested in achieving a substantial collective impact through their grantmaking and leadership activities, and funders can play a key role in fostering systems coordination to connect and enhance effectiveness of the many disconnected HEAL activities conducted across Marin County. A funder collaboration could leverage the work of the Healthy Marin Partnership (HMP), building on HMP's community health needs assessment to identify and focus on a narrow set of agreed upon strategies and priorities. By working together to advance the priorities, a funder collaborative will move the needle on specific issues in a measureable way. Funders see an overarching need for philanthropy (in partnership with communities) to develop a common set of HEAL indicators that benchmark progress, as well as identify the short-, mid-, and long-term outcomes necessary for tracking progress. Funders also perceive a benefit from consistent, joint communications regarding funder collaborative activities and priorities, as well as outcomes and indicators to maximize impact of investments.

MCF can support HEAL funder collaboration by convening the funders regularly, facilitating discussions to arrive at shared priorities and outcomes, and exploring the possibility of aligned or even pooled funding among the HEAL funders to address the top priorities. Another important funder activity would be to convene organizations from multiple sectors working on HEAL within Marin County, creating a platform for collaboration.

#### Recommended Best Practice/Collaboration Grantmaking:

Table 7 describes recommended Grantmaking to Promote Best Practices and Collaboration during Years 1 and 2 of the HEAL Initiative, including projects, objectives/activities, potential grantees, and funding level.

**Table 7: Recommended Activities/Grantmaking to Promote Best Practices and Collaboration**

<b>Project</b>	<b>Objectives/Activities</b>	<b>Potential Grantee(s)</b>	<b>Possible Funding Level</b>
MCF Innovation Fund	<ul style="list-style-type: none"> <li>Promote innovative HEAL solutions.</li> <li>Release an RFP for HEAL PSE projects within the priority areas to encourage and support innovation.</li> </ul>	TBD	<b>Year 2: \$50,000</b>
HEAL Funders Collaborative	<ul style="list-style-type: none"> <li>HEAL funders align priorities and outcomes.</li> <li>Support a coordinator to staff the funder group, facilitate quarterly meetings, and support the funders collaborative to develop the funder collaborative structure, explore pooled funding, and facilitate funding partnerships.</li> <li>Develop a joint communication strategy.</li> <li>County-wide HEAL Convening: <ul style="list-style-type: none"> <li>Foster networking, peer-learning, and collaboration among organizations working on HEAL.</li> <li>Convene Marin County organizations working on HEAL to share successes, air challenges, develop shared goals and foster collaboration.</li> </ul> </li> <li>Pooled funds: Contribute funds to funding partnership opportunities.</li> </ul>	TBD	<b>Year 1: \$20,000</b> <b>Year 2: \$20,000</b>  <b>Year 2: Additional funds or funded with HEAL Funders' pooled funds</b>  <b>Year 2: \$25,000</b>
<b>Total Best Practices and Collaboration Funding</b>			<b>\$115,000</b>  (not including additional funds for County-wide HEAL Convening)



## V. LOOKING TO THE FUTURE

Findings from early grantmaking and needs assessments will inform MCF's HEAL grantmaking as it moves into future years. Expansion and refinement of HEAL grantmaking in the future can address additional needs identified by stakeholders. Additional research is needed - especially in West Marin and Marin City, to assure that the needs of these communities are heard and can be addressed with tailored programming.

### Areas for Additional Inquiry:

- What are the operational implications for integrating the HEAL and Access to Quality Childcare Initiatives in terms of:
  - Grantmaking processes and decisions
  - Evaluation
  - Communications
- What is the best role for MC3 to play and how can MC3 partner with other organizations working on HEAL in childcare?
  - How could MC3 expand its lending library capacity to supply materials/tools (e.g. gardening tools) to support HEAL efforts?
  - Can MC3 support childcare staff wellness by brokering corporate discounts for HEAL supports such as gym memberships?
- How can the childcare needs assessment, TA/training and PSE changes address nutrition and physical activity during summer breaks?
- What is the best timing for the PreK-3 HEAL assessment and planning so it aligns with MCF's PreK-3 grantmaking?
- Which PreK-3 sites have identified HEAL as an area for improvement in their MCF proposals?
- How can the lessons learned from the initial HEAL grantmaking be captured to inform integration of HEAL into the Access to Quality Childcare Initiative?
- How does MCF best align the timing of HEAL work given the different stages and timing of other MCF program areas?
- How does the HEAL work get framed and communicated so community partners and the public understand MCF's comprehensive HEAL approach?

## APPENDIX I: HEAL STAKEHOLDER INTERVIEWEES

Interviewee	Title	Organization/Affiliation
Dan Dawson	Principal Transportation Planner	Marin County Department of Public Works
Cynthia Murray	President and CEO	North Bay Business Council
Madeline Kellner	Council Member	City of Novato
Heather Ravani	Human Services Director	Marin County Health and Human Services
Terrie Greene	Advocate	Marin City Food Access Coalition
Kevin Wright	External Affairs Coordinator/ Senior Planner	Marin County Parks
Aideen Gaidmore	Executive Director	Marin Child Care Council
Mary Jane Burke	Superintendent of Schools	Marin County Office of Education
Dr. Matthew Willis	Public Health Officer	Marin County Health and Human Services
Jon Gaffney	Mobility Analyst	Marin Transit
Brigitte Moran	CEO/Executive Director	Agricultural Institute of Marin

## APPENDIX II: RECOMMENDED HEAL GRANTMAKING, YEARS 1 AND 2

PRIORITY AREA	YEAR 1	YEAR 2
<b>Childcare</b>		
Childcare Provider TA and Training	\$130,000	\$130,000
Grants to Childcare Sites	\$100,000-\$150,000	\$100,000-\$150,000
Childcare Provider Education	\$10,000	\$10,000
Childcare HEAL Champion Award	\$12,000	\$12,000
Outreach to Family Child Care Home Providers		\$20,000
<i>Total Childcare Funding</i>	<b>\$252,000-\$302,000</b>	<b>\$272,000-\$322,000</b>
<b>Older Adults</b>		
Senior Nutrition Services Needs Assessment and Best Practice Scan	\$50,000	\$50,000
Taking Action to Improve HEAL Access for Older Adults	\$20,000	\$125,000
<i>Total Older Adult Funding</i>	<b>\$70,000</b>	<b>\$175,000</b>
<b>PreK-3</b>		
Pre-K HEAL Needs Assessment and Best Practice Scan	\$40,000	
Implement HEAL PSE interventions as part of the overall MCF PreK-3 strategy		TBD
<i>Total Pre-K Funding</i>	<b>\$40,000</b>	
<b>Best Practices and Collaboration</b>		
MCF Innovation Fund		\$50,000
HEAL Funders Collaborative	\$20,000	\$45,000
County-wide HEAL Convening		TBD
<i>Total Best Practices and Collaboration Funding</i>	<b>\$20,000</b>	<b>\$95,000</b> <i>Not including additional funds for County-wide HEAL convening</i>
<b>TOTAL POSSIBLE FUNDING LEVELS BY YEAR</b>	<b>\$382,000-\$432,000</b>	<b>\$542,000-\$592,000</b>
<b>GRAND TOTAL</b>	<b>\$924,000-\$1,024,000</b>	