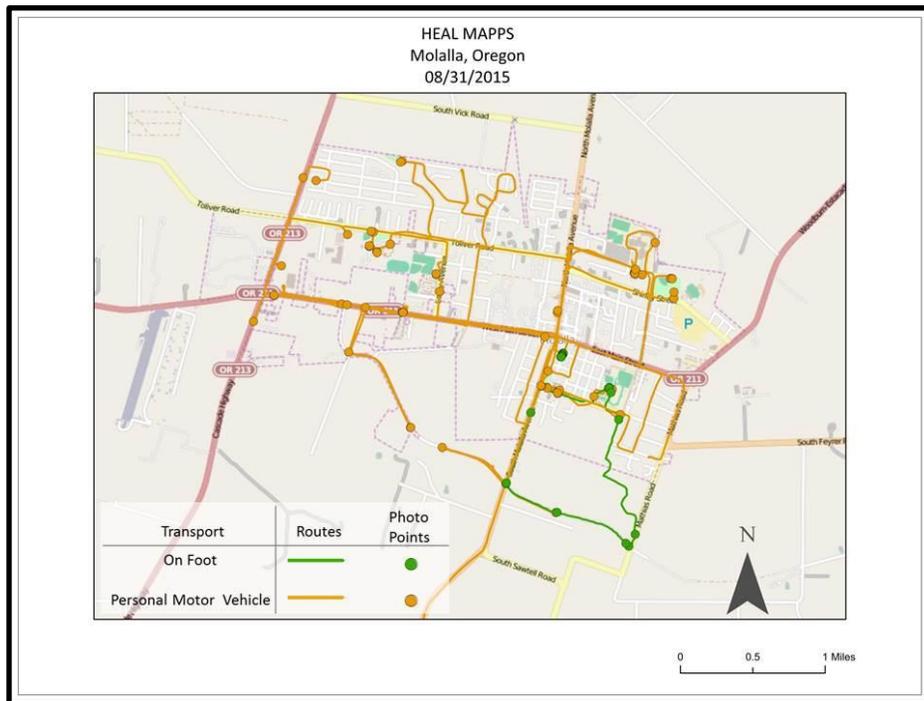


Molalla Community HEAL MAPPS™ Report

Molalla is a rural community located in Clackamas County, OR. The city is situated 30 miles south of Portland in the Willamette Valley. The City of Molalla is home to almost 8,500 residents.¹ Surrounded by farmland and forest, Molalla's economy has historically been based on agriculture and logging. The city was named for the nearby Molalla River.²

Fifty-five percent of Molalla families include children under 18. The population is 88% white and 10% Latino. The median income is \$49,524 and the median age is 31.4.³

The area is served by the Molalla River School District, which includes four elementary schools, one middle school, one high school and two charter schools.⁴ Recreational opportunities include hiking, biking, fishing and wildlife watching in the Molalla River Corridor. Molalla is also home to the Buckeroo Rodeo, which includes various family events during the week of July 4th.⁵



Generating Rural Options for Weight Healthy Kids and Communities

(GROW HKC) is a USDA-funded, participatory action research and Extension program aimed at addressing higher obesity prevalence among rural children (when compared to urban). The research is conducted by Oregon State University's College of Public Health and Human Sciences Extension researchers and FCH faculty in partnership with rural residents and communities. GROW HKC

and the Molalla community have partnered to map the features of the local environment and describe residents' perceptions of the supportive and obstructive conditions for developing and maintaining healthful dietary and physical activity patterns, particularly for children and families. Community members were mobilized and trained to use HEAL MAPPS™ (Healthy Eating Active Living: Mapping Attributes using Participatory Photographic Surveys) to assess community resources for and readiness to plan and implement environmental and policy actions that support healthy food and physical activity access and make easier weight healthy behavioral choices for all residents.

¹ U.S. Census Bureau data for July 2014

² http://en.wikipedia.org/wiki/Molalla,_Oregon

³ <http://oe.oregonexplorer.info/rural/CommunitiesReporter/>

⁴ www.molallariv.k12.or.us

⁵ <http://www.molallachamber.com/>

Addressing rural health disparities is a goal of Healthy Rural People 2020. The problem of obesity in children is at the forefront of nationwide research efforts; there are documented physical, mental, and social outcomes associated with childhood obesity that contribute to chronic health conditions and economic burdens which may disproportionately affect people living in rural places. Rural residency tends to increase the risk of overweight and obesity for children and adults; the prevalence of overweight and obesity is higher among children living in rural areas when compared to those in urban and suburban areas.

To learn more about rural settings as obesity promoting environments, HEAL MAPPS™ programs were conducted in partnership with rural communities across several Western U.S. States (CO, ID, NM, NV, OR, WA). Findings within participating states and from all participating communities will provide evidence and insights to drive the development of a rural obesity prevention model unique to the Western U.S. The rural resident-informed model will be used as a framework for rural community actions aimed to promote healthy eating and physical activity behaviors, and create weight healthy environments, systems, and policies, to address the problem of overweight and obesity among rural children and families.

To date, most evidence-based strategies to combat the childhood obesity epidemic have been developed and tested in non-rural settings and target either individuals or environments. The overall goal of the GROW Healthy Kids and Communities (HKC) project has been to learn more about the factors influencing health behaviors in rural places in order to prevent obesity in rural children **by improving their behavioral environments – at home, in school, and in the community** – to make healthy eating and activity options their easy and preferred choice.

Relevance for Molalla Community

Seventy-eight percent of adult Clackamas County residents have at least one risk factor for chronic disease, including current smoking, overweight or obesity, physical inactivity, or low fruit and vegetable consumption. Seventy-five percent of Clackamas County adults do not meet the CDC recommendations for physical activity or consume the recommended five servings of fruits and vegetables each day. Over 25% percent of Clackamas County adults are obese.⁶ Although these statistics represent adults, studies show that children with overweight or obese parents are more likely to be afflicted with similar health problems.⁷

Helping children develop healthy habits and providing healthy eating and activity supports to balance their energy intake with energy expenditure is an important aspect to maintaining healthy weight, preventing overweight and obesity, and minimizing chronic disease risk. Because obesity prevention among rural populations requires an understanding of the local

⁶<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/CountyData.aspx#adult>

⁷ <http://yalemedicalgroup.org/info/health.aspx?ContentTypeId=90&ContentId=P01627>

supports and barriers to healthy eating and active living within rural communities, and among rural communities, we are pleased to provide this report of resources and readiness to prevent childhood obesity for the community of Molalla.

Methods and Preliminary Results

Community Resources

The 2015⁸ HEAL MAPPS™ team composed of Molalla residents (n=7) with an interest in creating a healthier community volunteered to individually photograph and map the community features that they experienced as either supporting or hindering their family's ability to eating healthfully and be physically active most every day. Collectively among all 'MAPPers,' 67 photographs of local features were taken and mapped along 7 routes that represented the community's active (i.e. walking, bicycling, skateboarding, etc.) and motor vehicle transportation system. The 'MAPPers' covered 35 linear road miles encompassing approximately 70% of the land area within the 2.3 square miles of the city of Molalla, including routes located in the surrounding unincorporated areas (see Figure 6).⁹ The HEAL MAPPS™ team reconvened for a focus group meeting to discuss the photographs and maps. The most representative photographs (n=32) of the community's locally available food and physical activity resources, based on group consensus, were included in a presentation that was used to provoke a larger community conversation. Over twenty Molalla residents and stakeholders attended and participated in a community dinner and discussion held at the Molalla Adult Center on October 4, 2015. Following the community dinner, a community conversation was facilitated by the GROW HKC team trained to conduct HEAL MAPPS™ processes. Photographs of community resources were displayed, participants were polled as to whether the displayed feature made eating healthy or being physically active easier or harder for themselves or others in the community, and discussed their thoughts and feelings that led to their ratings.

Community Readiness

Communities differ in many ways, including their readiness to take action on an issue and implement changes in programs and policies. The level of community readiness is a major factor in determining whether a particular environmental or policy action can be effectively implemented and supported by the community. Assessing the level of readiness for changing the community context to one that promotes a culture of weight health, and supports healthy eating and physically active lifestyle patterns for all residents and visitors is thereby a critical component of childhood obesity prevention program planning and evaluation.

⁸ The initial HEAL MAPPS™ was in 2012.

⁹ The 'mappers' individually determined the community boundaries as within the city and unincorporated land approximately served by the Molalla River School District.

The Community Readiness Model¹⁰ (CRM) is an assessment tool we used to gain an understanding of the community's readiness and capacity for changing the rural obesogenic environment. The model includes six dimensions that are known to influence a community's readiness to take action on a community health issue. The six dimensions are: community knowledge about the issue; current community efforts; community knowledge of the efforts; local leadership; community climate; and local resources related to the issue. Open-ended questions representing each dimension were posed during the Molalla Community Conversation, and prompted by the questions, engaged audiences shared their perception of Molalla's resources, readiness and capacity for change. Transcriptions of the conversation were coded into two categories: food and physical activity, as well as six dimensions. The indicators coded into each dimension were scored using the CRM scale by two independent evaluators. Scores from all dimensions were averaged to calculate the overall stage of readiness score.

Findings

Molalla has a number of environmental supports for **physical activity**, including community-based activities and events, like the annual Relay for Life cancer walkathon; weight loss/management programs that promote physical activity, like TOPS, Weight Watchers and Shakeology; and physical activity facilities like a fitness center and dance studios that offer classes, parks and playgrounds, a BMX track, and a disc golf course. The leadership of community organizations and current efforts contributed positively to the readiness score of the community.

Community barriers to physically active lifestyle patterns were identified and emerged as: community knowledge of and engagement in active living efforts, availability and accessibility of physical activity resources, and active transportation for weight health. For example, community members might not make the connection between regular physical activity and obesity prevention, and may not intentionally enable physical activity, and thus protect children's weight health, because of a lack of understanding, interest or time. Community members mentioned that Molalla has "lost" some supportive resources since the first (2012) HEAL MAPPS™ - the public aquatic center was closed. Even more, despite future plans to "redo" sidewalks and increase crosswalks for pedestrians, the community still perceives there to be few or no options for walking or bicycling to/from destinations, and concerns for pedestrian and cyclist safety continue.

Molalla's supports for **healthy eating** include availability of and access to local food sources, food assistance and community weight health management programs. The community explained local access to "healthy" foods via community gardens, Extension and Future Farmers of America youth programs, and a new local Farmer's Market. Excess produce from local

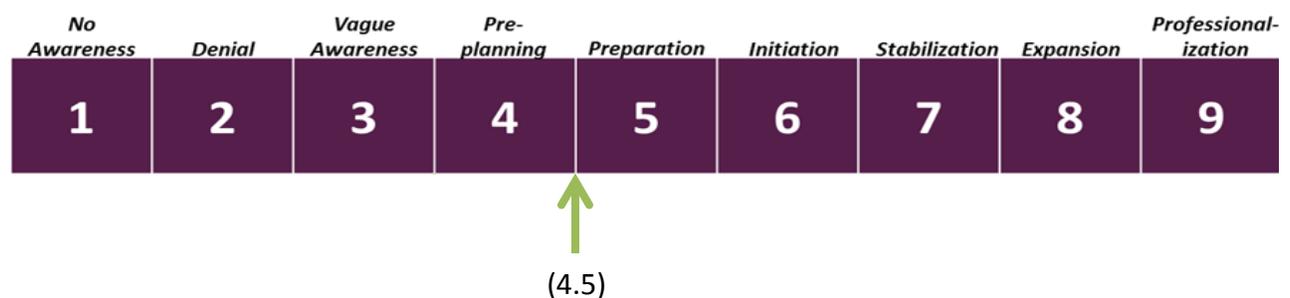
¹⁰ For more information about the Community Readiness Model, stages of community readiness, and stage-based strategies to increase community readiness to address health issues visit: <http://www.colostate.edu/Dept/TEC/article3.htm>.

farmers, gardens and the market is regularly donated to the adult center, food banks and other family resource centers, of which Molalla has a number, additionally including Meals on Wheels, Foothills Community Church Resource Center, Backpack Buddies program, and school based summer meal sites. Community members talked about weight management programs, like Weight Watchers and TOPS, where community members can focus on eating healthy and losing weight, while being supported socially by other participants, as positive efforts for both healthy eating and physical activity.

Barriers to developing and maintaining healthful eating habits for children and families were acknowledged as place-based - issues of access, both spatial and economic, and people-based - perceived personal interest, time or inclination to eat healthy. Many community members mentioned it was difficult for them to get to food resources without a car because there were no safe ways to walk or bike to the grocery store or other local food sources. Residents living outside of the city limits without transportation found access especially problematic as most community resources are located “in town.” Even residents living in town reported difficulties in getting to Molalla’s only grocery store (e.g. Safeway) because of its location on a “very busy street” (OR-211) with no sidewalks or bike lanes. While there are a number of resources to enable healthful dietary choices, some community members cited cost as a barrier to accessing those programs or locally sourced, healthy fresh foods. Finally, some community members mentioned personal attributes as barriers – not having time to prepare healthy meals or motivation to choose healthy (over convenient or tasty) dietary options.

The **overall community readiness** score reflects both the community supports and barriers to healthy dietary and physically active lifestyle patterns across all six dimensions. Molalla’s current stage of readiness to implement environmental and policy strategies to prevent obesity falls between the **Pre-Planning** and **Preparation** stages, as indicated by the arrow on the Stages of Readiness graph (Figure 1).

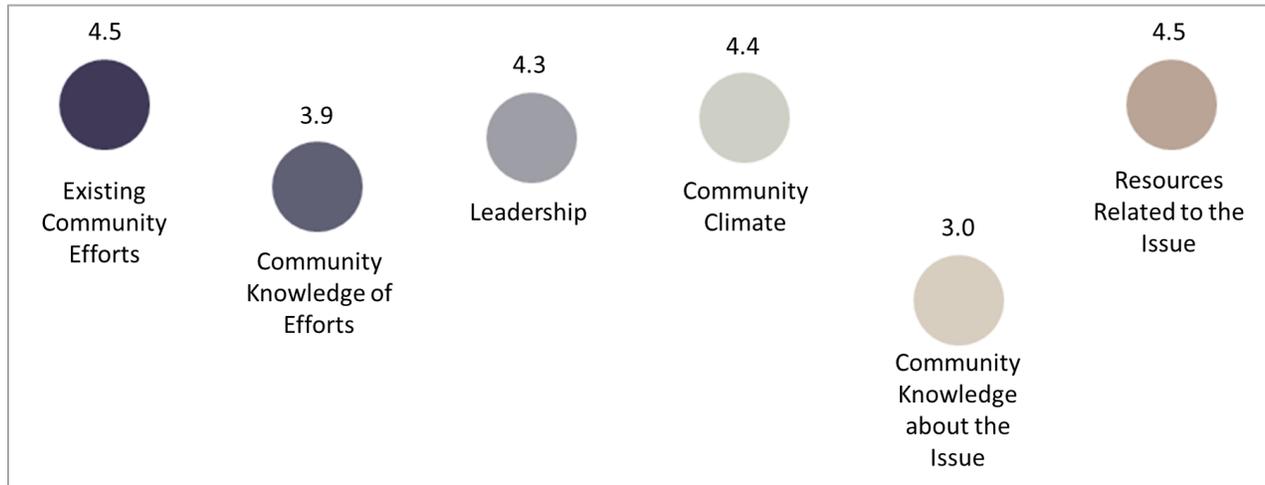
Figure 1. Stages of Community Readiness



Scoring between the “Pre-Planning” and “Preparation” stages indicates that many community members have at least heard about local efforts. Leadership and community members are acknowledging childhood obesity as an issue in the community and supportive of continuing

and improving current efforts, but may still be limited in their knowledge of best-practice solutions to address the issue (e.g. causes, symptoms, etc.). Some resource needs have been identified and some resources acquired that will make weight healthy lifestyle behaviors that will help prevent increased prevalence of overweight and obesity among youth and their families; in some areas, resource gaps still exist. Molalla’s readiness scores ranged from 3.0 for the “Community Knowledge about the Issues” dimension to 4.5 for “Existing Community Efforts” and “Resources Related to the Issue” dimensions (Figure 2).

Figure 2. 2015 Scores for six dimensions of readiness.



Recommended Strategies and Next Steps

Based on stage-match strategies suggested by the Community Readiness Model, local efforts should include:

- 1) Continue to raise awareness of the issues of Obesity and community-driven solutions, in order to publicize that collectively the community can reduce environmental factors related to obesity risk and positively impact rural weight health.
- 2) Use local data (e.g. data from HEAL MAPPS processes), based on resident input and barrier identification, to drive decisions and make suggestions on where and how environmental, behavioral, and educational efforts should be focused and evaluated.

For example, community coalitions can present information at local events and to groups unrelated to health efforts; using current social media sites like the “Let’s Move Molalla” Facebook page and launching new sites – initiate meetups and post events, informational flyers, and networks. Present information, blog on the issue, publish print and e-media articles and editorials that highlight the general problem and successful local solutions.

- 3) Continue to work with your local Oregon State Extension agents and your County Public Health officials to gather information, and add to local data about childhood obesity risks, prevalence, and modifiable risk factors at every level: behavior, social supports and cultural norms, community, school, and family food systems and contexts, and available, easily accessible, physical activity supports, in order to collectively plan and implement effective strategies that reach broadly across the community population and deeply into underserved groups.

4) Continue to work with OSU and others to raise awareness of the actions and impacts to address childhood obesity that are happening at every level, collectively and cohesively in the Molalla community. Build awareness through broader participation in local events: For example, Molalla Race Series, Relay for Life, Let's Move Molalla! the story walks summer challenge or sponsor a community picnic or other gatherings to launch new actions and kick start networking efforts.

5) Plan for sustainability, including how to secure resources and how to evaluate the successes of your efforts. For example, continue to partner with public health agencies and public value organizations to maintain height-weight (healthy growth) surveillance among K-12 students; participate in or host public forums to develop strategies from the grassroots level; utilize key leaders and influential people to speak to groups and participate in local radio and television. Get local health leaders to champion the issue; engage across sectors and with all community groups and across all demographics, to develop effective strategies that are shown to reach all segments of the community. **Strengthen and communicate Molalla's culture of, context for and commitment to weight health – "Molalla Moves to GROW Healthy Kids!"**

Summarizing Community Change in Molalla: Examining Resources and Readiness from Start (2012) to Now (2015)

The citizens of Molalla have improved in their level of readiness to take action! Overall, the community readiness score increased from 3.1 (Vague Awareness) emerging from the first HEAL MAPPS™ in 2012 to 4.5 (midway between Pre-Planning and Preparation) as revealed in the second HEAL MAPPS™ (2015). Scores in all dimensions of community readiness improved (see Figure 3) except for one: Community Knowledge about the Issue essentially stayed the same (very slight decrease; -0.20). The greatest increases in readiness were in the dimensions of Leadership (+2.25) and Community Knowledge of the Efforts (+1.375). Even more importantly, since progress is dependent on similar levels of readiness across all dimensions, Molalla is primed for action. Not only does the community have knowledge of what is happening in their community to improve the context for developing and sustaining weight healthy eating and physical activity patterns to reduce childhood obesity risk and prevalence, the culture has shifted – community leaders are as engaged and ready to take action as the citizens.



Figure 3. Community Readiness scores for each dimension of readiness and overall, calculated from data collected during HEAL MAPPS™ processes.

Leadership

HEAL MAPPS™ polls provided additional evidence of community change. In comparing poll results, initially (2012) more than 80% of those polled rated leadership as “not at all” or “mildly” engaged in comparison to now (2015) in that 75% of those polled rated leadership as “moderately” or “very” engaged (Figure 4). In Molalla, more than elected officials, the community members show up as leaders by donating their personal time and resources. For example, there are doctors in the community who organize fun runs and donate resources like toothbrushes, community members like local farmers and the farmer’s market, who donate excess produce to the senior center and other resource centers, and individuals who work in groups to encourage themselves and others to exercise and eat healthy (e.g. Silver Walkers and folks in the weight management programs like TOPS). There are also community members who are actively engaged in acquiring funds via grants or donations to provide access to food and increase other supports in the community (e.g. grants at the adult center, the efforts of the Senior Center Director and the community’s support via donations for the new Senior Center windows, community gleaners and the resource centers). Finally, Extension personnel and the GROW program are recognized as providing health leadership and supports to weight healthy change in the community. Nonetheless, community members discussed perceptions that supporting healthy eating and physical activity are not prioritized by some government sector leaders, including the mayor, city council, and chief of police. For instance, community members noted that a public park was installed to “beautify” the city but not resourced as a site for physical activity for community residents. The conversations revealed, in terms of elected officials or city management, that little has changed over time. Although there are plans to improve Molalla’s walkability, financial resources have not been secured for the costly improvement. With a limited tax base and burden of essential safety services, including police and fire protection, there appears to be a perception that those government priorities take precedence over public parks and recreational services, exemplified by the pool closure and unmaintained parks and playgrounds in some areas.

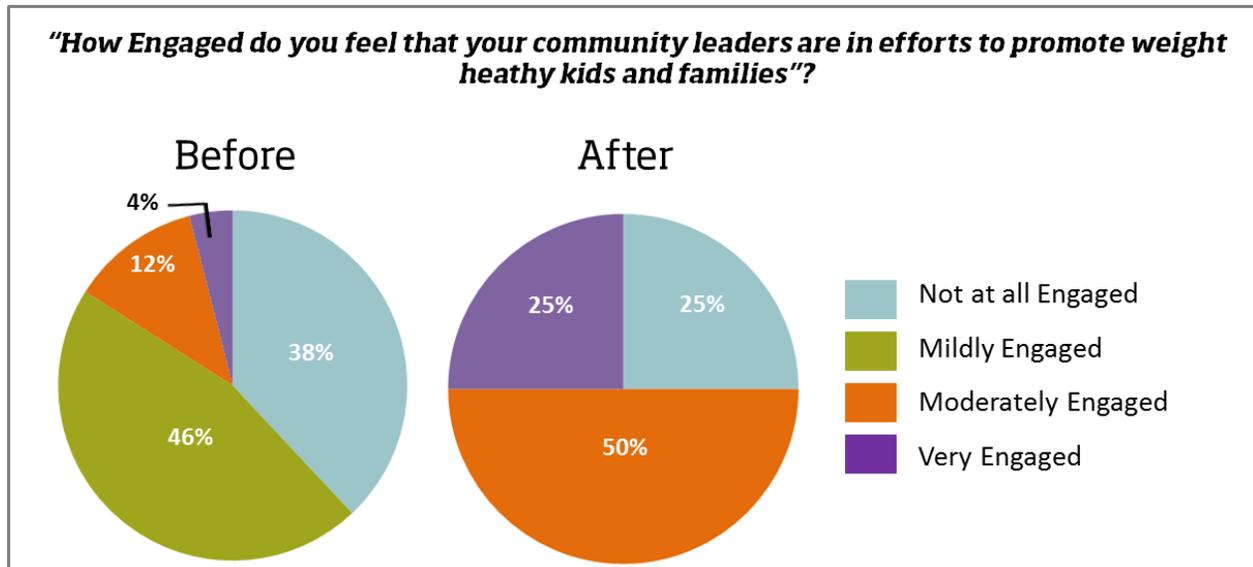


Figure 4. HEAL MAPPs™ Community Conversation poll responses for Leadership

Community Knowledge of the Efforts

HEAL MAPPs™ polls also provided evidence of community change in the knowledge of efforts dimension. In 2012 (time 1), more than 60% of poll respondents rated members of the community as “not at all” or “mildly” supportive of efforts to promote healthy eating and physical activity; whereas in 2015 (time 2), more than 80% responded that members of the community were “very” supportive of efforts (Figure 5). While there is room for improvement in terms of access to information about resources and efforts, community members mentioned a number of resources that allow them to have access to information about current efforts: social media, the Chamber of Commerce, Molalla’s Facebook pages, school bulletins, and community newsletters. Also, resources like Meals on Wheels offer information to their clients about physical activity groups. None of these resources were discussed during the first HEAL MAPPs™ community conversation. Similar to the 2012 community conversation, in 2015 community members knew about the available parks and playgrounds and discussed their specific, associated conditions.

For example, community members discussed the types of resources located at various recreational sites and settings, and revealed a way of knowing the relevance of different types of resources for supporting healthy eating and/or physical activity among people living proximal to place or site of the efforts (e.g. story walks, trails, summer lunch programs, etc.). In 2015, Community members also more robustly discussed positive volunteer and outreach efforts, including securing funding and sponsorships for efforts, especially as it concerns the elderly and youth, revealing shared knowledge of supportive efforts. Conversation participants mentioned supportive efforts (e.g., donations, volunteers, grants) for senior center activities, as well as outreach for oral health, and increased knowledge that positive efforts and supporting a healthy community context contribute to a culture of health. This translates into increased options for

weight-healthy behavioral choices and healthy lifestyle patters that will, over time lead to weight healthy children and families and address rural obesity risk.

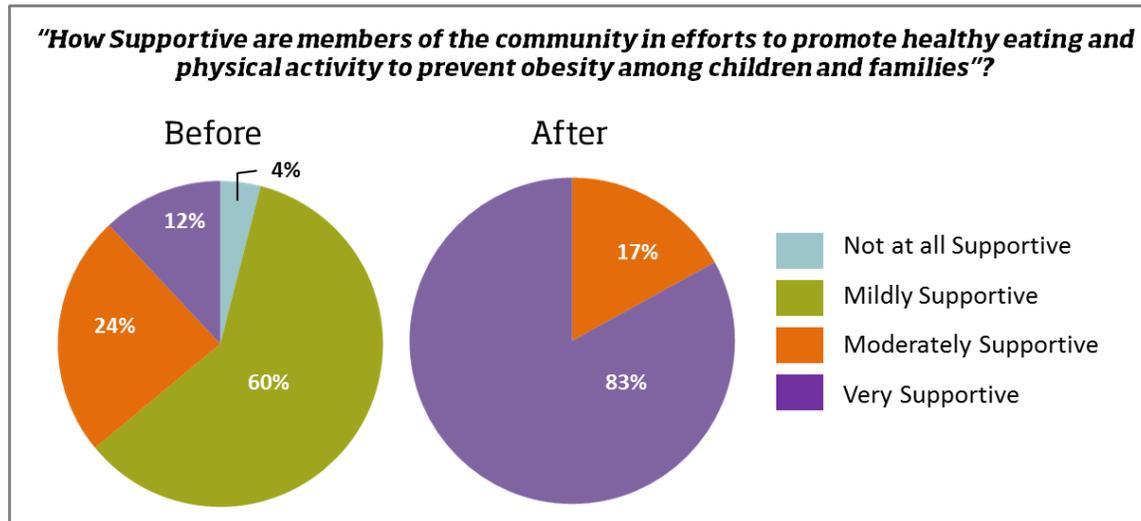


Figure 5. Community Conversation poll responses for Community Knowledge of Efforts

Results Summary: Themes and Indicators Emerging from Molalla Community Conversation (2015)

Themes relating to Active Living (AL) and Healthy Eating (HE) that emerged from HEAL MAPPSTM 2015, were related to the Community Context (the setting or circumstances of a community, e.g. physical features), Community Capacity (the ability or power to do, experience, or understand something), Community Engagement – Climate and Culture, and Efforts or Resources related to the Issues (Tables 1 & 2).

AL supportive elements that emerged included: availability of low or no cost physical activity resources: public parks and playgrounds, school facilities, and community events; Active transportation and leadership: current plans to add crosswalks and redo sidewalks as well as leadership engagement in increasing supports (Table 1).

HE supportive elements included: access to local food sources, like community gardens and the Molalla farmer’s market; food assistance, including community meals and food banks; and Active Transportation and Walkability supports that aim to increase safe walking access to the grocery store (Table 1).

Table 1. Themes and Indicators of Resources supportive of weight healthy lifestyles emerging from 2015 Molalla Community Conversation. *Items in Red emerged as both supportive and obstructive.*

| Active Living | | Healthy Eating | |
|---|---|---------------------------|--|
| Resource | Theme | Theme | Resource |
| Supportive | | | |
| <p>Community Members Volunteer time, efforts and money; act as support and role models for each other; community members are engaged in actions to increase resources and access to those resources.</p> | Community Engagement-Culture and Climate | | <p>Community Members Volunteer time, efforts and money Community members support each other and act as role models for others</p> |
| <p>Active Transportation and Walkability Plans to add crosswalk and redo some sidewalks Leadership Engaged in increasing supports and working to make them sustainable via grant funding</p> | | Community Capacity | <p>Active Transportation and Walkability Increase walking access to Safeway Leadership At resources like: Foothills, Evergreen, Farmer's Market and the Senior Center) is engaged in increasing resources, access to and sustainability of resources, through active participation, outreach and grant funding</p> |
| <p>Fee-Based Resources Weight loss programs and dance studios Low or No Cost Resources Public Parks, playgrounds and Spaces (BMX track, Disc Golf); Community Events (Walkathon); School facilities (Gym/Track)</p> | Efforts and Resources related to the Issue | | <p>Healthy Food options At local businesses and Grocery Store. Local Food Farmer's market, community gardens, CSAs. Food Assistance Senior center, Foothills resource center, gleaners, backpack buddies and meals on wheels</p> |

Elements that are obstructive to AL included: time constraints to being involved in AL; Leadership, and Maintenance or investment in resources: the local pool closure and missing basketball hoops; Active Transportation and Walkability, which emerged as a lack of sidewalks and crosswalks, especially on busy OR 211; and as informational gaps in Efforts/Resources: community members are unclear where all the trails are located in Molalla and when and if they can rent the school gym (Table 2). Interestingly, elements of “Active Transportation and Walkability” and “Leadership” emerged as both supportive and obstructive (Tables 1 & 2) to living a healthy, active lifestyle. Obstructive elements that emerged for HE also included Active Transportation and Walkability, especially as it concerns a safe way to walk/bike to HE resources; a lack of knowledge of resources/efforts and of how that might affect their health: for example, community members may not know what resources are available due to a lack of information; furthermore, community members may not fully understand how certain behaviors (e.g. exercise, eating fast food, etc.) might promote or deter healthier lifestyles (Table 2).

Table 2. Themes and Indicators of Resources Obstructive to weight healthy lifestyles emerging from the 2015 Molalla Community Conversation. *Items in Red emerged as both Supportive and Obstructive.*

| Active Living | | Healthy Eating | |
|---|---|----------------|--|
| Resource | Theme | Theme | Resource |
| Obstructive | | | |
| <p>Parental Involvement Due to time constraints, education, or otherwise.</p> <p>Knowledge of Resources/Efforts Community members may not know what resources are available because access to information is lacking.</p> <p>Knowledge of the Issue Lack of understanding of the connection between physical activity (e.g. walking) and health and of the behaviors that promote or deter from healthier lifestyles</p> | Community Engagement-Culture and Climate | | <p>Parental Involvement Due to time constraints, education, or otherwise.</p> <p>Knowledge of Resources/Efforts Community members may not know what resources are available because access to information is lacking.</p> <p>Knowledge of the Issue Lack of understanding of the Behaviors that promote or deter healthier lifestyles</p> |
| <p>Maintenance or Investment In Resources Pool closure, missing basketball hoops</p> <p>Active Transportation and Walkability Lack of crosswalks and sidewalks, hwy 211, poorly maintained sidewalks</p> <p>Leadership Pool Closure</p> | | | Community Capacity |
| <p>Weather No cover for outdoor activities in bad weather</p> <p>Information Gap of Efforts/Resources Lack info on where trails are located and what resources (e.g. school gym) can be utilized.</p> <p>Safety and Civility Behavior issues at BMX/Skate parks, dog waste cleanup, and perception that some resources are unsafe.</p> <p>Socioeconomic Disparities and Costs Cost of programs (e.g. weight loss), resources (e.g. disc golf and School gym rental)and associated equipment are barrier for some.</p> | Community Context | | <p>Socioeconomic Disparities and Costs Cost of weight loss programs, the lack of handicapped access supports, and spatial proximity to healthy food resources are barriers to some community members.</p> |
| <p>Lack of (or closure) physical activity facilities</p> | | | Efforts and Resources Related to the Issue |

Resident-Informed Recommendations for Healthy Community Change

The following list of recommendations emerged from the data generated during the Molalla HEAL MAPPS™ conversation. The list represents those of the Molalla community members who shared their ideas during the facilitated discussion of the photographed community features. We have organized the recommendations by similarity in action. These recommendations do not represent those of the GROW Healthy Kids and Communities project members or Oregon State University.

Informational Campaigns

1. Community Conversation points to need for increased communication among community members.
2. Community expressed interest in creating fundraising and educational campaigns around increasing life span through health and sharing healthy lifestyles.
3. HEAL MAPPS™ materials point to a lack of informational materials about resources – in particular, information on trails in and around Molalla is missing.

Inclusive Community Involvement and Solidarity Actions

4. Community members understand the importance of coming together over the issue in order to maximize efforts, especially in terms of affecting where the community's tax monies go.
5. Community members want to share the results from this report with Molalla leadership with a town hall style meeting.
6. Community members want to create a "movement" where they educate and engage each other around the facts important to healthy lifestyles and empower each other to feel that they have a voice in their community and that they can make a difference.

Multisector Partnerships and Shared Goals for Healthy Community Development

7. Community members are interested in creating a healthy fair type event with local doctors and medical professionals to promote healthy lifestyles.

Active Transportation, Walk/Bike/Wheel-Ability

8. Community members advocate for a new skywalk that would service safe access for kids and families from housing to school, food and activity resources across a very busy highway (OR 211).

Healthy Food and Physical Activity Policies and Programs

9. Community is interested in increasing access to the Farmer's market via delivery boxes
10. There is interest in increasing healthy options at the senior center, especially as it concerns those with celiac disease, diabetes, or other food allergies.
11. Community members would like to have easier and less costly access to all school physical activity resources (e.g. School gyms)
12. Community members are interested in increasing senior and youth community involvement

GROW Staff Experiential and Observational Knowledge

We have deeply appreciated the time and energy that many generous community leaders, residents, and school staff in Molalla have devoted to OSU Extension and the GROW Healthy Kids and Communities project to support weight-health and take on initiatives for healthy change in the community. We recognize the challenges of running a small city within an unincorporated rural area, and the limitations those boundaries put on the tax base for essential city services, including parks and recreation. We also recognize that the GROW project began working in this community in 2012, just after the city of Molalla hired a new manager and was facing a difficult financial situation. Faced with the challenges of managing public safety and other essential services, difficult decisions and cuts to funding limited the availability of services related to recreation and health. Despite these challenges there have been many amazing community leaders and citizens who continue to think forward about how to create a community environment, policies, and systems that ensure healthy productive citizens of the future. Many of these leaders have made great strides in moving health related projects forward. Some of these positive changes that were not revealed in the community conversation for HEAL MAPPS include: The current efforts of the city to connect streets and add sidewalks, the growth of the local farmers market which now accepts WIC and has added a kids club (Power of Produce, or POP club), the Molalla River Academy Roots of Responsibility Garden, and annual community/school health fair, Karen Graves promotion of the Molalla River Corridor Trails, the Food For Life club's education and advocacy for healthy eating, local, food, and annual Meet-your-local-Farmer Fair, Roxie Smith's Tower Garden program in 3 local elementary schools, the Fox Park Splash Pad which was completed by the City in 2015, the re-opening of the skate park, the efforts of the Molalla running club to make the Freedom 5k race more family friendly, the construction of a 16 bed garden at Molalla High School, and 3 bed garden at Mulino Elementary School, the construction of a fitness trail and stations, and development of the 100 mile club at Molalla Elementary School, the Molalla StoryWalk project, the Molalla Service Center, and the Foothills Resource Center Food Bank's efforts to procure refrigeration equipment to distribute more fresh and frozen produce, and last but not least, the relentless efforts of the Ford Leadership Team on the Bear Creek Byway, (A safe walking path to the only grocery store in town, currently in its final phase of completion).

We hope that this report will continue to guide efforts toward building a healthy community by sharing residents' perceptions in a comprehensive summary. OSU Extension's Family and Community Health Program will continue to support these efforts into the future, through technical support, best practices, and grant writing. While the specific strategies and programs may evolve to meet the changing dynamics of the community; the key to the sustainability of these programs will be strong leadership, as well as a leadership succession plan. With these two elements in place, Molalla will continue to increase the communities' level of readiness to address

weight health; so all kids and families will have the opportunity to be healthy, and contribute to their community as productive future citizens, leaders and decision makers who value health

Figures 6 through 8 represent the routes navigated by local residents as they mapped the physical features of the Molalla community using participatory photographic survey methods.

Figure 6. Represents all routes generated by the Molalla community mappers.

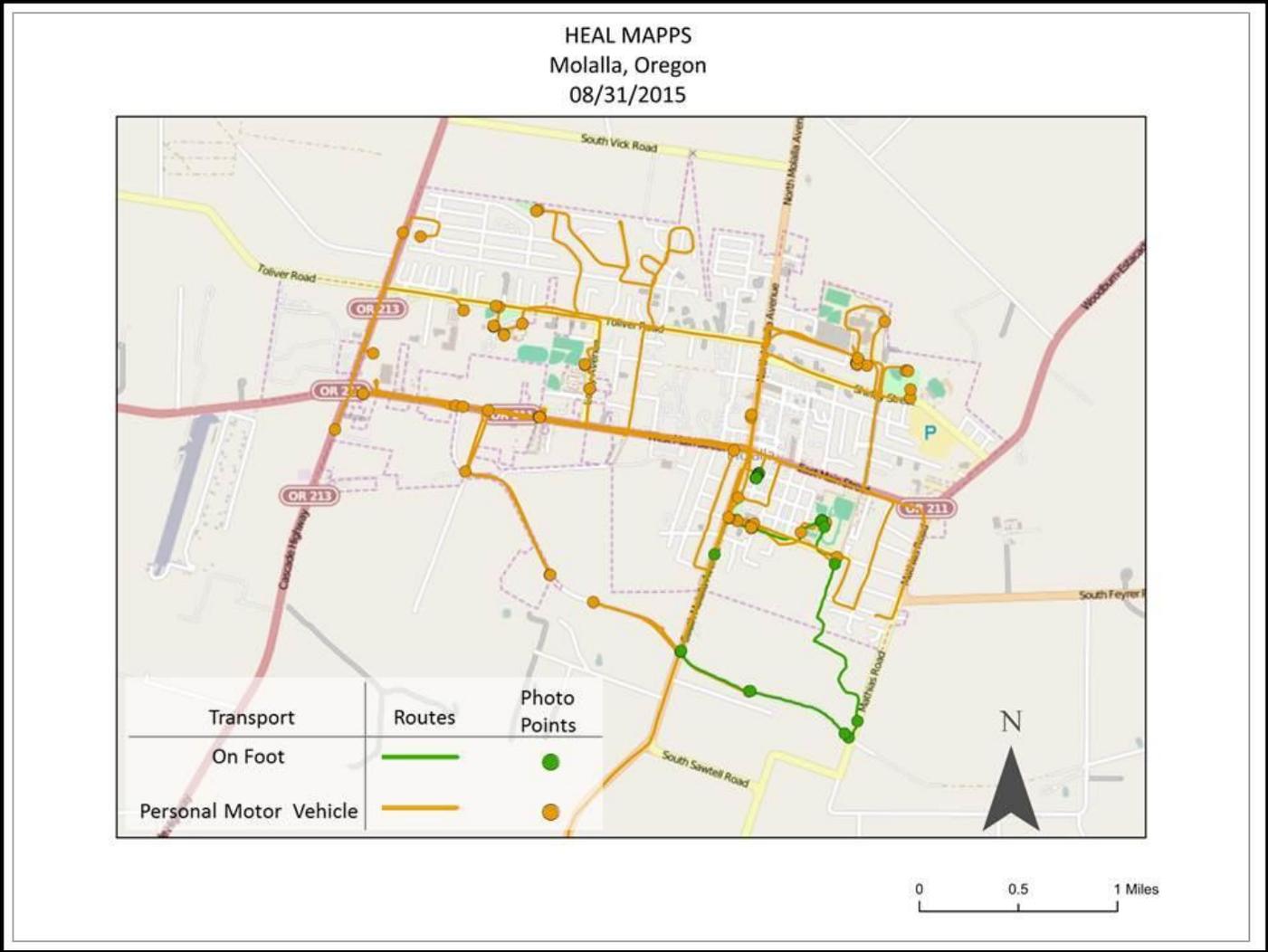


Figure 7. Represents an example of a route generated while using a personal motorized vehicle, and the barriers and supports that were encountered.

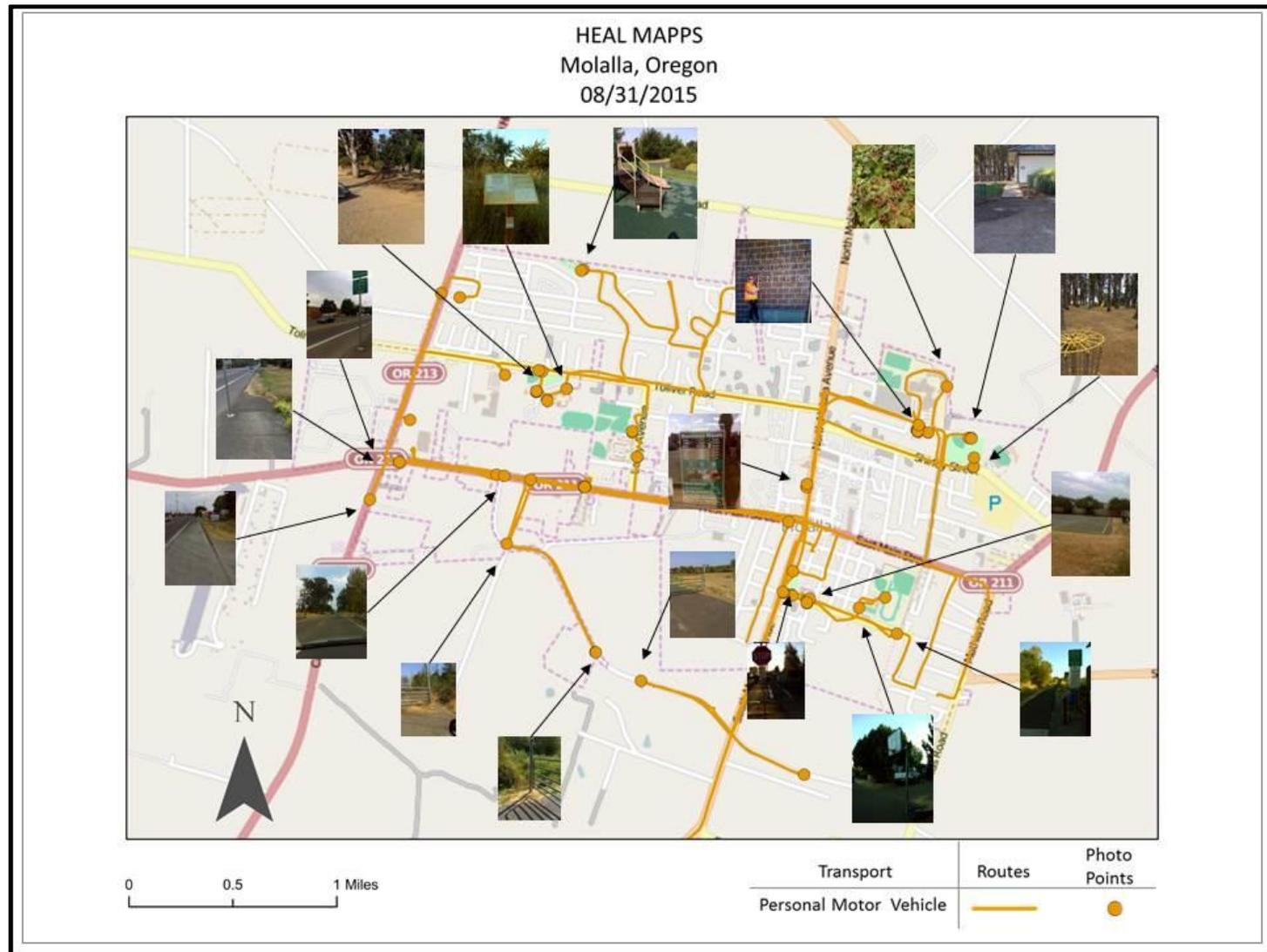


Figure 8. Represents all routes generated by mappers while walking, and some of the features encountered that enable or hinder healthy eating and/or physical activity.

