

SOUTH BEND



PARKS & RECREATION
DEPARTMENT

**HEALTHY COMMUNITIES
SURVEILLANCE AND
MANAGEMENT TOOLKIT**

**INITIAL FINDINGS SUMMARY
FEBRUARY 2012**



Acknowledgements

This project is a joint effort of a variety of South Bend Parks and Recreation Department staff, community stakeholders, consultants, and researchers.

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I. Introduction

Childhood obesity is a serious, growing epidemic, cutting across all categories of race, ethnicity, family income, and locale. Obesity rates have tripled in the past 30 years, a trend that means that for the first time in our history, American children may face a shorter expected lifespan than their parents. Additionally, the U.S. spends \$150 billion every year to treat obesity-related conditions, with childhood health care costs rapidly increasing that number.

Researchers have estimated that 16.9 percent of children and adolescents ages 2 to 9 are obese, and that 31.7 percent are overweight. This translates to more than 12 million children and adolescents who are obese, and more than 23 million who are overweight.

Alarming, the obesity problem is starting at an even earlier age, with researchers estimating that 21.2 percent of children ages 2 to 5 are already obese or overweight, a percentage that has more than doubled during the past three decades. The obesity rate for children ages 6 to 11 has more than quadrupled (from 4.2 to 19.6 percent), and it has tripled for adolescents ages 12 to 19 (from 4.6 to 18.1 percent) over the past four decades.

A. Background of the Healthy Communities Surveillance and Management Project

Since 2009, the **Healthy Communities Research Group** (GP RED, Indiana University Bloomington, along with Indiana Parks and Recreation Association, the Bloomington Parks and Recreation Department, GreenPlay, Design Concepts, and Beta Site communities) has been working together to develop and test the **Healthy Communities Surveillance and Management Project**. The project targets the community aspects that influence obesity and active living. The initial “alpha project,” in Bloomington, Indiana, was successful, and the methods are now being integrated into a training process and toolkit to be applied to additional “beta” site communities for further refinement, testing, and implementation in the future.

Beyond Health – The Economy of Obesity

A high population of obese youth leads to a high population of obese adults. According to its 2009 studies of 187 U.S. metro areas, *The Gallup Management Journal* estimates that the direct costs associated with obesity and related chronic conditions are about \$50 million per 100,000 residents annually in cities with high rates of obesity. The direct and additional hidden costs of obesity are stifling businesses and organizations that stimulate jobs and growth in U.S. cities.

What is the Project about?

The Healthy Communities Project helps parks, recreation, and related departments and agencies assess, analyze, document, and evaluate five elements related to the repositioning of parks and recreation as a primary preventative community public health provider:

- **Creating a Warrant for Agency Action** – Why? Who? What is the Impact?
- **Convening Community Stakeholders and Champions** – Residents? Partners? Providers?
- **Policies, Laws, and Procedures** – What is influencing active living?
- **Fiscal Resources and Distribution** – What funds? How should they be allocated?
- **Inventory of Assets and Affordances** – Programs? Parks? Facilities? Food?

From an analysis of these elements, the project moves to creation of a systems portfolio, strategic concepts for improvement, and future modeling for the purposes of articulation, prioritization, management, and surveillance of outcomes over time.

We are pleased to be working with South Bend Parks and Recreation. For this Beta Site project, we are focusing on youth in the community, **ages 10-14**. The methodology is transferable to all age groups, but we feel that this is the time of life in which we can evoke the greatest level of change, and there was a need to pick a measurable target age group to test the process and Toolkit. This is when youth are just starting to look outside parental guidance to make their own decisions, and are becoming more aware of their environment, options, and choices. If we can create opportunities and an environment that promotes good lifestyle choices and activity, we can contribute to their likelihood of increased movement and therefore, reduced incidence of obesity.

B. Summary Overview of Year One Project Methodology and Schedule

Project Tasks & Milestones	Dates
Initial Planning Meetings with Staff	Mar 21 st – 22 nd , 2011
Data collection and research	March – December, 2011
Staff and Stakeholder initial trainings and information gathering meetings	August 22 nd – 25 th , 2011
Presentation of Summary Findings, Trainings, and Visioning Sessions with Staff and Stakeholders	January 10 th – 11 th , 2012
Drafting of Year One Recommendations, Impact Simulation, and Stella Modeling	January – February, 2012
Year One Report of Project to Staff and Stakeholders	March, 2012

Details of each of these steps can be found in the following sections.

Note that this project is intended to be a three-year project. Year One is primarily for identifying and convening stakeholders, data collection and research, and initial findings compilation; identifying gaps in available information; and creation of initial recommendations, modeling scenarios, and action strategies. Years Two and Three are to continue to create and validate additional data collection strategies, provide additional training for staff, test the modeling scenarios, and evaluate the performance from the implemented strategies.

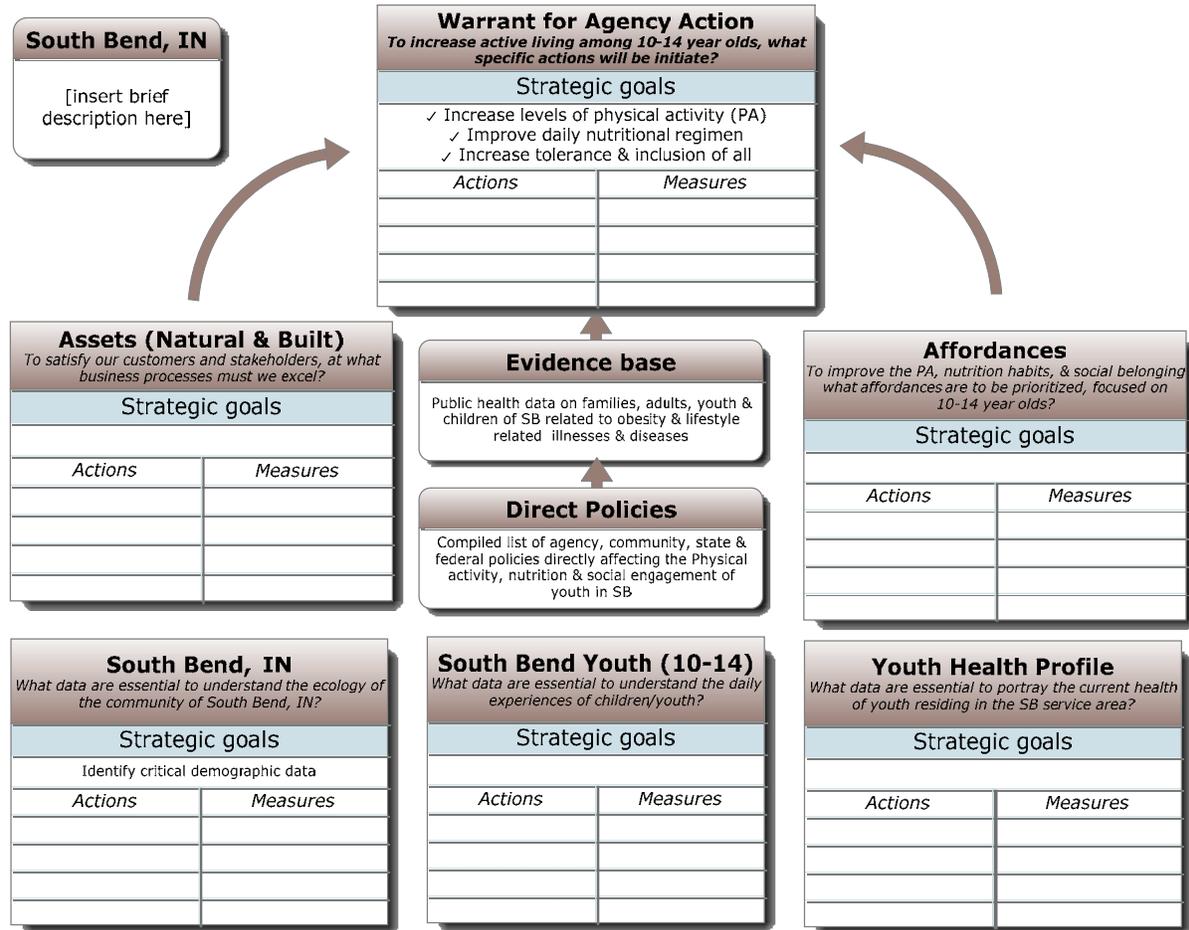
The full project is also a continuing test, validation, and refinement of the Beta testing of ***The HCRG “Surveillance and Management Toolkit.”***

II. Developing a Warrant for Agency Action

A. Introduction to the Warrant Development Process

As we enter this phase of the process of creating a systems approach to reducing childhood obesity in South Bend, IN, it is critical to develop a *warrant for the agency's action*. This process would entail gathering “evidence” and facts supporting claims that action is needed to address critical community, social, public health, and individual problems. In this case, the focus is on youth 10-14 years old in South Bend. What is needed is a document that will serve as the mandate to direct or redirect resources to increase human capacity, quality in lives, prevent the onset of lifestyle related illnesses and diseases, and save precious health care costs over the life of your citizens, businesses, and public agencies. **Figure 1** illustrates the connectedness of components involved in creating the warrant for agency action.

Figure 1: Connectedness Components



Adapted from the Balanced Scorecard by Robert S. Kaplan and Dave P. Norton. Harvard Business School Press, 1996.

The Project Needs a Name as it moves forward. One potential name for discussion is:

The Active Living Youth Initiative (AYI)

Step 1- Developing a purpose statement

The first step in the process is to create a *Purpose Statement*. This short statement is a declaration of intent and should be no more than 100 words. This statement should be the product of agency and community input.

The Purpose of the Active Youth Initiative (AYI) is to increase the physical activity, healthy nutrition habits, and social engagement of youth in South Bend.

- *AYI will examine and monitor youth activity providers, policies, funding allocation, assets, and affordances.*
- *AYI will engage and organize community partners in planning, management, funding, and measurement of the AYI.*
- *Ongoing focus will be on reducing overweight and obese populations, specifically ages 10-14.*
- *Periodic progress and outcome reports will be made to participants, partners, and citizens of South Bend.*

Step 2- The warrant goals

Step 2 is crafting of strategic goals for the South Bend ALYI. Goals are simply stated as statements of direction and intent and are not measureable. We recommend listing a few (2-4) strategic goals which are determined by consensus of agency members and community stakeholders. An example of the warrant strategic goals is illustrated below. Accompanying the strategic goals are specific actions which will be used to accomplish the goals. For each action listed there should be a companion set of outcome measures. What do you expect to occur, when, and by whom?

Warrant for Agency Action	
<i>Increase active living among 10-14 year olds, what specific actions will be initiate?</i>	
Strategic goals	
<ul style="list-style-type: none"> ✓ Increase levels of physical activity (PA) ✓ Improve daily nutritional regimen ✓ Increase tolerance & inclusion of all 	
<i>Actions</i>	<i>Measures/Outcomes</i>

Note: Drafting of these goals is the intended outcome of the Findings and Visioning Sessions took place on January 10th and 11th, 2012 – to be included in Year One Action Plan.

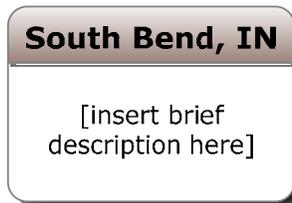
Step 3- Description of South Bend, Indiana

In this step, we need to prepare an overview of South Bend and the agency’s service area. We are particularly interested in the following information, which is often readily available in city or county records:

- ✓ General description of the municipality and the surrounding area.
- ✓ Population of the municipality/county and/or service area Socio-demographic information on the composition of the community (e.g.) age distribution, average income, unemployment rate, ethnic composition, etc. These records are in federal census data, municipal data sets, and state records.

- ✓ Health status of the residents of South Bend and service area. Again, these are readily available from federal, state, and local public health records. Some key web links for this information include:
 - <http://www.countyhealthrankings.org>
 - <http://www.statehealthfacts.org/chfs.jsp?rgn=16&rgn=1>
 - http://factfinder.census.gov/servlet/SAFFacts?_event=ChangeGeoContext&_county=St.%20Joseph&_state=04000US18
 - <http://communityhealth.hhs.gov/homepage.aspx?j=1>
 - <http://communityhealth.hhs.gov/RiskFactorsForPrematureDeath.aspx?GeogCD=18141&PeerStrat=9&state=Indiana&county=St.%20Joseph>
- ✓ Municipal strategic plan for South Bend and St. Joseph County
- ✓ Description of the South Bend Parks and Recreation Department
- ✓ Inventory and appraisal of assets and affordances under the SBPRD control
- ✓ Inventory of existing policies (formal and informal) used in delivering existing services to youth ages 10-14 years.
- ✓ Inventory of existing partnerships and collaboration with community agencies who serve youth and provide services that would affect physical activity, nutritional behaviors or social engagement of youth.
- ✓ Listing and description of agencies in the municipality or service area that specifically serve youth ages 10-14 years. It is important to identify those who provide a comprehensive list of health, public health, counseling, and other services essential to developing and maintaining healthy youth such as specialty clinics, clubs, organizations, and services that augment or complement the services of your agency. Additionally, the list of assets and affordances provided by each will be very important in building the management model to increase access, utility, and opportunities to sustain an active, safe lifestyle in South Bend.

This information is to be utilized to craft a case statement that will be used in the warrant for agency action, as well as any journal articles, future grant submissions, and in the final report. This section should not exceed 5-10 pages, yet should contain references/links that direct interested parties to the appropriate appendices or websites.



Note: This descriptive information for SBPRD is included in the following sections of this document.

Step 4 - Gathering additional essential information to support the warrant for agency action

One of the most important steps is to gather additional information in following years regarding the health of the citizens of the community. This can be completed over time by using well established practices to conduct a Health Impact Assessment (HIA). According to the Centers for Disease Control and Prevention (CDCP) (<http://www.cdc.gov/healthyplaces/>) there are seven major steps in conducting an HIA. GP RED's HCRG has refined these steps and tailored them to the SBPRD.

These include:

- 1) *Screening* (identify projects or policies)
- 2) *Scoping* (narrowing in on which health effects are priorities)
- 3) *Assessing* risks and benefits (to the 10-14 year old population and how they are being affected)
- 4) *Advancing* recommendations for policy, programmatic, and environmental actions to change (current obesogenic behaviors of youth in this case)
- 5) *Reporting* using ongoing surveillance methods
- 6) *Reporting* (presenting the results to agency decision-makers)
- 7) *Evaluating* (measuring the effects on obesogenic behaviors).

According to the CDCP, “HIAs are similar in some ways to environmental impact assessments (EIAs), which are mandated processes that focus on environmental outcomes such as air and water quality. However, unlike EIAs, HIAs can be voluntary or regulatory processes that focus on health outcomes such as obesity, physical inactivity, asthma, injuries, and social equity. An HIA encompasses a heterogeneous array of qualitative and quantitative methods and tools. Rapid HIAs can be completed in a few days or weeks; full HIAs may require months to complete. The decision to conduct a rapid or a full HIA is often determined by the available time and resources.” (<http://www.cdc.gov/healthyplaces/>) Further information about using the HIA approach can be obtained from the proceedings of a major workshop held on the topic and sponsored by the Robert Wood Johnson Foundation at <http://ajph.aphapublications.org/cgi/reprint/96/2/262.pdf>.

Inventory of Assets

In this step SBPRD, worked with Design Concepts and GreenPlay to create a detailed and codified inventory of the agency’s assets (natural and built). These data are essential to creating the Stella systems model and for management decisions once the model is developed. We are particularly interested in determining where the assets are located. This will be completed using GIS technology and provides critical information about the proximity of the asset to the study group of 10-14 year olds and their families. Templates are provided for your use and instructions on the level of specificity required.

Assets are divided in to two major categories (natural and built). While some natural assets (e.g.) park, lake, etc., may have built assets located in their designated area, it is important to work closely with the consultants from Design Concepts to codify each properly. Templates are provided to enter data and training sessions will offer guidance and respond to questions.

Assets (Natural & Built)	
<i>Satisfy our customers and stakeholders, at what business processes must we excel?</i>	
Strategic goals	
✓ Increase quality of assets	
✓ Increase utility of assets	
Actions	Measures/Outcomes

Again, it is important to identify the goals, specific actions, and outcome measures. We recommend listing a few (2-4) strategic goals which are arrived at by consensus of agency members and community stakeholders. Accompanying the strategic goals are specific actions which will be used to accomplish the goals. For each action listed there should be a companion set of outcome measures. What do you expect to occur, when, and by whom?

Inventory of Affordances

SBPRD has conducted an inventory of the agency’s affordances. We use the term affordances to mean what your agency provides its citizens through: a) formal programs, events, leagues, classes, etc.; and b) preventive and health promoting services such as screening clinics, farmer’s market, community gardens, immunization services, health counseling, etc. either directly from your agency or in cooperation with another health, public health, or medical agency. Please identify the cooperating or collaborating agency or agencies.

Again, it is important to identify the goals, specific actions and outcome measures. We recommend listing a few (2-4) strategic goals which are arrived at by consensus of agency members and community stakeholders. An example of affordance goals are illustrated below. Accompanying the strategic goals are specific actions which will be used to accomplish the goals. For each action listed there should be a companion set of outcome measures. What do you expect to occur, when, and by whom?

Affordances <i>Improve PA, nutrition habits, & social belonging of 10-14 year olds?</i>	
Strategic goals	
<ul style="list-style-type: none"> ✓ Increase capacities of non-engaged youth ✓ Increase knowledge of healthy eating 	
<i>Actions</i>	<i>Measures/Outcomes</i>

Note: A complete overview of the Assets and Affordances data collection process and findings are included in Section VI.

South Bend Youth Health Profile

In this step it is critical to obtain information on the health of youth ages 10-14 years of age in South Bend and the immediate service area. This will also require information from the city, county, and federal government. These data are not always available in the precise manner required, but there are several key sources from which they can be obtained including:

- ✓ US Census Office
- ✓ Behavioral Risk Factors Surveillance System (BRFSS)
- ✓ State of Indiana
- ✓ St. Joseph County records
- ✓ South Bend municipal records
- ✓ South Bend Community School Corporation
- ✓ Memorial Hospital and Health System
- ✓ <http://www.city-data.com>
- ✓ http://phpartners.org/health_stats.html#County%20and%20Local%20Health%20Data
- ✓ <http://communityhealth.hhs.gov/>
- ✓ <http://apps.nccd.cdc.gov/YouthOnline/App/Results.aspx?LID=IN>

Again this effort will rely on the collaborative efforts of the SBPRD and the HCRG. The federal and state data can be obtained by GP RED while the local community sources will require assistance from the department staff.

South Bend Youth (10-14) <i>What data are essential to understand the daily experiences of children/youth?</i>	
Strategic goals	
<i>Actions</i>	<i>Measures</i>

Youth Health Profile <i>What data are essential to portray the current health of youth residing in the SB service area?</i>	
Strategic goals	
✓ Decrease risk factors of SB youth	
<i>Actions</i>	<i>Measures/Outcomes</i>

Identifications of strategic directions of the South Bend Parks and Recreation Department

In this step the agency is requested to provide documents which articulate the strategic directions of your agency. Typical documents would include a master capital facilities plan, a program planning document, accreditation documents (CAPRA), manuals of operations, agency policies and procedures manual, etc.

Of particular importance are those documents that contain policies and procedures for carrying out the mandate of the agency. Additionally, it is critically important to have a copy of the budget and categorical sources of funding. Policies are to be entered to the template provided. The budget will be entered in to another template that is vital to creating the Stella® model. The HCRG team will train and assist SBPRD staff in entering the data into Excel spreadsheets used for the systems modeling.

South Bend, IN <i>What data are essential to understand the ecology of the community of South Bend, IN?</i>	
Strategic goals	
✓ Coordinate a healthy community initiative	
<i>Actions</i>	<i>Measures/Outcomes</i>

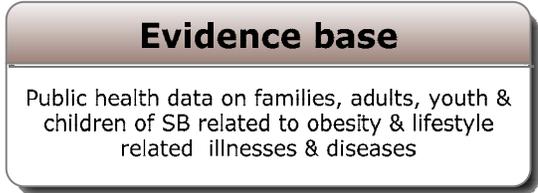
Policies Directly Affecting Physical Activity, Nutritional Habits and Social Engagement of South Bend Youth

The first action for this step is to identify and codify all formal and informal policies that are directed at youth and their health, safety, well-being, and involvement in the affordances available in the community. In this step there is a process that will be used for SBPRD staff, associated agency personnel and parents to list and rank those policies that most directly affect the Physical Activity, Nutritional Habits, and Social Engagement of South Bend Youth. A short survey template has been used to rank the impact existing policies have on youth ages 10-14 years of age ability to engage in: a) regular physical activity; b) healthy nutritional habits; and c) being socially engaged in affordances offered by the community. From this effort it is expected that the SBPRD would then select one policy to address physical activity, nutritional regimen adherence, and social engagement that would serve as the basis for building the systems management model.

Direct Policies
Compiled list of agency, community, state & federal policies directly affecting the Physical activity, nutrition & social engagement of youth in SB

An Evidence Base for Addressing Obesogenic Behaviors of South Bend Youth

In this step there has been a review of the literature to provide a written document supporting the warrant for agency action. In this section the HCRG seeks to identify not only the data supporting the economic impact of obesity among our children and youth, but also evidence that selected management strategies, systems analysis, and outcome evaluation create long term solutions to the pandemic of obesity in America. A section of the warrant for agency action will refer to and contain this evidence base.



Step 5 - Prepare draft of warrant for agency action

GP RED’s HCRG will prepare draft content of the warrant for agency action from the information obtained in Steps 1-3. This document will appear as a review and brief summary of factors that are Indicators of a “healthy community” and those that appear to detract or serve as barriers. This will provide information to the agency to be used in the process of creating, developing consensus for, and reviewing the initial draft agency warrant for action. This document is a product of the SBPRD and its community partners.

The SBPRD Warrant for Agency Action will be documented with sources provided by South Bend, as well as references from the literature to offer compelling evidence from research, federal and state initiatives, and the healthy communities projects from across the nation.

The final warrant will contain several sections including:

1. Identification and Convening of Key Stakeholders.
2. The Youth of South Bend: A profile – including challenges to our youth, community, and quality of life, along with the impact of obesity on our youth.
3. Why we need to act now.
4. What actions will be taken by SBPRD and their community partners.

Step 6 - Agency review and approval of warrant for agency action

Staff of GP RED’s HCRG will present a draft warrant for agency action to the SBPRD for their review. The process for review of the document will be determined by the SBPRD. An approved document will then be used to craft the systems model, and identify critical policies that would directly affect 10-14-year-old’s physical activity, nutrition, and/or social engagement. This document will serve as a critical part of a strategic initiative to improve active living and health status and potentially reduce health care costs for this, and following cohort groups of youth.

Step 7 - Securing support for the Actions and Implementation

Once the agency action document has been vetted through the agency and governmental oversight entities, it will be essential to secure the endorsement of others in the community who share the initiative and its potential effects on youth in South Bend. This support may come in different forms. It is deemed very important to have an official signing ceremony where the recommendations are officially accepted and/or adopted not only by SBPRD but the respective commissions, councils and mayor, county officials, etc. In addition, it is important to obtain letters of support from collaborators and partners who are currently involved in, or agree to become involved in, projects, activities, events, programs, etc. It may be very important to obtain support in the form of letters from children, parents, teachers, health care professionals, business executives, etc.

*A copy of the **Michigan Healthy Communities Toolkit** which outlines some of the possible methods of support building (but is not parks and recreation specific) has been provided to staff as an additional Resource Document.*

Future Information Gathering

While funding and resources were not identified as priorities in Year One of this Initiative, it is highly recommended that SBPRD and/or its partners conduct a representative sampling of youth in the City and the service area to determine the current levels of physical activity, nutritional regimen adherence, and social engagement of youth 10-14 years of age. This survey instrument could be developed by HCRG team members, and reviewed and approved by SBPRD prior to administration, if desired. Participants in the survey would be selected in accordance with established sampling procedures to ensure compliance with federal, state, and municipal laws, as well as survey research protocols. It is expected that there could be 40-60 participants from the three constituent groups (e.g.) SBPRD agency staff, collaborators in youth services, and parents of 10-14 year old youth. The HCRG could design the survey instrument which could be printed for distribution, or used on the web as an electronic survey. As well, the HCRG could prepare a manual for selecting the sample, managing the survey process, and collecting the survey responses, along with compiling the results to submit a report to SBPRD. This could also be done by the City, or through collaboration with other partners.

B. Draft Outline for the Warrant Process for Agency Action

To start to draft the Warrant for South Bend, the HCRG and staff began to look for the following answers, to see what information is available, and what is missing. In addition, we want to help determine the importance of collecting missing information in the future, the return and investment of resources that will be required to do so. Research has and is being conducted on the following items.

❖ Obesity: Implications for public health and the economy

- Prevalence
- The outlook if we continue on the same course
- Public health and lifestyle related chronic illness
- Health care costs
- Economic impact
- Other implications (learning, occupational outlook, etc.)

- ❖ **South Bend, Indiana: How healthy is this community?**
 - CDCP and other key indicators
 - Obesity profile
 - Chronic illness & lifestyle related diseases
 - How do we compare to the State of Indiana? United States?
 - Air quality
 - Water quality
 - Access to health care
 - Smoking rates
 - Unemployment rate
 - Education level
 - Public safety
 - Immunization rates
 - Sedentary living index

- ❖ **What are the critical factors to become a “Healthy community?”**
 - Positive policies (formal and informal) promoting healthy behaviors
 - Coordinated, sustainable strategic planning
 - Inventory and codification of assets and affordances
 - Regular appraisal of goal and outcome accomplishment
 - Community agency collaboration & partnerships
 - Use of evidence-based best practices in service delivery
 - Access to active lifestyle assets
 - Level of physical activity
 - Healthy nutrition options
 - Level of social engagement

- ❖ **Where is South Bend, Indiana in relation to other communities of comparable size on essential factors of a healthy community?**
 - Obesity prevalence and incidence
 - Public policies aimed at addressing the obesity issue among its children
 - Assets and affordances linked to children and youth
 - Public health indicators e.g. water and air quality, crime statistics, access to preventive health services, etc.
 - Sustainability of current and/or planned efforts to change behaviors related to obesity
 - Management practices employed to reach all children and youth
 - Funding per capita of services to children and youth
 - Measurement of outcomes and behavioral change

- ❖ **Community commitment to a “Healthy South Bend, Indiana”**
 - Formal declaration/s of Healthy South Bend through formal and informal policies
 - Partners and collaborators letters of support
 - Designation of the Healthy South Bend planning and oversight committee
 - Confirmation of multi-level stakeholders to participate in community and neighborhood Healthy South Bend teams

- ❖ **What benchmarks and outcomes do we seek to change as a sentinel healthy community?**
 - Current and desired health benchmarks by target groups, areas, and South bend community
 - Strategic outcomes (policy, environmental, health behaviors, asset and affordance related, economic, etc.)
 - Management approaches to creating and sustaining the healthy community
 - Impact and evaluation approaches to measure progress toward goals and specified benchmarks
 - Timeframe in which we envision this plan being ready for implementation
 - Timeframe of examining benchmarks, outcomes, and management practices

- ❖ **What actions must be undertaken to achieve the benchmarks**
 - South Bend Park and Recreation Department
 - Management
 - Staff
 - Community partners/collaborators
 - South Bend elected officials
 - Boards and commissions
 - District and local school agencies
 - Public health and health care providers
 - Social services and juvenile justice agencies

III. Identifying, Engaging, and Convening the Relevant Community

A. Stakeholder Engagement and Meetings

One of the first steps of this project is to identify and convene meetings with the staff, stakeholders, partners, and community members who are and/or should be involved.

1. Summary from the Stakeholder Engagement Meetings

This project targets youth, ages 10-14, so we wanted to meet with, engage, inform, and gather information from any relevant stakeholders for that age group. The primary week of initial information engagement was August 22 – 25, 2011. HCRG team members were in town, and a variety of meetings and focus groups were held.

Tuesday (23rd)	9:00 – 11:30 am	Staff orientation and Training
	1:30 – 3:00 pm	Focus Group with Educators/Other Service Providers
	6:00 – 7:30 pm	Community-Wide Public Meeting
Wednesday (24th)	10:00 – 11:30 am	Focus Group with Governmental/Business
	2:00 – 3:30 pm	Health Care Providers
Thursday (25th)	9:00 – 10:30 am	Wrap up meeting with Senior South Bend staff

A total of **27** participants attended and participated in the stakeholder engagement meetings (the sign-in sheets were compiled and are available from the Department), in addition to most members of the South Bend Parks and Recreation programming, administrative, and parks maintenance staff. A summary of comments (not formally edited or prioritized) from the five different meetings has been drafted into emerging categories and is provided below.

2. Strengths – What is Working in South Bend Relative to Active Living and Programming for Youth

Emerging Focus on Alternative Transportation

- Growing strengths of bike/walk/Safe Routes to School
- Bike network & trails – working on being bike friendly – just received 4th in state recognition
- Growing bicycle awareness
- Traffic awareness growing
- Bike Safety programs and groups are forming
- Bicycle Safety Program – 3rd grade in schools

Many Alternative Provider Programs

- Wide diversity of providers – Boys and Girls Clubs, YMCA, County P&R, Schools, Big Bros, Girl Scouts, Non-Profits, churches, hospitals, Kroc Center
- Diversity of and number of other providers is larger than most know
- Fuel up to Play 60 program – Free – just received \$4,000 in grants
- Unity gardens – 46 – managed locally
- Schools + parks 3 HOAs – skills to garden leaders
- Weed & Seed after school programs
- South Bend Schools 5th 8th grade – Extracurricular – after school activities
- Michianna Runners Association / Girls On The Run (GOTR)

- Girls Scouts and Boy Scouts
- Purdue Extension – gardening assistance
- Robinson Center (like B&G)
- Kroc Center – Band room – marching band & instruments – for youth – new big center on west side of town
- ROC – education for food and psychosocial improvements
- Need to work with the Youth Services Bureau – a non-profit that works with at-risk kids, homeless, street outreach, safe places (they have very limited funds)
- Porchlight is a non-profit that works with young moms
- Family Counseling Services – help direct youth and families

Notre Dame

- New ice rink at Notre Dame
- Family oriented programs (but targeted to Notre Dame staff and students)
- Partnerships and support in various areas
- Known for Student involvement/volunteers

Good existing and new parks and recreation amenities

- Kids are playing in the parks
- Lunch program
- New amenities (such as splashpads and the added playground at Potowatami Park)
- Youth are embracing the climbing wall
- Community gardening – Celebrating Hot Spots
- Much equipment has been replaced
- Indoor BMX park – The Kitchen – private and charge but great place
- Mall – provides strong social engagement

Good Programs

- Volunteerism – lots of volunteers running programs
- On the River – beach/teen night – Just one night a year – but may ↑
- Youth Sports offerings are great and diverse
- Kids Triathlon is popular and growing
- Daddy Daughter/Mom Son Dance
- Unity Gardens – they are a good activity and sell excess produce
- P&R is now programming after school intramural sports
- Lots of soccer and basketball programs
- Reducing Obesity Coalition (ROC) working together, and 7 other agencies – bilingual
- Summer Camps – (Camp Awareness) – limited time (Kids World)
- Break Camps
- Non-fee activities – access to assets and free programs, disk golf, mtn. biking, fishing, splashpads, school parks, skatepark
- Free programs are busier now than ever – concerts, arts in the park
- Summer playground program
- 17 school sites for playgrounds
- Neighborhood centers
- Swim clubs – schools pool

- Equestrian trail rides
- Good programs in conjunction with the hospitals
- Fit to Play, Hearts in Parks, Step up to Health
- Food coops are good and need more

3. Areas for Improvement or Attention

Perception of Unsafe Conditions Hindering Youth Participation

- Crime rates – locations move around but media portrays P&R involvement
- Gangs – There is not a good task force & they are recruiting, moving in from Chicago
- Urban problems but not big enough for urban solutions resources
- West side crime is higher, especially blocks west of MLK
- Safety is a big concern at Charles Black Center
- Built environment not safe to bike
- Lack of streetlights – unsafe at night
- Need better maintenance of bike lanes – especially in winter
- Need to position transportation as a community investment
- It is unsafe? How do we change perception?
- Need more police presence in parks and facilities
- Could facilitate block parents or “moms groups”
- Media sometimes portrays crime as related to parks and recreation facilities, when it really isn’t – just nearby

Assets Improvements Needed

- More trails and paths to things
- Need trails for biking, skateboarding, longboarding
- Can’t get out of HOA/neighborhood- need more paths for walking and biking and connections
- Some sidewalks just end without linkage
- Need availability of open free play on fields
- MACOG – looking at trails and a Bike coordinator – need volunteers and champions
- Should keep pools open until the schools open
- Need more sidewalks all over town
- Need better snow removal on paths and bikepaths in the winter
- They are removing tennis courts - there’s an opportunity for something else for youth
- Take a look at the vacant land around the City – maybe do more parks or amenities?
- Need more access to gyms and multi-purpose rooms for programming

Need Changes in the City’s Culture as Related to Youth and Youth Obesity

- Empower them to go above the negative influences that are around
- Kids have not changed – parenting has – kids parent themselves now
- Lack of available mentors for youth
- Could do an enhanced campaign re: social networking
- Need transportation options for youth – especially from schools to facilities – but how?
- Need more parental involvement
- Need to get more information out about what is available for youth

- There are a lot of providers offering programs and things for youth, but they are territorial and competing for funding
- Someone needs to coordinate all the non-profits and other providers
- There are lots of assets and programs for youth in the City, but a lot of kids live in the County – and they need them too
- High rental rates (40%?) and transient population requires additional outreach to get to those kids
- Schools have engineered movement out of the day – how do we get kids to move?
- No one is tackling the mental health portion of obesity
- Need inclusion of overweight and obese kids in all programs and activities – must make them feel welcome and not self-conscious
- Need to look at mental and social aspects of overweight and obesity
- Need to capture youth culture – have them help tell the story – we are not speaking the right language to attract them and get kids involved
- Need to lead in a culture change – involve churches and find champions in the neighborhoods
- There is a lot available, but need to communicate how to get to it and what is there
- Could create a bureau or Youth Services umbrella group that helps all non-profits and other providers be known – get and share funding, facilities, and programs
- Need youth input and ownership
- Need to instill a culture that is bought into this and will evaluate and measure success

Programming Enhancements

- Not much available for youth besides organized sports – what about the kids who don't play sports?
- Lack of equipment – bikes/balls for non-programmed use
- Girls on The Run is great program – but costs \$\$\$
- Gaming is cool – could be more active
- More places needed for pick-up games
- Need good policies for liability issues –Ex: Climbing Wall
- Need to program for inclusion – all levels of ability and health – especially for outdoor activities
- Need to re-evaluate the rule for being 16+ for gym usage
- Need more space for afterschool programs
- Need more instructors qualified to work with youth
- Need to capture “trendy” programs, but limited by space and instructors
- Could work with non-profits to do activities that are fundraisers for them and help build awareness (like a softball or volleyball tournament) and get people moving

Opportunities for Enhanced Alternative Provider Involvement and Relationships

- Boys and Girls Club is good but fees too high for some and programs are not always active
- Bike the Bend – could do events/bikes?/events
- Need to get Transpo Bus to the table
- Need to have P&R at the table for transportation discussions
- Could have better relationship with police and have them coming into recreation centers
- Get a Neighborhood Resource Officer working with Police
- Work with Neighborhood Associations – may have space and/or communication tools

- Schools
 - *Safe Routes To School* Program exists but could be enhanced – needs champions
 - Need to support recess – get kids moving
 - P&R could help program recess?
 - Need to change in-school structure – they just sit and eat, and it causes attention problems and behavioral issues that they then just treat with drugs
 - Schools should open their doors for activities afterschool and at night
 - Schools could help bus kids to the recreation facilities and KROC center

Food Availability

- Need to include a look at nutrition in addition to making kids more active
- P&R does not manage food, but can set guidelines for food in their programs
- Not all neighborhoods have places to get fresh foods
- Nutrition of school food/food pantries is lacking
- Girl Scouts may have a small grant related to this for education
- Need affordability of fresh food
- P&R can educate about nutrition and support other groups, especially schools
- Need to support better policies for school lunches and vending

Financial Improvements

- Youth Sports cost too much for many families
- Many don't have money for fees or programs
- Large population of those who can't afford equipment, program fees, transportation or food
- Need to evaluate the scholarship program to make it better and easier to use

B. Partners for Youth in South Bend

As part of the training process for the *Surveillance and Management Toolkit*, staff members from South Bend were supplied with templates for collecting information and assessing the many and various partners that are currently working with SBPRD for facilities and programs for this target age group. They include over 80 collaborative relationships with:

Albright's Bicycle	Morris Performing Arts Center
American Red Cross (Aquatics)	National Young Life/Wyld Life organization
Awards Factory	Neighborhood Association (MLK)
Botanical Society of South Bend	Notre Dame (4)
Brown Mackie University	O'Brien Fitness Center
Bruce Bondurant	Park Foundation
Budweiser	Pepsi
Burkhart	Pepsi Corp
Burkhart Advertising	Policeman's FCU
Cintas	Ramada Inn
Comcast	REAL SERVICES
Crowe Horwath	S.B.C.S.C. (Bueno)
Culver's	SB Firefighter's FCU
Convention and Visitor's Bureau	SB Police Department (CBC)
CVS PHARMACY (se)	Selge Construction
Department of Natural Resources Conservation Officers	Small Smiles
Doyle's Rackets	SOLO Group (RV)
East Race Running Club	South Bend Fire Department
FOOD BANK	South Bend Swim Club
Gates Auto	South Bend Tennis Assoc.
Geminus	South Bend/Elkhart Audubon Society
General Sheet Metal	St. Joseph Hospital (MLK)
Gibson	ST. MARY'S (CBC)
Growing Kids	Stanley Clark School
HARRISON SCHOOL	Sweet Spot Racquet Club
Healthworks Museum	Teachers Credit Union
Hearing and Diagnostic Center	Texas Roadhouse
Herceg	The Skillet
I & M Heating	Triple Threat
Jimmy Johns	Twychenham Pool
Krispy Kreme	United Beverage
Kroc Center – Salvation Army	USTA
LaSalle Homes	Walsh Kelly
Lawson Fisher	WAOR
LPNA	WHS (CBC)
Mark's Auto Care	WSJV/Fox 28
Martins	WVPE 88.1
McDaniels	YMCA
Michiana Bike Association	YMCA (Ray)
Midwest Youth Team Tennis	Zolman Tire
	Zoological Society

This Healthy Communities process initiated the first time an overall analysis was conducted for the Department of the various partnerships. Staff members now have data sheets on each partnership, with compiled numeric ratings for the following:

- In your opinion, how strong is the linkage/ties between SBPRD and this agency? (1=Very Weak to 7=Very Strong)
- In your opinion, does SBPRD and the agency share similar values and beliefs? (1=Strongly disagree to 7=Strongly Agree)
- In your opinion, does the agreement benefit SBPRD? (1=Strongly Disagree to 7=Strongly Agree)
- In your opinion, are you satisfied with this agreement? (1=Very Dissatisfied to 7=Very Satisfied)

These numeric rankings are now available for senior administration to review to help understand where partnering resources are going, and which of the partners are benefitting the community the most through the relationship with SBPRD. For example upon analysis, staff members are very satisfied with **44** of the partnerships (with a rating of **7**). However, **8** of the partnerships scored a **4** or below, indicating that it may be of benefit to review the partnerships for better terms or involvement.

In discussions with staff and stakeholders, it is apparent that there are many organizations in South Bend who are providing a variety of services for this age group, but there is no one “umbrella organization” that helps organize or communicate those services to the residents of the community. The Department may benefit from this type of analysis for all programs and age groups. The community would benefit from some type of organizational umbrella, coordination, and communication of all of the different types of governmental, for-profit, and non-profit agencies providing these services.

C. Volunteer Involvement

Similar to the analysis of Partnerships in the community, the HCRG provided templates for the SBPRD staff and training to compile information regarding the use of volunteers in the templates. Each event or program that is provided for ages 10-14 were analyzed with the following questions:

- Program/Event Date
- # of Volunteers Utilized
- Current Total Volunteer Hours
- What factors would increase or decrease the # of volunteers?
- What would be the effect on program opportunities for youth if the # of volunteers changed?

Staff now have these templates and can use them for ongoing administrative comparisons and planning of resources.

1. Financial Value of Volunteer Time

According to *Independent Sector*, a non-profit organization that analyzes the national contribution of volunteer labor according to the requirements set for by the Financial Accounting Standards Board (FASB), the value of volunteer time is based on the average hourly earnings of all production and nonsupervisory workers on private nonfarm payrolls (as determined by the Bureau of Labor Statistics). Independent Sector takes this figure for each state and increases it by 12 percent to estimate for fringe benefits. For Indiana in 2009 (the most current data available), the value of a volunteer hour is \$17.61. Nationwide, the average is currently \$21.26 per hour. A summary of volunteer data is located in **Table 1**.

See http://independentsector.org/volunteer_time for more information.

Table 1: Summary of Collected Volunteer Data

Collected Volunteer Data	
Number of Events/Programs for Ages 10-14 using Volunteers	26
Number of Volunteers	360
Estimated Annual Volunteer Hours	9,066
Total 2010 value in dollars for South Bend	\$159,652

IV. Local, Regional, and National Background Data and Trends

A. South Bend Demographics & Household Information

Demographics for South Bend were provided by the City of South Bend based on the 2010 US Census Bureau Data. A copy of the report has been provided to staff as a separate resource document. Additional information was compiled by the HCRG Team from information available from the US Bureau of Labor Statistics, the US Department of Labor, the Indiana Economic Development Corporation, and various additional resources (see Appendices). A summary of the most relevant information for this target age group is provided below. It is important to note that there is not much information available that is specific to the 10-14 age group in South Bend, but a “snapshot” of the community and a profile of living and demographic conditions can be compiled. **Tables 2-5** show demographic information in South Bend.

Table 2: Summary Demographics for South Bend - 2010

South Bend Summary Demographics	
Population	101,789
Number of Households	42,908
Avg Household Size	2.45
Avg Family Size	3.12
Median Age	32.70
Median Household Income	\$32,439
Average Household Income	\$42,627
Per Capita Income	\$17,121
White Collar Jobs	33,311
Blue Collar Jobs	46,830
Employed	47,107
Unemployed	4,237

Table 3: Age breakdowns for Household Breakdowns in South Bend in 2010

South Bend Age Statistics	
Number of Households	42,908
Households: With Children	14,635
Age 0-4	8,895
Age 5-9	8,471
Age 10-14	7,677
Age 15-19	7,081
Age 20-24	8,518
Age 25-34	16,718
Age 35-44	14,891
Age 45-54	12,371
Age 55-59	4,048
Age 60-64	3,179
Age 65-74	7,312
Age 75-84	6,188
Age 85+	2,440

Table 4: Residential Statistics

South Bend Residential Statistics	
Average Home Sale Price	\$66,600
% Homeowner Occupied	63%
Median Travel Time to Work	19 minutes
Transportation to Work: Public	1,226
Transportation to Work: Drive/ Carpool	6,203
Transportation to Work: Walk/ Bike/Other	1,452
Work at Home	1,094

Table 5: Ethnicity Statistics

South Bend Ethnicity Statistics	
White	62%
African American	24%
Hispanic or Latino	8%
Asian	1%
American Indian or Alaska Native	1%
Hawaiian / Pacific Islander	<1%
Other	5%

Additional information

- 18% of households have youth, ages 10-14, living in them.
- 62% of families live in homes where the adults drive to work.
- 77% of residents in South Bend have a High School Diploma or Higher, with 13% having a Bachelor's Degree or Higher.
- The unemployment rate as of September 2011 is 9%, which is less than the state average of over 10%.
- While a few South Bend census tracts have relatively high incomes, nearly all urban areas of South Bend and Mishawaka had median household incomes below that of the County as a whole. The highest rates of poverty are found in South Bend, especially on the west side.

B. Available Health Indicators

In the realm of public health, a variety of health indicators are tracked and monitored in communities. Most of these are not currently specific to the management of a typical parks and recreation department. Part of the Beta Site process is to review the available data for the specific community, and to determine which available health indicators are relevant and/or can be affected by the Department. The following sections review available data. During the recommendations phase, we will work together to identify the priorities for the SBPRD.

1. State of Indiana Rankings

A number of rating systems and entities rank the State of Indiana low in terms of their health, well-being, and other factors.

According to *America's Health Rankings* -

<http://statehealthstats.americashealthrankings.org> - Indiana is ranked the 38th state with a -0.290 score below the national average. Based on 42 factors, the State of Indiana ranked in the top 10 on only one factor (geographic disparity), and was ranked 40th or worse on eight factors (smoking, high cholesterol, early pre-natal care, air pollution, cancer deaths, preventable hospitalization, children in poverty, personal income per capita). One factor (income disparity) was ranked 13th, but this is perceived to be a negative ranking. Three factors were among the worst in the nation (e.g.) early prenatal care (47th), public health funding (48th), and air pollution (49th).

The United Health Foundation has ranked Indiana 38th in its 2011 *State Health Rankings*, unchanged from 2010. Highlights of Indiana's findings are listed below.

- While smoking has decreased from 26.9 percent to 21.2 percent of adults in the past ten years, over 1.0 million people still smoke in Indiana.
- Almost 1.5 million adults in Indiana are obese, 490,000 more individuals than 10 years ago.
- In the past year, the rate of preventable hospitalizations increased from 75.6 to 78.4 discharges per 1,000 Medicare enrollees.
- In the past year, the infant mortality rate decreased from 7.8 to 7.3 deaths per 1,000 live births.

"While this year's Rankings show some important improvements, we also see some very alarming trends – particularly diabetes and obesity – that, left unchecked, will put further strain on our country's already strained health care resources. At a time when the nation, states and individual families are grappling with tightening budgets and growing health care expenses, this year's Rankings send a loud wakeup call that the burden of preventable chronic disease will continue to get worse unless we take urgent action."

*—Reed V. Tuckson,
M.D.,
Board Member,
United Health
Foundation
executive vice
president and chief
of medical affairs,
UnitedHealth Group*

- In the past five years, diabetes increased from 8.3 percent to 9.8 percent of the adult population. Now, 478,000 Indiana adults have diabetes.
- In the past five years, the percentage of children in poverty increased from 18.6 percent to 25.2 percent of persons under age 18.
- Infectious disease, at 7.8 cases per 100,000 population, has returned to levels experienced three years ago after dipping to 4.4 and 4.6 cases per 100,000 population in 2009 and 2010, respectively.

2. County Rankings

According to the **County Health Rankings** - <http://www.countyhealthrankings.org/indiana/st-joseph> - St. Joseph County ranks as the **43rd** in *Health Outcomes* (based on an equal weighting of one length of life [mortality] measure and four quality of life [morbidity] measures) and **40th** in *Health Factors* (based on weighted scores of four types of factors):

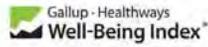
- Health behaviors [6 measures]
- Clinical care [5 measures]
- Social and economic [7 measures]
- Physical environment [4 measures] of 92 counties in Indiana.

Table 6: Rank of Counties for St. Joseph’s as compared to 92 total Indiana Counties

Rank of Counties	#
Health Outcomes	43
Mortality – slightly better numbers related to premature deaths	42
Morbidity – slightly better than average for overall health and birth weights	43
Health Factors	40
Health Behaviors – teen birth rates are lower than state average, while binge drinking and sexually-transmitted diseases are higher in the County than state average	43
Clinical Care – there are more doctors per capita and fewer preventable hospital stays	10
Social & Economic Factors – the County has a higher than state average for children living in poverty and children living in single-parent households	69
Physical Environment- the county has better than state average air quality, access to healthy foods, and access to recreational facilities	12

According to the national “Gallup-Healthways Well-Being Index,” the Congressional District #2 that includes South Bend is in the lowest 4th and 5th quintiles for a variety of well-being factors, as compared to the rest of the state and the country.

Figure 2: Gallup Healthways Indiana Congressional District Rankings



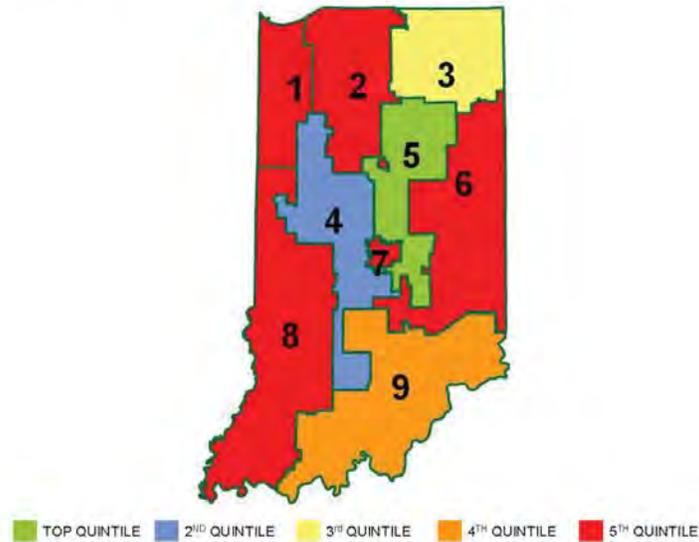
Indiana Congressional District Rankings

Ranking from data collected January 2, 2010 – December 30, 2010

		IN-01	IN-02	IN-03	IN-04	IN-05	STATE
Overall Rank	2010	387	371	189	154	66	39
	2009	337	417	370	304	48	42
Life Evaluation	2010	324	360	178	148	60	37
	2009	179	391	409	304	75	42
Emotional Health	2010	328	334	64	222	99	39
	2009	397	398	371	286	85	44
Physical Health	2010	355	357	136	190	113	37
	2009	365	380	250	248	157	40
Healthy Behavior	2010	420	311	230	352	369	46
	2009	337	392	420	426	286	46
Work Environment	2010	374	341	370	59	67	35
	2009	304	402	246	218	22	26
Basic Access	2010	302	339	119	131	38	28
	2009	317	377	212	186	62	31

*Ranking of 436 Congressional Districts

*Source: Gallup-Healthways Well-Being Index Survey 2010, n = 352,840 and 2009, n = 353,849



WWW.WELL-BEINGINDEX.COM

3. Additional Identified Health Factors

- The air quality of South Bend, Indiana (including Elkhart and Mishawaka) is rated rather low as compared to national averages on several factors. The ozone grade was a “D” (A-F scale) particulate pollution – 24 hour period “D” rated by the **American Lung Association** (however, it is better in South Bend than in many other Indiana Counties).
- Indiana ranked 39th in a state ranking on depression status report by **Mental Health America** on a composite measure (2007). The state also ranked 21st in suicide rates across the nation (http://www.nmha.org/files/Ranking_Americas_Mental_Health.pdf).
- On the **Gallup State of Well-Being: State, City & Congressional District Well-Being Report - Indiana (2010)** the State of Indiana ranks 39th of 50 states. The Gallup Healthways Well Being Index (WBI) is based on a sustained survey methodology that secures approximately 350,000 inputs per year. In “Overall Well-being” Indiana ranked 39th in 2010 (up from 42nd in 2009). Of particular note is that the state ranked 46th in “Healthy Behaviors” (up from 48th in 2009). Ratings for the congressional districts are provided and the ratings for the northern district which encompasses South Bend are in the 5th quintile (lowest).

C. St. Joseph County Local Public Health System (LPHS) Performance Assessment

In June 2011, the public health system partners of St. Joseph County convened meetings to complete an assessment process to evaluate how well they are serving the public health and healthcare needs of the county’s estimated 267,000 residents. The St. Joseph County Health Department hosted the three partial day meetings, in partnership with other key local partners. The Indiana State Department of Health, in collaboration with Purdue University’s Healthcare Technical Assistance Program – Population Health Initiatives Program, worked together to create an opportunity for all local public health system partners to identify existing strengths, as well as opportunities to establish and formalize public health system infrastructure improvements in Indiana counties.

Findings of the assessment revealed strengths of the county-wide public health system:

- Enforcement of laws and regulations that protect health and ensure safety
- Identification and surveillance of health threats, and response to public health threats and emergencies
- Developing policies and plans that support individual and community health efforts

The assessment also revealed important areas for performance improvement:

- Mobilizing community partnerships and action to identify and solve health problems
- Monitoring health status to identify and solve community health problems
- Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable

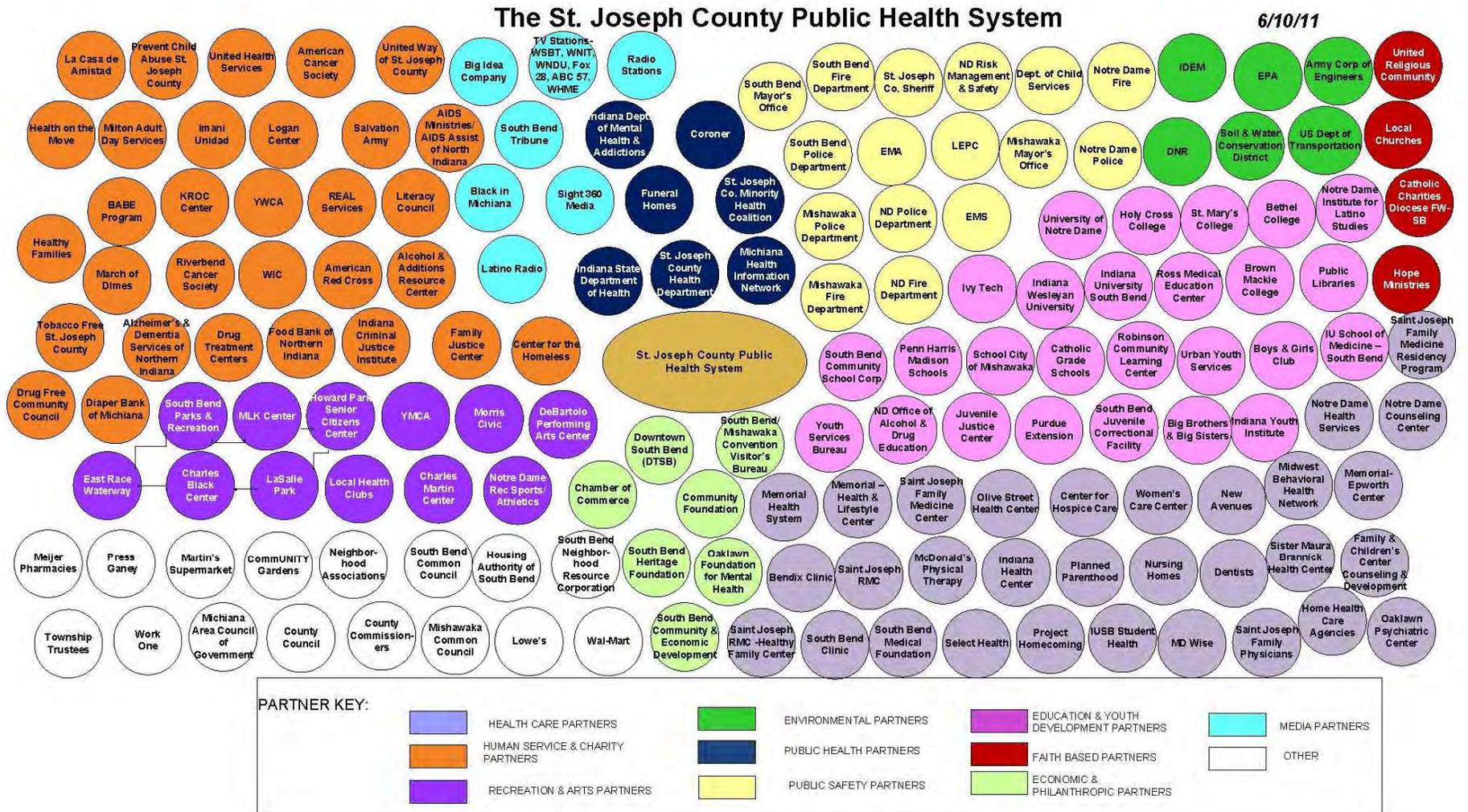
The assessment process was to serve as the foundation to formalize processes that strengthen local public health system infrastructure with the capacity and resources to improve quality and effectiveness of healthcare services in St. Joseph County. The Executive Summary notes that a primary component of such a process may include a focus on partnerships and collaboration to ensure sustainability.

Goals from this process included:

- Creating a current and complete directory of organizations that comprise the LPHS
- Establishing communication mechanisms to keep LPHS organizations up-to-date on needed information
- Creating a central hub for data collected by community health assessments that is easily accessible by LPHS organizations

The activities of the SBPRD were not necessarily a focus for the study, but the SBPRD is seen as one partner in a vast network in the St. Joseph County Public Health System.

Figure 3: St. Joseph County Public Health System



D. National Obesity, Health, and Park and Recreation Data and Trends

A challenge for parks and recreation departments is to continue to understand and respond to the changing characteristics of those it serves. In this fast-paced society, it is important to stay on top of current trends impacting parks and recreation. The following information highlights relevant trends and data compiled from various sources. It is important to note that due to funding and other resource constraints, we do not have specific survey data from South Bend Youth, so we must extrapolate from national and regional sources. The information listed below can help the South Bend parks and recreation professionals respond to their community's changing needs. Sources are listed in **Appendix A** (with many sources now quoting similar statistics).

1. Health and Obesity Trends

According to the **Center for Disease Control (CDC)**, the annual status of America's health has declined 69 percent compared to the 1990s. Obesity continues to be a serious issue in America, growing at an epidemic rate—almost tripling since 1990. In fact, about 1 in every 3 adults is currently considered obese. This statistic illustrates the importance of intercepting the epidemic in youth. Overall, 27.5 percent of people in the United States are currently obese.

Obesity among Children and Adolescents

Obesity now affects 17 percent of all children and adolescents in the United States. The percentage of adolescents and children who are obese has tripled from 1980 to 2008. In 2008 alone, more than one third of U.S. children and adolescents were overweight or obese. Obese children are more likely to become obese adults. Statistics show that children and adolescents who are obese have a 70 – 80 percent chance of becoming overweight or obese adults.

In an effort to educate Americans and encourage them to take steps toward a healthier future, the **United Health Foundation** annually presents **America's Health Rankings®: A Call to Action for Individuals & Their Communities**.



“Obesity now affects 17 percent of all children and adolescents in the United States. The percentage of adolescents and children who are obese tripled from 1980 to 2008. In 2008 alone, more than one third of U.S. children and adolescents were overweight or obese. Obese children are more likely to become obese adults. Statistics show that children and adolescents who are obese have a 70% to 80% chance of becoming overweight or obese adults.”

*- Center for
Disease Control*



America's Health Rankings has tracked the health of the nation for the past 22 years, providing a unique, comprehensive perspective on how the nation - and each state - measures up. The 2011 Edition of the Rankings suggests our nation is extremely adept at treating illness and disease. However, Americans are struggling to change unhealthy behaviors such as smoking and obesity, which cause many of these diseases. Obesity continues to be one of the fastest growing health issues in our nation, and America is spending billions in direct health care costs associated with poor diet and physical inactivity.

As obesity in the United States continues to be a topic of interest for legislators and our government, there continues to be research suggesting that activity levels are stagnant among all age groups. The following are statistics that support this concern.

- Only 25 percent of adults and 27 percent of youth (grades 9-12) engage in recommended levels of physical activity.
- 59 percent of American adults are sedentary.
- Children born now have a lower life expectancy than their parents.
- Children nationally spend 4.5 - 8 hours daily (30-56 hours per week) in front of a screen (television and/or computer).

The United Health Foundation also measures health disparities the state faces. In Indiana, obesity is more prevalent among non-Hispanic blacks at 37.0 percent than Hispanics at 28.4 percent and non-Hispanic whites at 28.8 percent. Diabetes also varies by race and ethnicity in the state; 14.8 percent of non-Hispanic blacks have diabetes compared to 9.4 percent of Hispanics and 9.1 percent of non-Hispanic whites. For a more detailed look at this data, visit www.americashealthrankings.org/IN.

2. Healthy Lifestyle Trends

With the health care issue front and center, park and recreation departments are finding that they are in a position to be a catalyst in creating healthy lifestyles and communities. Steps such as assessments, policy creation, financial analysis, and management processes are occurring around the country to create and validate a method for building healthy communities, and departments are gaining credibility as a public health provider.

National Trends

In October, 2010 the Robert Wood Johnson Foundation's *Vulnerable Populations Portfolio* shared thoughts on how health is impacted by where and how we live, learn, work, and play. Below demonstrates the connection that nonmedical factors play in where health starts before illness sets in.

Where We Live

Residential instability has adverse health impacts. Examples include:

- Homeless children are more vulnerable to mental health problems, developmental delays, and depression than children who are stably housed.
- Difficulty keeping up with mortgage payments may be linked to lower levels of psychological well-being and a greater likelihood of seeing a doctor.
- The connection between access to public transportation and health studies found that people who live in counties with high "sprawl indexes" were likely to have a higher body mass index than people living in more compact counties.

- Convenient, affordable, and available eating habits result from inability to move from place to place within the community. PolicyLink and the Food Trust, two nonprofits focused on expanding access to fresh foods where low-income people live, have found that “decreased access to healthy food means people in low-income communities suffer more from diet-related diseases like obesity and diabetes than those in higher-income neighborhoods with easy access to healthy food, particularly fresh fruits and vegetables.”
- Communities without crime are healthier. Researchers from the Baltimore Memory Study found that residents living in the most dangerous neighborhoods were nearly twice as likely to be obese as those living in the least dangerous neighborhoods.

Where We Work

The relationship between work and health is critical to creating productive environments.

- Investing in the right ways to support employees, businesses can help create a workforce that is less stressed and more content. The net result: a happier, healthier workforce which is more productive and yields better results.
- An approach such as “lifestyle leave” to take care of the inevitable personal and family needs that arise is a valuable asset for many of the parents. Programs which help provide employees with the peace of mind also help them to breathe and work more easily.
- Business leaders and employees alike should view work as a place of opportunity — a source of support, satisfaction, and motivation, which can offer mutual benefits when done right.

Where We Learn

Eight times more lives can be saved with education than with medical advances.

- Without graduating from high school, one is likely to earn less money and struggle to make ends meet, work longer hours and maybe even two jobs just to feed a family, and live in a compromised neighborhood without access to healthy food.
- Better educated people have more opportunities to make healthier decisions. They have the money and access necessary to buy and eat healthier foods.
- Data from the National Longitudinal Mortality Study indicates that people with higher education live five to seven years longer than those who do not finish high school.
- In South Carolina, leaders improved the health of citizens by strengthening their education system. A coalition of business and community leaders, politicians, educators, and parents came together to support a one-cent sales tax to fund education improvement.
- Schools are not just centers of teaching and learning, they are places that provide the opportunity to improve the health of all Americans.

Where We Play

Play is a profound biological process that shapes brain function.

- Play prompts us to be continually, joyously, physically active, combating obesity and enhancing overall health and well-being.
- Play can interrupt the damage done by chronic stress, and even gives the immune system some relief.
- Play is a basic need; a biological requirement for normal growth and development. Scientists associated with the National Institute for Play are united in their concern about “play under-nutrition,” noting that the corrosive effects of this form of starvation gradually erode emotional, cognitive and physiologic well-being – a major aspect of sedentary, obesity, and poor stress management can be readily linked to play starvation.
- Providing places to spend leisure time and recreate are critical to creating healthy communities.

The population is becoming more diverse. As demographics are experiencing an age and ethnic shift, so too are landscapes; daily lifestyles and habits changing. The number of adults over the age of 65 has increased; lifestyle changes have encouraged less physical activity.

3. Sports Participation

The **2010 National Sporting Goods Association Survey** on sports participation found some of the top ten athletic activities ranked by total participation included: exercise walking, exercising with equipment, camping, swimming, bowling, and working out at athletic clubs. Additionally, the following active, organized, or skill development activities remain popular: bicycle riding, hiking, running/jogging, basketball, golf, and soccer. **Table 7** further outlines the top twenty sports ranked by total participation in 2010 and the percent change from 2010.

Table 7: Top Twenty Sports Ranked by Total Participation 2010

Sport	Total	% Change*
Exercise Walking	93.4	-3.4%
Exercising with Equipment	57.2	4.0%
Camping (vacation/overnight)	50.9	3.0%
Swimming	50.2	-6.1%
Bowling	45.0	0.6%
Workout at Club	38.3	-2.6%
Bicycle Riding	38.1	-1.5%
Weight Lifting	34.5	1.8%
Hiking	34.0	2.8%
Aerobic Exercising	33.1	3.0%
Fishing	32.9	-22.0%
Running/Jogging	32.2	1.0%
Billiards/Pool	28.2	-11.1%
Basketball	24.4	-5.0%
Boating, Motor/Power	24.0	-13.9%
Golf	22.3	-3.9%
Target Shooting (net)	19.8	-2.4%
Hunting with Firearms	18.8	0.3%
Yoga	15.7	20.9%
Soccer	13.6	0.6%

*Percent Change is from 2009

Source: National Sporting Goods Association 2010

Aquatics National Trends

According to the **National Sporting Goods Association (NSGA)**, swimming ranked fourth in terms of sports participation in 2009 and 2010. There is an increasing trend towards warm water indoor leisure and therapeutic pools. Additional amenities such as “spray pads” are becoming increasingly popular as well for all ages.

Youth Sports

Specific offerings for kids’ fitness are slowly increasing in health and fitness facilities. Facilities are offering more youth-specific exercise equipment. Individualized youth sports training opportunities are becoming more popular as well. For youth ages 7 to 11, bowling, bicycle riding, and fishing had the highest number of participants in 2010; however ice hockey, mountain biking, and tennis saw the highest percent of increase of the sports in the survey in 2010. It is important to note that of the six mentioned sports above, ice hockey is the only team sport. In-line skating experienced the largest percentage decrease in participation, followed by scooter riding and fishing.

Another noteworthy trend is the increase in “pick-up” play in team sports. In recent years, the Sporting Goods Manufacturers Association (SGMA) noticed that participation in team sports has been driven by organized/sanctioned play. However, in 2008, there were seven team sports where “casual/pick-up” play exceeded organized/sanctioned play. Those sports were basketball, ice hockey, field hockey, touch football, lacrosse, grass volleyball, and beach volleyball. It is believed that this is the result of athletes and their families feeling the pinch of the economy. Many people are choosing the less expensive ways to play sports and stay active.

4. Nationwide Facility Trends

According to *Recreation Management* magazine’s “2011 State of the Industry Report,” national trends show an increased user base of recreation facilities. To meet that growing need, a majority of the 2011 State of the Industry Survey respondents (60.3%) reported that they have plans to build new facilities or make additions or renovations to their existing facilities over the next three years. Nearly a quarter (24.2%) of respondents said they have plans to build new facilities, and just over a quarter (25.9%) said they plan to add to their existing facilities. Another 43.6 percent are planning renovations.

The current national trend is toward “one-stop” indoor recreation facilities to serve all ages. Large, multi-purpose regional centers help increase cost recovery, promote retention, and encourage cross-use. Agencies across the U.S. are increasing revenue production and cost recovery. Multi-use facilities verses specialized space is a trend, offering programming opportunities as well as free-play opportunities. “One-stop” facilities attract young families, teens, and adults of all ages.

Also according to the Report, parks and recreation respondents said that the average amount planned for construction for parks fell by 12.7 percent from an average of \$3,907,000 in last year's survey to \$3,411,000 this year. There was very little change in the types of features and amenities included in the facilities of the survey respondents from last year to this year. The most commonly found features include locker rooms (57.5% of respondents have locker rooms), classrooms and meeting rooms (57.4%), bleachers and seating (56.8 percent), outdoor sports courts for basketball, tennis, etc. (54.1%) and concession areas (53.9%).

Amenities and specialty parks that are still considered “alternative” but are increasing in popularity include the following:

- Climbing walls.
- Cultural art facilities.
- Green design techniques and certifications such as Leadership in Energy and Environmental Design (LEED). A recent Building Commissioners Association (BCA) survey indicated that 52 percent of the recreation industry survey respondents indicated they were willing to pay more for green design knowing that it would significantly reduce or eliminate the negative impact of buildings on the environment and occupants.
- Two of the emerging specialty parks include skate parks and adult fitness parks. The Sporting Goods Manufacturers Association estimates that there are about 1,000 skateboard parks in the United States.

5. Fitness and Health National Trends

There have been many changes in fitness programs in the last ten years. What clients wanted in 2000 is not necessarily what they want today. Fitness programs that have increased in popularity since 2000 include outdoor exercise, boot camp, personal training, post-rehabilitation, kids-specific fitness, and sport-specific training. Declining programs since 2000 include dance, health fairs, sports clinics, aerobics, stress-management classes, and weight-management classes. (*IDEA Health and Fitness Association*)

The *American College of Sports Medicine's (ACSM's) Health and Fitness Journal* conducted a survey to determine trends that would help create a standard for health and fitness programming. **Table 8** shows survey results that focus on trends in the commercial, corporate, clinical, and community health and fitness industry. The Worldwide Survey indicates the following shift in fitness trends between 2009 and 2010.

Table 8: Worldwide Fitness Trends for 2009 and for 2010

2009	2010
1. Educated and experienced fitness professionals	1. Educated and experienced fitness professionals
2. Children and obesity	2. Strength training
3. Personal training	3. Children and obesity
4. Strength training	4. Personal training
5. Core training	5. Core training
6. Special fitness programs for older adults	6. Special fitness programs for older adults
7. Pilates	7. Functional fitness
8. Stability ball	8. Sport specific training
9. Sport-specific training	9. Pilates
10. Balance training	10. Group personal training

Source: American College of Sport Medicine

6. General Programming Trends

One of the most common concerns in the recreation industry is creating innovative programming to draw participants into facilities and services. Once in, participants recognize that the benefits are endless. According to *Recreation Management* magazine's, June 2011 "State of the Industry Report," the most popular programs, offered by more than half of survey respondents, include holiday events and other special events (64.3 %), fitness programs (61.1%), educational programs (60.4%), day camps and summer camps (56.3%); mind-body/balance programs such as yoga, tai chi, Pilates, and martial arts (51.4%); and youth sports teams (50.7%). Sports training was not in the top ten; however, golf instruction and tennis lessons are a fast paced trend.

The report also suggested slightly less than a third (31.9%) of respondents indicated that they are planning to add additional programs at their facilities over the next three years. The most common types of programming they are planning to add include:

- Fitness programs (planned by 26.8% of respondents planning to add programs)
- Educational programs (25%)
- Teen programming (24%)
- Mind-body/balance programs (22.5%)
- Active older adults (20.9%)
- Day camps and summer camps (20.8%)
- Environmental education (20.3%)
- Individual sports activities (18.9%)
- Holiday events and other special events (18.6%)
- Sports tournaments or races (18%)

“There’s a direct link between a lack of exposure to nature and higher rates of attention-deficit disorder, obesity, and depression. In essence, parks and recreation agencies can and are becoming the ‘preferred provider’ for offering this preventative healthcare.”
– Fran P. Mainella, former director of the National Park Service and Instructor at Clemson University.

7. Multiculturalism and Marketing

Recent articles in parks and recreation have addressed multicultural and diversity issues in the leisure service profession. These articles are positive because as the recreation field continues to function within a more diverse society, race and ethnicity will become increasingly important in every aspect of the profession. More than ever, recreation professionals will be expected to work with, and have significant knowledge and understanding of, individuals from many cultural, racial, and ethnic backgrounds.

Today the marketplace for consumers has dramatically evolved in the United States from a largely Anglo demographic, to the reality that the United States has shifted to a large minority consumer base known as “new majority.”

The San Jose Group, a consortium of marketing communications companies specializing in reaching Hispanic and non-Hispanic markets of the United States, suggests that today’s multicultural population of the United States, or the “new majority,” is 107.6 million, which translates to about 35.1 percent of the country’s total population. The United States’ multicultural population alone could essentially be the 12th largest country in the world. Park and recreation trends in marketing and providing leisure services continue to emerge and should be taken into consideration in all planning efforts.

8. Natural Environments and Open Space - Economic & Health Benefits of Parks

There are numerous economic and health benefits of parks, including the following:

- Trails, parks, and playgrounds are among the five most important community amenities considered when selecting a home.
- Research from the University of Illinois shows that trees, parks, and green spaces have a profound impact on people’s health and mental outlook. US Forest Service research indicates that when the economic benefits produced by trees are assessed, the total value can be two to six times the cost for tree planting and care.
- Fifty percent of Americans regard outdoor activities as their main source of exercise.

The Trust for Public Land has published a report titled: “The Benefits of Parks: Why America Needs More City Parks and Open Space.” The report makes the following observations about the health, economic, environmental, and social benefits of parks and open space:

- Physical activity makes people healthier.
- Physical activity increases with access to parks.
- Contact with the natural world improves physical and physiological health.
- Residential and commercial property values increase.
- Value is added to community and economic development sustainability.
- Benefits of tourism are enhanced.
- Trees are effective in improving air quality and act as natural air conditioners.
- Trees assist with storm water control and erosion.
- Crime and juvenile delinquency are reduced.
- Recreational opportunities for all ages are provided.
- Stable neighborhoods and strong communities are created.

Researchers have long touted the benefits of outdoor exercise. According to a study published in the *Journal of Environmental Science and Technology* by the University of Essex in the United Kingdom, “as little as five minutes of green exercise improves both mood and self-esteem.” A new trend emerging in parks and recreation aims to enable people to reap these benefits by working out on outdoor fitness equipment.

This trend started in China as they prepared to host the 2008 Summer Olympics. Their aim was to promote a society that promoted physical fitness. The United States is now catching up on this trend, as park and recreation departments have begun installing “outdoor gyms.” According to John Drew from ExerSkys, “The equipment is designed to use resistance of the body and weight.”

Equipment that can be found in these outdoor gyms is comparable to what would be found in an indoor workout facility, such as leg and chest presses, elliptical trainers, pull down trainers, etc. With no additional equipment such as weights and resistance bands, the equipment is fairly easy to install.

Outdoor fitness equipment provides a new opportunity for park and recreation departments to increase the health of their communities, while offering them the opportunity to exercise outdoors. Such equipment can increase the usage of parks, trails, and other outdoor amenities while helping to fight the obesity epidemic and increase the community’s interaction with nature.

9. Outdoor Recreation

Local parks and recreation departments are a common place for residents to look when getting outside for leisure activities. It is often the mission of parks departments as well as private or non-profits to get more people outdoors.

The *Outdoor Foundation* released the “2010 Participation in Outdoor Recreation” report. The report highlights growth in nature based outdoor activities and continued decline in youth outdoor participation. The Foundation states that the trends show the beginning of adjustments in American lifestyles brought about by a challenging economy, shifting demographics, and changing times. Their research brought the following key findings.

Participation in Outdoor Recreation

- **Return to Nature:** Nearly 50% of Americans ages six and older participated in outdoor recreation in 2009. That is a slight increase from 2008 and equates to a total of 137.8 million Americans.
- **Fitness and Health Benefits:** Outdoor participants rate their fitness level at 6.4 on a 10-point scale versus 4.9 for nonparticipants. In terms of health, outdoor participants rate their health level at 7.5 versus 6.6 for non-participants.
- **Preservation of Land:** The majority of Americans agree that preserving undeveloped land for outdoor recreation is important. A large percentage of outdoor participants also believe that developing local parks and hiking and walking trails is important and that there should be more outdoor education and activities during the school day.

Youth Participation

- **More Indoor Youth:** An overall downward slide in outdoor recreation participation among 6 to 12 year olds has been realized.
- **The Influence of Family:** Most youth are introduced to outdoor activities by parents, friends, family, and relatives.
- **Physical education in schools:** The importance cannot be understated. Among adults ages 18 and older who are current outdoor participants, 83% say they had PE in school between the ages of 6 and 12. That compares with just 70% of non-outdoor participants.

10. Governmental Role and Response

Collectively, these trends have created profound implications for the way local governments conduct business. Some local governments are now accepting the role of providing preventative health care through park and recreation services. The following are facts from the International City/County Management Association.

- 89% believe Parks & Recreation departments should take the lead in developing communities conducive to active living.
- Nearly 84% supported recreation programs that encourage active living in their community.
- 45% believe the highest priority is a cohesive systems of parks and trails and accessible neighborhood parks.

In summary, the United States of America, its states, and its communities share the enormous task of reducing the health and economic burden of obesity. While numerous programs, policies, and products have been designed to address the problem, there is no magic bullet to make it go away. The role of public parks and recreation as a health promotion and prevention agency has come of age. What matters is refocusing our efforts to insure the health, well-being and economic prosperity of our communities and its citizens.

11. Trends in Recreation and Park Administration

Municipal parks and recreation structures and delivery systems have changed, and more alternative methods of delivering services are emerging. Certain services are being contracted out and cooperative agreements with non-profit groups and other public institutions are being developed. Newer partners include the health system, social services, justice system, education, the corporate sector, and community service agencies. These partnerships reflect both a broader interpretation of the mandate of parks and recreation agencies and the increased willingness of other sectors to work together to address community issues. The relationship with health agencies is vital in promoting wellness. The traditional relationship with education and the sharing of facilities through joint-use agreements is evolving into cooperative planning and programming aimed at addressing youth inactivity levels and community needs.

Listed below are additional administrative national trends:

- Level of subsidy for programs is lessening and more “enterprise” activities are being developed, thereby allowing subsidy to be used where deemed appropriate.
- Information technology allows for better tracking and reporting.
- Pricing is often determined by peak, off-peak, and off-season rates.
- More agencies are partnering with private, public, and non-profit groups.

Agency accreditation

Agencies are identifying with a distinguished mark of excellence that affords external recognition of an organization's commitment to quality and improvement. Accreditation has two fundamental purposes; to ensure quality and to ensure improvement. This is achieved by an agency's commitment to 150 standards. There are currently 97 agencies that have received the **Commission for Accreditation of Park and Recreation Agencies (CAPRA) accreditation. Additional benefits of CAPRA accreditation include:**

- Boosts staff morale
- Encourages collaboration
- Improves program outcomes
- Identifies agency and cost efficiencies
- Builds high level of trust with the public
- Demonstrates promise of quality
- Identifies best management practices

Accreditation is a distinguished mark of excellence that affords external recognition of an organization's commitment to quality and improvement. Accreditation has two fundamental purposes; to ensure quality and to ensure improvement. The National Recreation and Park Association administratively sponsors two distinct accreditation programs.

E. Health and the Economy

As stated earlier, obesity among children and youth in developed countries has increased significantly over the past two decades. In the United States, this public health issue remains at the forefront of combatting numerous other chronic illnesses associated with overweight, obese, and morbidly obese individuals. The prevalence of overweight among children has tripled in the last 40 years. Although recent data suggest that childhood overweight rates have begun to plateau, 32 percent of youth aged 2 to 19 years are overweight or are at risk of becoming overweight (Koehly & Loscalzo, 2009).

The challenge of obesogenic behaviors is nested in sedentary lifestyles (physical inactivity), a nutritional regimen that adheres to caloric intake standards, and the intake of processed versus fresh foods. Often overlooked are the socio-psychological factors that are vital agents in being physically active (not just in competitive sports), socially connected and engaged through social networks, strong abiding friendships, and maintaining the capacity to remain resilient. Overweight children are more likely to become parents of overweight, obese, or morbidly obese children (Thompson, Edelsberg, Colditz, Bird & Oster, 1999).

The period of 10-14 years of age is an important period in children's lives when they are exploring, learning, increasing their capacities (cognitive, physical, emotional, and social) to benefit from various experiences that will shape their adolescence, mid-life, adulthood, and later years. Public parks and recreation agencies should be at the center of creating a full range of opportunities with other agencies in the community to boldly address the obesity pandemic that will have serious health, employment, and economic consequences in the decades to come.

1. Economic Impact of Obesity

Our health care system in the United States is among the most expensive in the world. Estimates by the Council of Economic Advisors indicate that 2009 spending in the U.S. health sector exceeded \$2.5 trillion, or about 18 percent of our Gross Domestic Product (GDP). Health care spending is projected to reach 34 percent of GDP by 2040, absent significant cost containment. The US spends a significant proportion of its GDP on health care (not prevention!), than comparable countries without achieving better health (Roisch & Hankin, 2010).

Health Consequences of Obesity

- Hypertension
- Osteoarthritis
- High cholesterol
- Type 2 diabetes
- Heart disease
- Stroke
- Gallbladder disease
- Sleep apnea
- Some cancers
- Complications of pregnancy
- Menstrual irregularities
- Depression
- Increased mortality

Source: Centers for Disease Control and Weight Control Information Network

According to Wang, L., Yang, Q., Lowry, R., & Wechsler, H. (2003) *“The potential health and economic implications of these trends are concerning for several reasons. Overweight children and adolescents are more likely to be overweight or obese adults. Obesity during adulthood is an important risk factor for several chronic disease conditions, including coronary heart disease, type 2 diabetes, hypertension, selected cancers, and musculoskeletal disorders, as well as all-cause mortality. The economic impact of obesity in the United States was approximately \$99.2 billion in 1995, including \$51.6 billion in medical costs and \$47.6 billion in loss of productivity (6). Once obesity has been established in adulthood, the probability of successfully achieving an ideal body weight through voluntary weight loss may be low. In theory, therefore, prevention during childhood and adolescence is likely to have a significant impact on adult morbidity and mortality.”*

Mathers, C. & Loncar, D. (2009) utilized information from the Global Burden of Disease project and forecast that *“the proportion of deaths caused by non-communicable diseases such as diabetes and heart disease could rise from 59% in 2002 to 69% in 2030. These could be conservative estimates if economic growth in low-income countries is lower than the forecasts used in these projections. Thus, future trends in unhealthy behaviors linked to childhood obesity will play a key role in determining whether these serious health problems are reversed.”* (Stroup, Johnson, Hahn & Proctor, 2009, 2) For those individuals discharged from hospitals with obesity-associated diseases, the rate of these nearly doubled from 1979-81 to 1997-99. According to Wang, Yang, Lowry & Wechsler (2003) *“The discharges of diabetes nearly doubled (from 1.43% to 2.36%), obesity and gallbladder diseases tripled (0.36% to 1.07% and 0.18% to 0.59%, respectively), and sleep apnea increased fivefold (0.14% to 0.75%). Ninety-six percent of discharges with a diagnosis of obesity listed obesity as a secondary diagnosis. Asthma and some mental disorders were the most common principal diagnoses when obesity was listed as a secondary diagnosis. Obesity-associated annual hospital costs (based on 2001 constant US dollar value) increased more than threefold; from \$35 million (0.43% of total hospital costs) during 1979–1981 to \$127 million (1.70% of total hospital costs) during 1997–1999.”*

F. Crime Rates

South Bend has an average and areas of higher crime rates than the rest of the national averages (**Table 9**). In addition, staff and stakeholders report that the media may inadvertently portray a correlation between crime and the Parks and Recreation Department in residents’ minds, as they often use public parks and recreation facilities as a locale for press conferences and broadcasts, even if the crime occurred nearby on private property, and had nothing to do with the public facilities.

The SBPRD works with the Police Department in a variety of ways to help, but it should be noted that for a community of this population, South Bend deals with many safety issues and crime rates that are much more typical of a highly urbanized community, often without the Resources Officers (such as youth gang task force officers, graffiti abatement, and patrols) that are more common in bigger cities.

Table 9: South Bend Crime Statistics

South Bend, Indiana Crime Statistics (2006 Crime Data)			
Crime Type	2006 Total	Per 100,000 People	National per 100,000 People
Overall South Bend Crime Index	8216	7753.9	4479.3
South Bend Violent Crimes	805	759.7	553.5
South Bend Murders	14	13.2	7
South Bend Rapes	67	63.2	33.1
South Bend Robberies	430	405.8	205.8
South Bend Aggravated Assaults	294	277.5	336.5
South Bend Property Crimes	7411	6994.2	3906.1
South Bend Burglaries	1930	1821.5	813.2
South Bend Larceny/Thefts	4895	4619.7	2601.7
South Bend Motor Vehicle Thefts	586	553	501.5
South Bend Arsons	86	81.16	N/A

<http://southbend.areaconnect.com/crime1.htm>

Note that the 2006 crime data was the most recent that the HCRG could find during this research period. In Years Two and Three, it would be helpful to work closely with the Police Department to gather more recent crime data, specifically by neighborhood and/or census tract, so that specific trends and actions can be implemented in future years.

V. Financial Resources and Policy Analysis

A. Financial Analysis

For this project, staff of SBPRD received Microsoft Excel Templates with questions and data collection cells to compile information related to the funding for programs and services for youth ages 10-14.

The primary finding from the analysis is that the agency, like many agencies, does not track revenue and/or expenses for this specific age group separately, and therefore, they were unable to provide much accurate detail for this template.

Some staff provided an anecdotal estimate of roughly 5 percent of allocation of budget for this age group. This is just an initial estimate and has not been verified. It would be helpful to be able to verify this number and compare the amount spent to the actual demographics (for example, 17 percent of the households in South Bend have youth ages 10-14 living in them.) There is also no method in place for collecting consequential vs. non-consequential activities information and other breakdowns from a financial standpoint.

At this point, we are unable to set baseline financial amounts for ages 10-14 for Year One. A recommendation may be to track this age group separately in Year Two, and set baseline for Year Three and beyond.

While cost recovery for the agency overall appears to be in a typical range (the national average for a full department like this is 34 percent and there is no “right” or “wrong” amount), this has also not been verified for South Bend. In the future, it will be beneficial to look at the financial tracking structure to determine whether more detail will be beneficial for agency administration and outcome predictors. The financial templates for information collection need to be revised, and staff will need to determine an appropriate way to verify and track this information.

**Note - It is important to note that*

B. Policy analysis

As part of the process, staff received a template for policy analysis. A summary list of all policies that may affect the provision of services for youth ages 10-14 are highlighted in **Appendix B**.

While there are several policies that appear to be most important for this age group, none have been highlighted thus far during the stakeholder engagement process as needing changes. From the HCRG perspective, we will review the policy list with the stakeholders at the Visioning sessions, and ask again if there are any known constraints or needs for addressing these policies. Of particular interest for confirmation are the following items noted in **Table 11**.

Table 10: SBPRD Policy Analysis

Policy #	Topic	Description
2.51	Area Plan Commission	New parks, trails, recreation facilities, commercial facilities, and neighborhoods are affected by this commission, and each of these has an effect on youth access to physical activity opportunities within the city.
14.1	Roller Skates and Skateboards	The articles restricting use of the skateboards and roller skates in the city.
14.7	Youth Curfew	It is a curfew violation for a child under fifteen (15) years of age to be in a public place after 11:00 p.m. or before 5:00 a.m. on any day.
19.75	Curfew	It shall be unlawful for any person to remain in any park, golf course, playground, picnic area, swimming area, pavilion, or other property after 11 p.m. local time without permit.

VI. Assets and Affordances Analysis

The purpose of this analysis is to determine how the available assets (facilities and parks) and affordances (programs and services) in South Bend are provided for this specific age-group (ages 10 -14).

A. Background for Assets and Affordances Analysis

The process used for this analysis included the assembly of a detailed inventory of public and semi-public physical assets and affordances available for use by the target population in South Bend. These are further defined below.

Definitions

Part of this project is to identify consensual definitions of the language for analysis and assessment and to determine which characteristics of the inventoried assets and affordances are most relevant when conducting analysis on contributors to a “healthy community.” Our common general working definitions include:

Assets – Public facilities and lands that are available for healthy recreation and/or active use by the target age group. Assets are also referred to as *components* in this study.

Affordances - An affordance is an **action** that an individual can potentially perform in his or her environment. For this project, we have included activities, programs, and services that are publicly available for action by a member of the target age group. By common definition, assets can also be considered one additional form of affordances, but we have purposefully kept the physical assets (parks, playgrounds, trails, etc.) separate from the available programs and services so they can be managed and analyzed separately.

Characteristics - Each asset and affordance has a set of characteristics which provide additional information. The characteristics used for the assets and affordances in this project are further described and discussed in following sections.

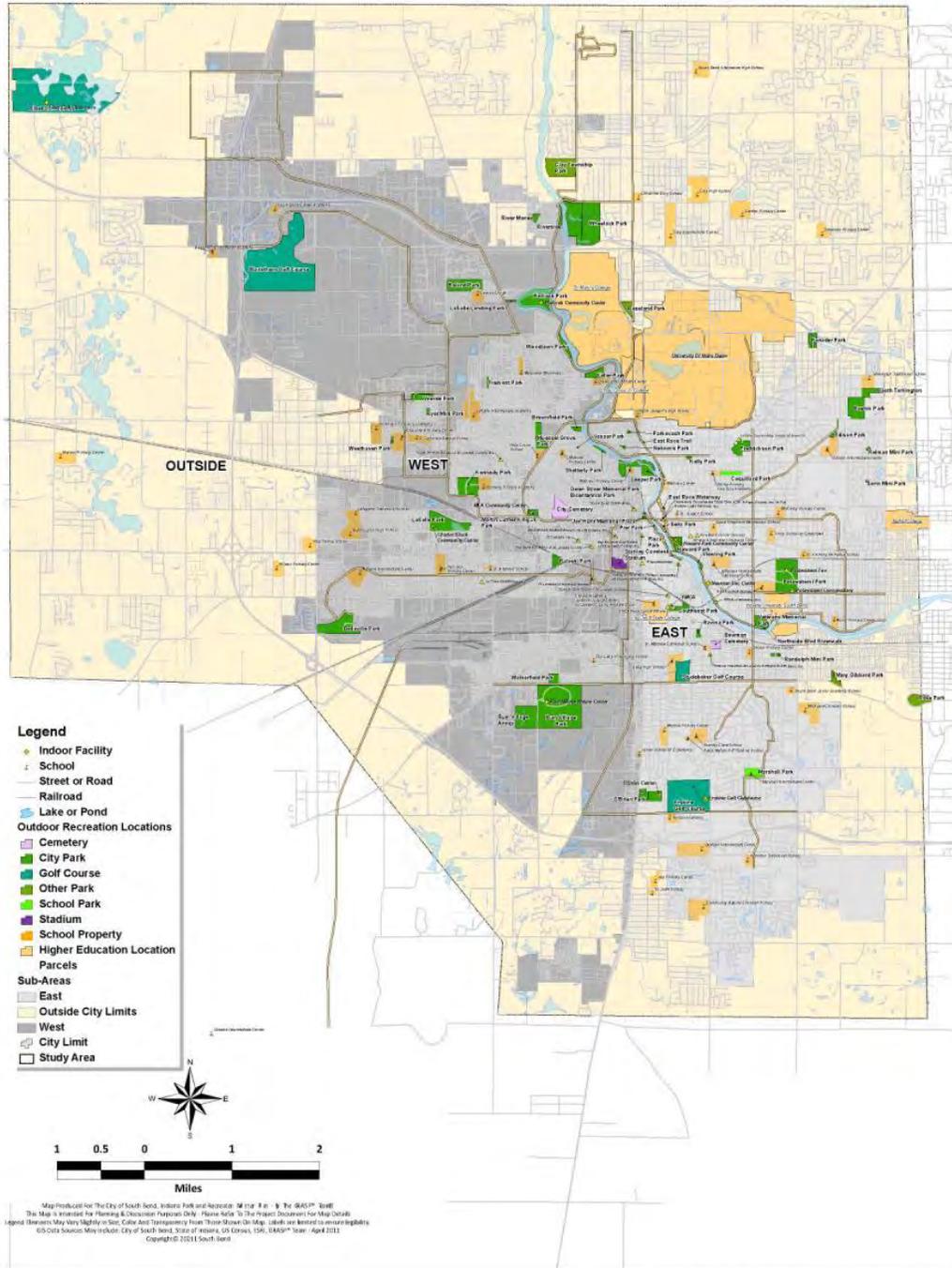
Composite-Values Level of Service (LOS) Analysis – This is the process used to inventory and analyze the assets and affordances, including quantity, location, and various qualities of each. The process utilizes MS Excel, MS Access, and common GIS software. The composite-values based LOS analysis process used by GreenPlay and Design Concepts is proprietary, and known as “**GRASP®**” (Geo-referenced Amenities Standards Process). It has been somewhat automated through creation of additional software code and template design for efficiency in data collection and analysis. The usage of the GRASP® methodology has been licensed to GP RED for this project. *See **Appendix C** for a detailed history and overview of Composite-Values Based Level of Service Analysis.*

B. Creating the Assets Inventory

The inventory of assets was created to serve the City in a number of ways, including for this study. It will be used for a wide variety of planning and operations tasks, such as future strategic and master plans. The assets inventory currently only includes public parks, recreation, and trails assets managed by the Parks and Recreation Department, and those school facilities that are open to usage for recreation outside of school hours. Assets of other types may be inventoried and added to the digital dataset at a later time, if desired.

The following map shows the study area and key locations of properties. Shading on the map delineates three subareas that were defined as part of the analysis. Larger Maps are printed in ***Appendix D***.

South Bend, Indiana Parks and Recreation



SYSTEM MAP **RESOURCE MAP: A**

C. Assets Context

The current inventory available to the target age groups includes the following main features:

1. Community Parks

South Bend's larger parks provide a variety of experiences to residents. Here are examples of some of the community's larger parks:

- Potawatomi Park is perhaps the most unique. It contains a zoo, a large universal-access playground, and an outdoor performance venue where concerts and other events are held.
- Belleville Park contains ball diamonds of various sizes to serve a variety of players. It also contains a large playground and courts for tennis and basketball.
- Rum Village Park is unique in that it has large natural areas, trails for hiking, and a disk golf course, among other amenities.

2. Neighborhood Parks

Smaller parks offer the same diversity of experience that is presented in the larger parks. These small parks are located throughout the community and are generally within easy walking distance of residential neighborhoods. Most of the small parks offer play equipment, open turf, and a wooded area. Several offer tennis courts or other more unique features. The community also has several small urban parks that act as gathering spaces for the downtown area of South Bend.

3. Greenway Trails

South Bend has a number of trails and greenways. One of the most significant runs through the central part of the city along the river. Along its way, it connects a variety of plazas, overlooks, parks, and other green spaces, including the East Race Waterway. This is a whitewater course right downtown that utilizes a historic diversion channel and other waterworks for kayak racing and other special events.

4. Nature Preserves

The inventory for this study does not include many large tracts set aside strictly for conservation purposes. However, many of South Bend's parks have wooded areas, streams, ponds, wetlands, and other natural features within them.

5. Indoor Facilities

The City has several indoor facilities that provide spaces for a variety of programming. The physical assets represented by these facilities have been inventoried, and the programmed uses that they serve are addressed in the Affordances section of this report.

6. Other Providers

There are several other recreation providers in the community that both partner with and compliment the efforts of the City. See the list of Partnerships provided in Section III. Primary partners such as schools are included in the inventory, sometimes with a weighted analysis if they are not open to the public at all times.

7. Inventory of Existing Components

In planning for the delivery of parks and recreation services, it is useful to think of parks, trails, indoor facilities, and other public spaces as components, combined to create an infrastructure. This infrastructure allows people to exercise, socialize, and maintain a healthy physical, mental, and social wellbeing. The infrastructure is made up of components that support this goal. Components include such amenities as playgrounds, picnic shelters, courts, fields, indoor facilities, and other elements that allow the system to meet its intended purpose. A description of this **Composite-Values Methodology (CVM)** process is included in **Appendix C**.

For Assets, the following information was inventoried:

- Component type and location
- Evaluation of component functionality
- Evaluation of comfort and convenience features
- Evaluation of park design and ambience
- Site photos
- General comments

The inventory team used the following three tier rating system to evaluate each component on such things as the condition of the component, its size, or capacity relative to the need at that location, and its overall quality:

- B = Below Expectations (1)
- M = Meets Expectations (2)
- E = Exceeds Expectations (3)

The setting for a component and the conditions around it affect how well it functions, so in addition to scoring the components, each park site or indoor facility was given a set of scores to rate its comfort, convenience, and ambient qualities. This includes traits such as the availability of restrooms, drinking water, shade, scenery, etc.

D. Affordances Inventory

Composite-Values Methodology (CVM) LOS for Affordances is a relatively new process in the industry, and there are no industry standards. GreenPlay and Design Concepts have completed this type of inventory on a parks and recreation master planning level for other communities, usually as part of an overall Service Assessment, including the specific community of Bloomington, Indiana, and this target age group for their Healthy Communities project warrant goals as the Alpha Project Site.

To begin the inventory, the team met to start identifying which Affordances would need to be inventoried, how South Bend staff would gather the information, and which characteristics would be necessary. The **Affordance Inventory Collection Template** in MS Excel has been updated and provided for this project to include additional characteristics that the Project Team deemed potentially important for this target age group and project type. It is worthy to note that the characteristics desired by the Healthy Communities team are not always completely aligned with the definitions and characteristics that can be analyzed using GIS-based CVM LOS. This will later be discussed in detail. In addition, the information desired for this type of analysis is not always the type of information typically collected by a City Parks and Recreation Department as part of their ongoing daily, or even annual, work reporting. The City of South Bend Parks and Recreation Department is a high-functioning agency, with progressive staff who understand the value of good management and planning practices. That being said, the study of affordances is in its infancy in this industry, and even computerized registration software packages are not collecting the information needed to comprehensively analyze data regarding affordances for a specific target age group. Even so, the staff and the project team worked diligently to gather information and define characteristics that are relevant for Healthy Community Contributors from public parks and recreation.

An MS Excel Spreadsheet with a list of programs and services offered by the Parks and Recreation Department was created (see the full spreadsheet in **Appendix D**). The list was organized by program areas (similar to components used in the assets analysis) used by the target age group, and include the following.

Ancillary Services

Concessions/Vending and Merchandise for
Rentals - Bounce Houses
Parties (Birthday)
Rentals - Entire Center/Facility -
Volunteer opportunities N/A - See notes section
(MLK)

Aquatics Services

Splash Pads
Learn to Swim Spring
Learn to Swim Summer
Family Swim
South Bend Swim Club
Water Safety Program for Schools
East Race Waterway
Potawatomi Pool
Kennedy Water Playground

Day Camps

River City Skills and Drills
River City Cheer
Nature Detectives (Rum Village)
Wildwoods Video Nature Camp (Rum Village)
Kids World
Camp Awareness
Camp O'Brien Winter Break Camp
Spring Fling Spring Break Camp
Summer Fun Camp (Charles Black)

Non-Programmed / Drop-In Use

Weight/Cardio Room (O'Brien)
Potawatomi Zoo
Skateboarding Park
Summer Parks (Loretta)
Climbing Wall
Howard Park Ice Rink
SOLO (Rum Village)
Nature Center Visitation
Computer Lab (Charles Black)
Game room (Charles Black)
Gymnasium (Charles Black)
Weight/Cardio Room (Charles Black)
Computer lab (MLK)
Game room (MLK)
Gymnasium (MLK)
Lounge/Community Living room (MLK)
Weight/Cardio Room (MLK)

Outdoor Recreation

Summer Fun Runs
Winter Fun Runs
Larry Morningstar Memorial Run
Summer Parks (Program)

Sports

Basketball
Jr Baseball
Flag Football (Bueno)
Flag Football (Ray)
River City Basketball

Special Events

Easter (Charles Black)
Halloween (Charles Black)
Neighborhood events (Charles Black)
Daddy/Daughter Dance
Mommy/Son Dance
Kids' Triathlon
Mother's Day Equestrian Ride
Fall Family Equestrian Ride
Rum Village Fall Family Fun Fair
Magic Camp
Arts in the Park

Golf Services

Greens Fees/Rounds Studebaker
Greens Fees/Rounds Elbel Weekday Junior
Greens Fees/ Rounds Elbel Weekend Junior
Greens Fees/Rounds Erskine Weekday Junior
Greens Fees / Rounds Erskine Weekend Junior
Junior Golf (5-10, 15-17 years)
Junior Golf (10-14 years)
Tiny Tots (3-7 years)
Junior Tour (10-14 years)
Junior Tour (14-18 years)

Programmed Classes

Afternoons Rock After School Program
 In Class Presentations (RV)
 Spring Field Trips (RV)
 Fall Field Trips (RV)
 Non School Presentations at Rum Village (RV)
 Off Site Non School Presentations (RV)
 Library Programs (RV)
 Gone Fishing
 ZUMBA (Charles Black)
 Zumbatonic (O'Brien)
 Fit to Play
 Martial Arts

General Recreation Services

Visual Arts (drawing, painting, photography, stained glass) (Charles Black)
 Miscellaneous or Enrichment Classes (Charles Black)
 Active Lifestyle - Classes (Senior or 50 and older) (MLK)
 Active Lifestyle - Trips and Tours (Senior or 50 and older) (MLK)
 Art Services (MLK)

This inventory is designed to be expandable and dynamic for the agency, so that it can be used to analyze other affordances for other project warrants and age groups, if desired, in the future. In addition, in any community, the inventory and analysis can be expanded to include additional affordance program/service areas such as alternative providers of services (YMCA, Faith Based Groups, Boys and Girls Clubs, etc.) and other Healthy Living Contributors (availability of healthy foods, transportation options, medical and mental health locations, etc.), if desired.

In addition to the list of groups, the affordances were also identified by pre-defined applicable characteristics. Some of these characteristics are helpful from a mapping/location standpoint, some are more administrative information, and many are qualifiers that help determine if this is a primary or secondary healthy community contributor for the target age group.

Table 12 shows the definitions for affordance characteristics. The green areas indicate those characteristics that are locational for mapping. The pink cells indicate administrative, financial, participation, and/or multiple categories. The yellow cells represent more detailed analysis for reasoning behind motivation for participation beyond financial or availability criteria.

Table 11: Affordance Characteristic Definitions

Affordance Characteristics Definitions	
Characteristic	Definitions
Map ID	# = Location in GRASP® dataset; For those with multiple sites, use additional rows; C = community wide availability
Catchment	Target service area - 1 = neighborhood, 2 - 3 miles, 3 = City-wide, 4 = County or regional
Target Age Group 10-14-year-olds	0 = all, 1 = < 10, 2 = 10-14, 3 = 15-24, 4 = 25-55, 5 = >55
Season	Seasons offered: 0 = all, 1 - Winter, 2 - Summer, 3 = Fall, 4=Spring
Frequency/Year	Number of times offered per year, for multiple separate seasons, use additional rows, or YR for year-round
Duration	Length of session per offering in hours or weeks (e.g.: 2 hours 8 weeks, etc.); format = # plus (H=hours: W=weeks)
Participation units	number of participant units (individual contact points) per year
Con/Non-Con	C = Consequential = a win/lose, competitive activity; N = Non-Consequential = non-competitive
% adherence	% of repeat participants (retention rates)
cancellation rate	% of cancelled sessions offered
Waiting list	Y = this offering typically has a wait list; N = this offering typically does not have a wait list
Social	Y = program or service provides a social benefit
Physical	Y = program or service provides a physical benefit
Cognitive	Y= program or service provides a cognitive benefit
Environmental	Y = program or service provides a benefit to the community environment (conservation, preservation, or other)
Indirect Economic	Y = program or service provides a substantial indirect economic benefit to the community (may or may not for the direct agency)
Healthy Living Contributor	Y = program or service provides a contribution to Healthy Living for target market
fee per unit	Fee charged to user per unit of offering
unit fee quartile	quartile of fee ranking relative to agency offerings per unit; 0 - free, 1 - 1-25%, 2 = 26-50%, 3 = 51-75%, 4 = 76=100%
% on scholarship	% of participants participating through use of scholarship funds
cost per unit	Direct cost to agency to provide a unit of service
Agency Provided	Y = this program or service is programmed and offered by the project agency
Partnered / Facilitated	Y = this program or service is offered by a partner, and facilitated by the agency through a formal partnership or agreement
Rental	Y = this program or service is offered by another entity, merely renting or utilizing agency land or facilities

E. GRASP® Perspectives

An analytical technique known as *Composite-Values Methodology* (CVM) was used to analyze levels of service (LOS) provided by assets and affordances in South Bend. The proprietary version of CVM used is known as GRASP®. The process used analytical maps known as *Perspectives* to study LOS across the City. Level of Service Perspectives show how well the community is served by any given set of components by utilizing maps to graphically display values, along with quantified measurement spreadsheets. This quantification system provides a benchmark against which a community can determine how well it is doing providing services in relation to the community's goals, both presently and over time.

1. The Assets Perspectives

Perspectives were generated to evaluate the assets available to residents, along with charts provided to provide quantitative data. To generate the Perspectives, all assets in the dataset were used. This is because all assets in the inventory were deemed appropriate for services to this age group (99.8%).

To produce the Perspectives, each inventoried component has been assigned a service value, or GRASP® score, and a catchment area (or buffer) based on a radius from the component. The catchment area is the distance within which a majority of people using the component might reasonably be expected to come. Scores for the component's value to the surrounding neighborhood that were recorded in the inventory process were used.

When service areas, along with their scores for multiple components, are plotted on a map, a picture emerges that represents the cumulative service provided by that set of components upon the geographic area. Where service areas for multiple components overlap, a darker shade results from the overlap. Darker shades indicate locations that are served by a combination of more components and/or higher quality ones. The shades all have numeric values associated with them, which means that for any given location on a GRASP® Perspective, there is a numeric GRASP® Level of Service score for that location and that particular set of components. Larger perspectives have been provided to the Department as part of a separate Staff Resource Document.

For purposes of more detailed analysis and to compare one part of South Bend to another, the study area was divided into three sub-areas. These are shown on the Perspectives and labeled as West, East and Outside (meaning outside of the city). **Table 13** below shows the population and size statistics for the subareas and the entire study area. Because population is used in some of the LOS analyses, an estimated population for the Target Age Group of the study was determined. This number was also used to calculate the Population per Acre, so that the population density of 10-14 yr olds could be used in the LOS calculations as well.

Table 12: South Bend Subarea Statistics

Subarea	Total Acres	2010 Population 10-14 yr olds	Population Per Acre
West	17,181	3,948	0.23
East	9,460	3,275	0.35
Outside City Limit	38,746	3,308	0.09
South Bend(2011 Census)	65,387	10,531	0.16

Each Perspective is a model of the service being provided across the study area. The model can be further analyzed to derive statistical information about that service in a variety of ways. The results of these are described in the text that follows.

Perspective A: Access to All Components

Perspective A models access to all components by all transportation modes. One-mile buffers have been placed around each component and shaded relative to the component’s GRASP® score. This represents a distance from which convenient access to the component can be achieved by normal means such as driving or bicycling. In addition, the one-third mile buffer shows the distance that a resident can reasonably walk in ten minutes. Scores are doubled within the one-third mile buffer to reflect the added value of walkable proximity, since most healthy individuals can reach a location on their own by walking, even if they do not drive or ride a bicycle.

The table below shows the statistical information derived from **Perspective A**.

Table 13: Statistics for Perspective A

	Percent With LOS	Avg. LOS Per Acre Served	Avg. LOS Per Acre Per Pop. Den.	GRASP® Index	Percent Total Area >0 AND <67.2	Percent Total Area >>67.2
West	96%	161	702	313	31%	65%
East	95%	260	751	289	13%	82%
Outside City Limit	56%	52	614	72	42%	15%
Study Area	72%	130	806	230	35%	38%

The first column of numbers in the table shows the percentage of each planning area that has at least some service (LOS >0) based on the service areas used in the analysis. Coverage of service for the West and East subareas is almost identical. Service coverage outside the city limits is considerably lower.

The second column of numbers shows the average numerical value of LOS for the total area with service within each planning area. Average LOS in the West is about 2/3 of what is shown for the East, and average LOS outside the city limits is less than 1/3 of what is shown for the West.

The third column shows the results of dividing the number from the previous column (Average LOS per Acre Served) by the population density of the target group (10-14-year-olds) in that planning area. The inset map **PA-1** also shows the results of this calculation. Higher numbers indicate a higher LOS for the target population within that area. While the result is lower for the West subarea than for the East, the difference between the two is less than ten percent, indicating that while there is some inequity, it is not a major issue.

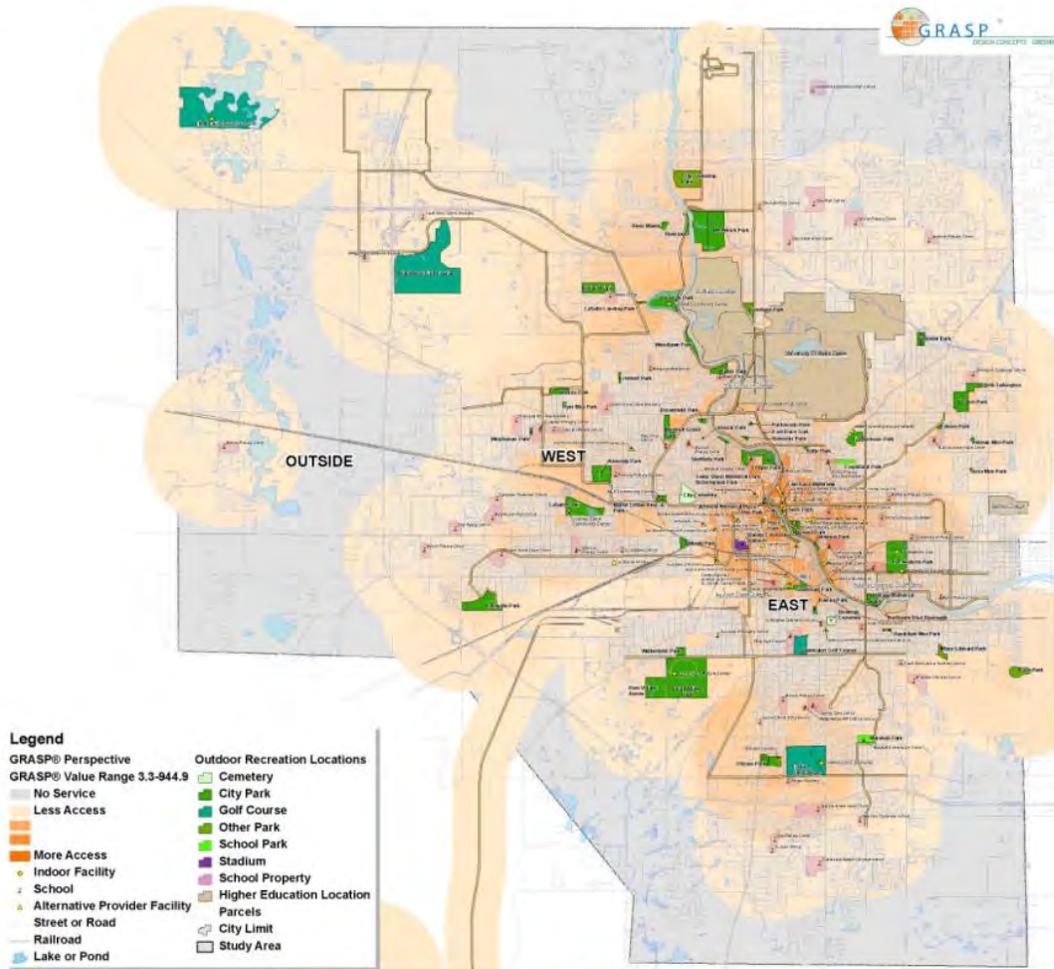
The GRASP® Index shown in the next column is from a simple numerical calculation that involves dividing the total numerical value of all of the components physically located within the planning area by the Target Group population of that area, in thousands. The difference between the GRASP® Index and the previous number is that the GRASP® Index reflects the total value of assets in a planning area in relation to the number of people they serve, while the previous number relates the *density* of service per acre to the *density* of people per acre. It also allows service from assets outside the planning area to be accounted for, while the GRASP® Index does not.

Interestingly, while the average LOS is higher in the East than in the West, the reverse is true for the GRASP® Index. The index is higher in the West than in the East. This suggests that there is a higher ratio of assets to people in the West than in the East, but that those assets are more spread out in the West, so the net LOS they yield to a given location tends to be lower. Recall that the West subarea is nearly twice as large in area as the East, even though both have similar numbers of people in the target population. Placing equal numbers of assets and equal numbers of people in both subareas would still yield lower average LOS values in the West because the service is spread “thinner” in the West.

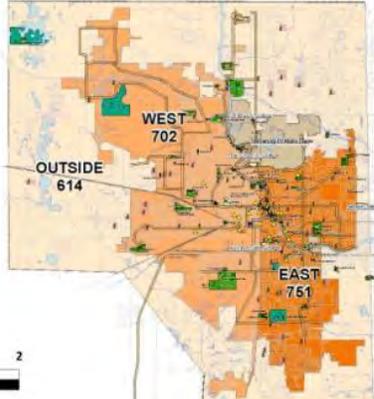
The last two columns show statistics from a threshold analysis of the values on the Perspective. The values on the Perspective were bracketed to show where LOS is above or below a threshold. The result is shown on map **PA-2** (the inset map with purple and yellow). On this map, areas that have at least some service are shown in yellow. Areas that are shown in purple have LOS that exceeds the threshold score of **67.2** that was described earlier. Out of the total study area, **38%** has a score above 67.2.

A conclusion that may be drawn from this Perspective is that, while the numbers of residents in the target population are similar between the East and West subareas, the fact that population is more spread out in the West results in a lower average LOS for that subarea. (This is even more evident for the Outside subarea, which has population numbers that are similar to the other two subareas, but a much larger land area.) However, density in the West is probably less uniform than in the East. There are likely to be pockets of high and low density throughout the West subarea. This may result in localized variations in service that are not revealed in this analysis.

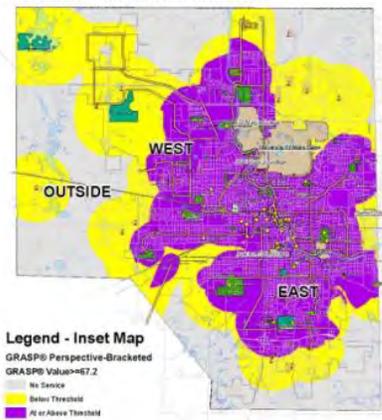
South Bend, Indiana Parks and Recreation Composite-Values Methodology (CVM) Level of Service Analysis



PA - 1: AVERAGE GRASP® LOS PER POPULATION DENSITY (LOS PER ACRE/POPULATION PER ACRE)



PA - 2: GRASP® THRESHOLD ANALYSIS



Map Produced For The City of South Bend, Indiana Parks and Recreation. Map of PA - 1: AVERAGE GRASP® LOS PER POPULATION DENSITY (LOS PER ACRE/POPULATION PER ACRE)
This Map is Intended for Planning & Discussion Purposes Only. Please Refer to The Project Document for Map Details.
Legend: Symbols and Colors are Visible in this Color and Transparency from Those Shown on Map. Labels are Intended to provide Legibility.
S.S. 2013 Sources May Include: City of South Bend, State of Indiana, US Census, ESRI, GRASP® (June - November 2013)
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ACCESS TO ALL COMPONENTS PERSPECTIVE MAP: A

Perspective B: Walkable Access to All Components

Perspective B is intended to show the LOS available across South Bend if walking is the only way to get to assets. Only the one-third mile buffers were used, to reflect the distance that a resident can reasonably walk in ten minutes. Scores are doubled within the one-third mile buffer to reflect the added value of walkable proximity, allowing direct comparisons to be made between this Perspective and **Perspective A**.

The table below shows the statistical information derived from Perspective B.

Table 14: Statistics for Perspective B

	Percent With LOS	Avg. LOS Per Acre Served	Avg. LOS Per Acre Per Pop. Den.	GRASP® Index	Percent Total Area >0 AND <67.2	Percent Total Area >=67.2
West	78%	82	358	313	67%	11%
East	81%	111	320	289	62%	19%
Outside City Limit	25%	50	586	72	25%	1%
Study Area	47%	79	491	230	41%	6%

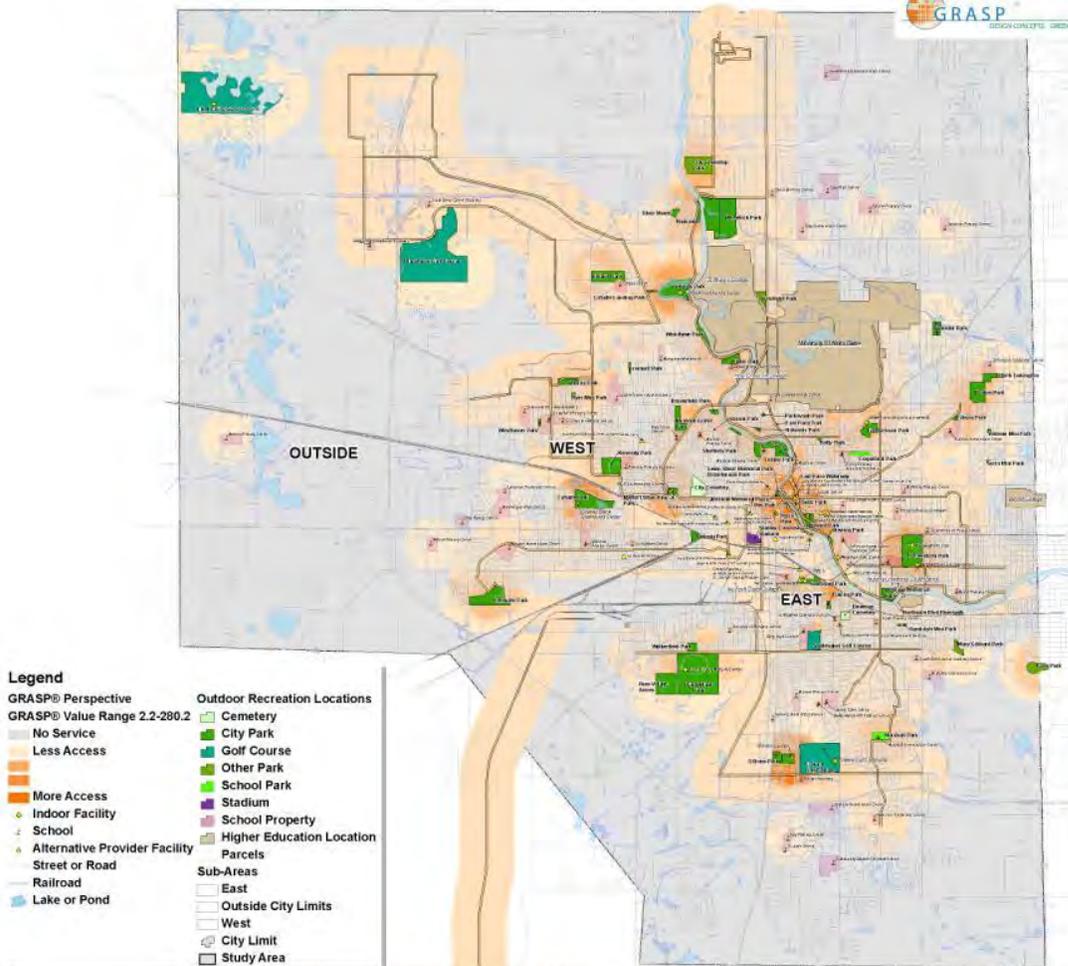
The numbers in each column are as described in the explanation for **Perspective A** above. The most obvious difference between this Perspective and Perspective A is that the LOS for a person who must walk to get to assets is lower than the LOS enjoyed by someone who can drive. This is particularly significant for the demographic cohort that is the target of this study. Many in this age group can walk a reasonable distance to a destination on their own, but none can drive there themselves, and all must depend on someone else to provide motorized transportation.

The areas shown in yellow on the inset map **PA-2** are areas of opportunity, because they are areas where land and assets that provide service are currently available, but the value of those does not add up to the threshold. It may be possible to improve the quantity and quality of those assets to raise the LOS without the need for acquiring new lands.

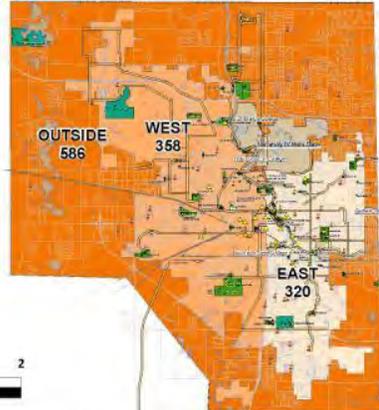
Assets Key Conclusions

A key conclusion from the Asset Perspectives is that density and transportation are factors in the provision of service, especially for the target population. The per-capita provision of assets is reasonably equitable across South Bend, which works fine if everyone has equitable and adequate access to motorized transportation. Even so, wherever the population is spread out the net service received is lower than in more densely populated areas with the same ratio of assets. This situation is compounded if the opportunity to be driven to a destination is not available. This creates a paradox where the way to increase overall LOS is to add assets where there are fewer people. However, a more realistic approach is to increase service in areas where localized population density is high but service is low. This situation is most likely to occur in the West subarea, but may occur elsewhere as well. Further analysis, and a review of the information received from surveys, focus groups, and other sources may be needed to identify these locations.

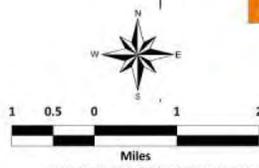
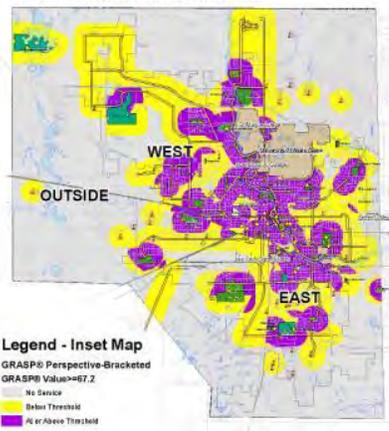
South Bend, Indiana Parks and Recreation Composite-Values Methodology (CVM) Level of Service Analysis



PB - 1: AVERAGE GRASP® LOS PER POPULATION DENSITY (LOS PER ACRE/POPULATION PER ACRE)



PB - 2: GRASP® THRESHOLD ANALYSIS



Map Produced For The City of South Bend, Indiana Parks and Recreation. Map # 101 - by the GRASP™ Team. The Map is provided for Planning & Education Purposes Only. Please Refer to The Project Documents for Map Details. Legend Elements May Vary Slightly in Size, Color And Transparency from Those Shown On Map. Labels are limited to ensure legibility. GIS Data Sources May Include: City of South Bend, State of Indiana, US Census, ESRI, GRASP™ Team - November 2011. Copyright © 2011 South Bend.

WALKABLE ACCESS TO ALL COMPONENTS PERSPECTIVE MAP: B

2. Perspectives for Affordances

As noted earlier, once the inventory is compiled and validated, there are a variety of analysis Perspectives that can be produced, depending on the issues to be examined, and the combination of characteristics and/or qualifiers that need to be included.

For this project, the team chose to produce three (3) Perspectives to show how the graphic depiction and quantitative analysis changes when different component (Program/Service Areas) and characteristics for the Affordances are used.

1. **Affordances Composite Perspective for the Target Age Group** – This includes all affordances listed in the dataset (similar to the Composite Perspective for Assets, but for Affordances).
2. **Affordances Sub-Analysis – Walkability for the Target Age Group** – This includes all affordances, but only a one-third mile (not the one-mile) buffer. This shows a realistic representation of what areas have service from affordances within a ten minute walk – a key qualifier for this non-driving age group.
3. **Affordances Sub-Analysis – Consequential Activities Only** – This Perspective includes all affordances deemed to have consequential characteristics (like a win/lose aspect or some other specific consequence from participation) as an example of how various types of programs might be available in different parts of the City.

Key Findings from these Affordances Perspectives

By reviewing the Perspectives, it is possible to see where higher and lower levels of service are being provided from a given set of components. Decisions can then be made regarding the appropriateness of the levels of service and whether or not to change the system in some way to alter levels of service in various locations. Larger versions of these Perspectives have been provided to Department staff.

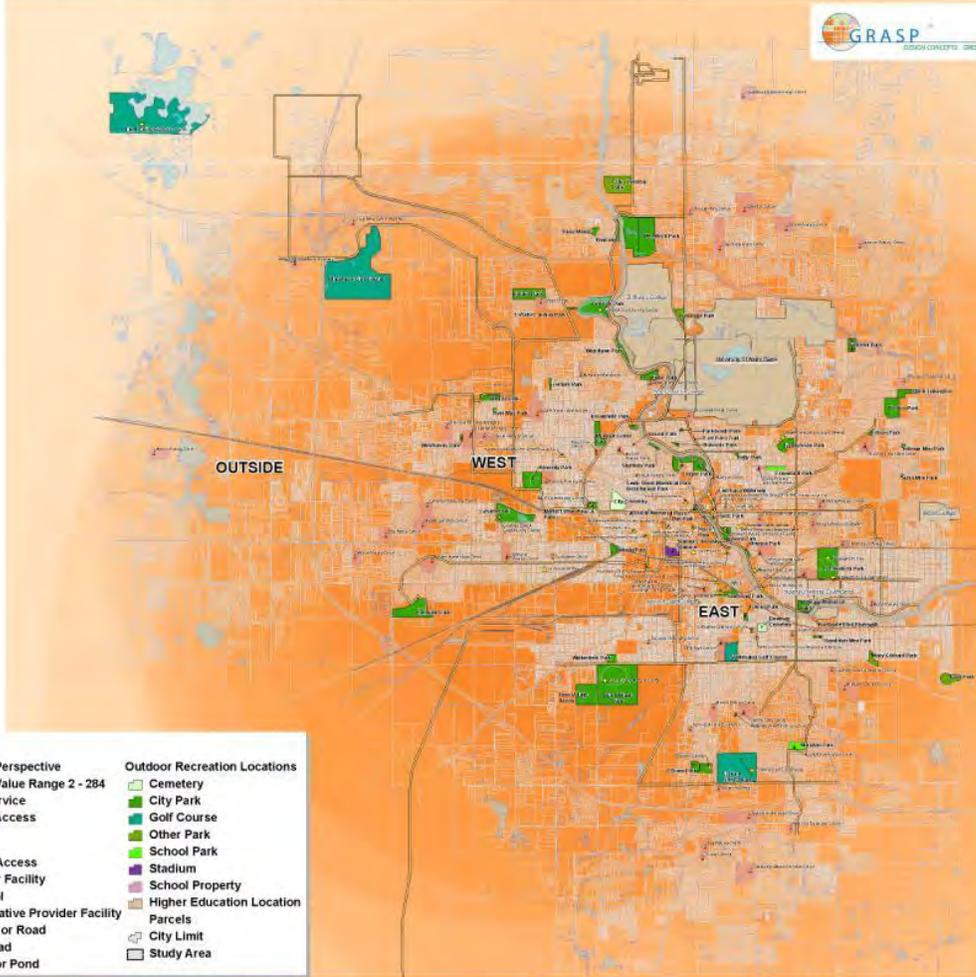
Perspective C: Access to All Affordances

The **Composite Perspective of all Affordances** for this age group graphically depicts a different level of availability for affordances than just the Assets Composite alone. Service is lower in the eastern part of the City, and most of the availability is centered. The following chart gives the statistics from this Perspective.

Table 15: Statistics for Perspective C

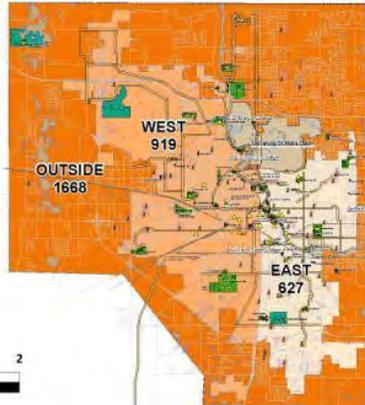
	Percent With LOS	Avg. LOS Per Acre Served	Avg. LOS Per Acre Per Pop. Den.	GRASP® Index	Percent Total Area >0 AND <171.3	Percent Total Area >=171.3
West	100%	211	919	36	18%	82%
East	100%	217	627	27	11%	89%
Outside City Limit	100%	142	1668	7	57%	43%
Study Area	100%	171	1063	24	40%	60%

South Bend, Indiana Parks and Recreation Composite-Values Methodology (CVM) Level of Service Analysis



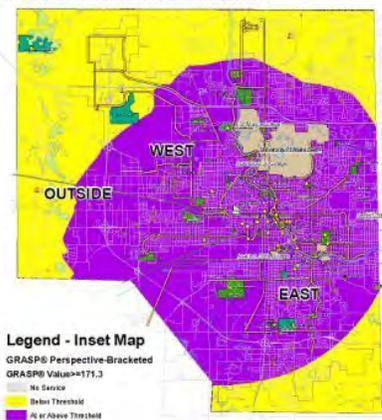
- Legend**
- | | |
|-------------------------------|-------------------------------------|
| GRASP® Perspective | Outdoor Recreation Locations |
| GRASP® Value Range 2 - 284 | |
| No Service | Cemetery |
| Less Access | City Park |
| More Access | Golf Course |
| Indoor Facility | Other Park |
| School | School Park |
| Alternative Provider Facility | Stadium |
| Street or Road | School Property |
| Railroad | Higher Education Location |
| Lake or Pond | Parcels |
| | City Limit |
| | Study Area |

PC - 1: AVERAGE GRASP® LOS PER POPULATION DENSITY (LOS PER ACRE/POPULATION PER ACRE)



Map Produced for The City of South Bend, Indiana Parks and Recreation. Project # 11-10-0001
 This Map is Intended for Planning & Discussion Purposes Only. Please Refer to The Project Document for Map Details.
 Legend Elements May Vary Slightly in Color and Transparency from Those Shown on Map. GRASP values are based on the
 GIS Data Sources May include: City of South Bend, State of Indiana, US Census, ESRI, GRASP™ June - November 2011
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PC - 2: GRASP® THRESHOLD ANALYSIS



- Legend - Inset Map**
- | |
|------------------------------|
| GRASP® Perspective-Bracketed |
| GRASP® Value >= 171.3 |
| No Service |
| Below Threshold |
| At or Above Threshold |

ACCESS TO ALL AFFORDANCES PERSPECTIVE MAP: C

Note that **100%** of the City has at least some LOS for this target age group. For the threshold mapping on this Perspective, (purple and yellow map), the threshold used is the average LOS value for the entire study area, which is 171.3. This value is not intended to be a target for LOS, but instead should be used as a benchmark against which current conditions can be evaluated. As conditions change in South Bend, the threshold value may change as well.

The map shows that **60%** of the City falls above the threshold value. To increase service for affordances overall, it is probably not a function of just adding more locations, but adding programs and spaces for programs to the locations that are currently being used.

Perspective D: Walkable Access to All Affordances

The **Affordances Perspective depicting Walkability** (the ability to walk to an affordance within one-third mile or less) is significantly different.

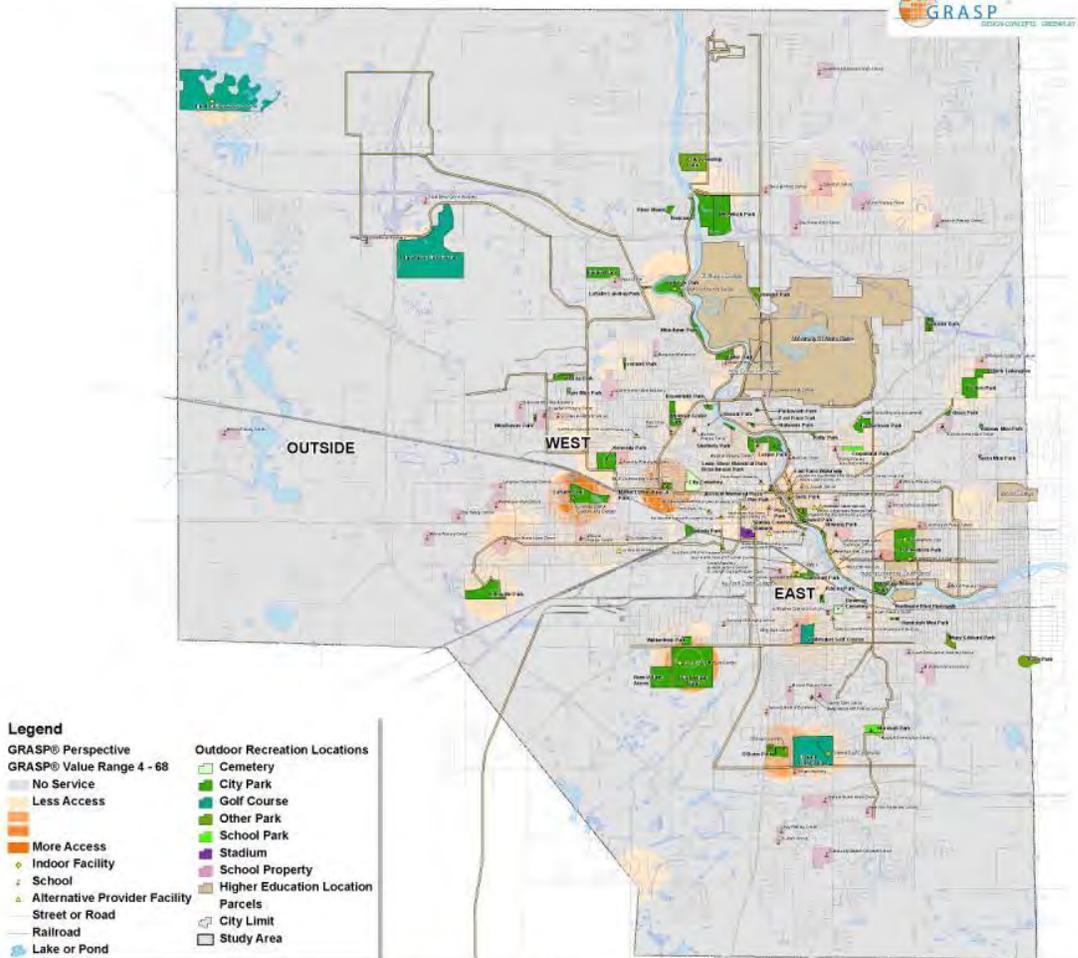
The Walkable service to affordances is very spotty and low in value. Note that youth from many parts of town cannot walk to affordances and must rely on transportation. Additional analysis could examine the role that public transportation plays for this age group. The quantitative scoring is as follows.

Table 16: Statistics for Perspective D

	Percent With LOS	Avg. LOS Per Acre Served	Avg. LOS Per Acre Per Pop. Den.	GRASP® Index	Percent Total Area >0 AND <12.8	Percent Total Area >=12.8
West	23.4%	15	66	36	19%	4%
East	29.9%	13	36	27	26%	4%
Outside City Limit	3.3%	6	72	7	3%	0%
Study Area	12.4%	13	80	24	11%	2%

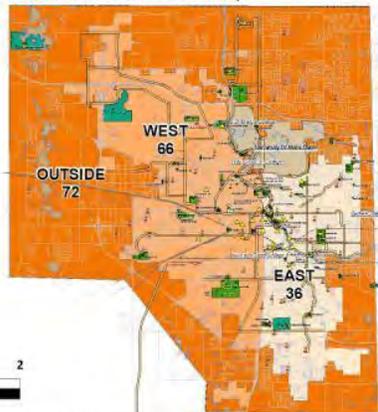
This means that only **12%** of the City has walkable access to affordances available for this target age group. The threshold value (based on average value of LOS for all areas with service on the map) for this Perspective is only 12.8 compared to the value of 171.3 in the previous Perspective. Only **3%** of the study area is above the threshold score. From this analysis, in order to increase service, adding programs and services at current locations alone will not suffice, but locations or transportation would also need to be added for greater access.

South Bend, Indiana Parks and Recreation Composite-Values Methodology (CVM) Level of Service Analysis

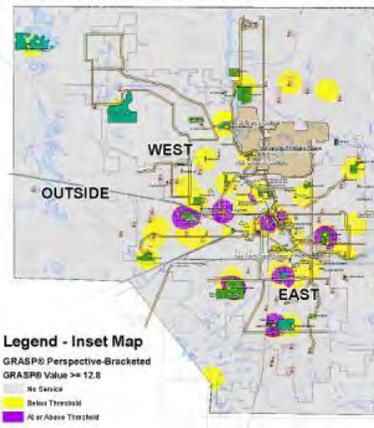


- Legend**
- | | |
|-------------------------------|------------------------------|
| GRASP® Perspective | Outdoor Recreation Locations |
| GRASP® Value Range 4 - 68 | Cemetery |
| No Service | City Park |
| Less Access | Golf Course |
| More Access | Other Park |
| Indoor Facility | School Park |
| School | Stadium |
| Alternative Provider Facility | School Property |
| Street or Road | Higher Education Location |
| Railroad | Parcels |
| Lake or Pond | City Limit |
| | Study Area |

**PD - 1: AVERAGE GRASP® LOS PER POPULATION DENSITY
(LOS PER ACRE/POPULATION PER ACRE)**



PD - 2: GRASP® THRESHOLD ANALYSIS



Map Produced for The City of South Bend, Indiana Parks and Recreation. Map Size: 8 in. x 11 in. The GRASP® 2010. This Map is Provided for Planning & Discussion Purposes Only. Please Refer to The Project Documents for Map Details. Legend Elements May Vary Slightly in Size, Color and Transparency from Those Shown on Map. Labels are Retained to ensure legibility. GIS Data Sources: Map include City of South Bend, State of Indiana, US Census, ESRI, GRASP® Value - September 2011. Copyright © 2011 South Bend.

WALKABLE ACCESS TO ALL AFFORDANCES PERSPECTIVE MAP: D

Perspective E: Access to All Consequential Affordances

The **Affordances Perspective depicting Consequential Affordances** is interesting in that it accurately, graphically portrays the locations of the more competitive activities (centered around sports fields and such).

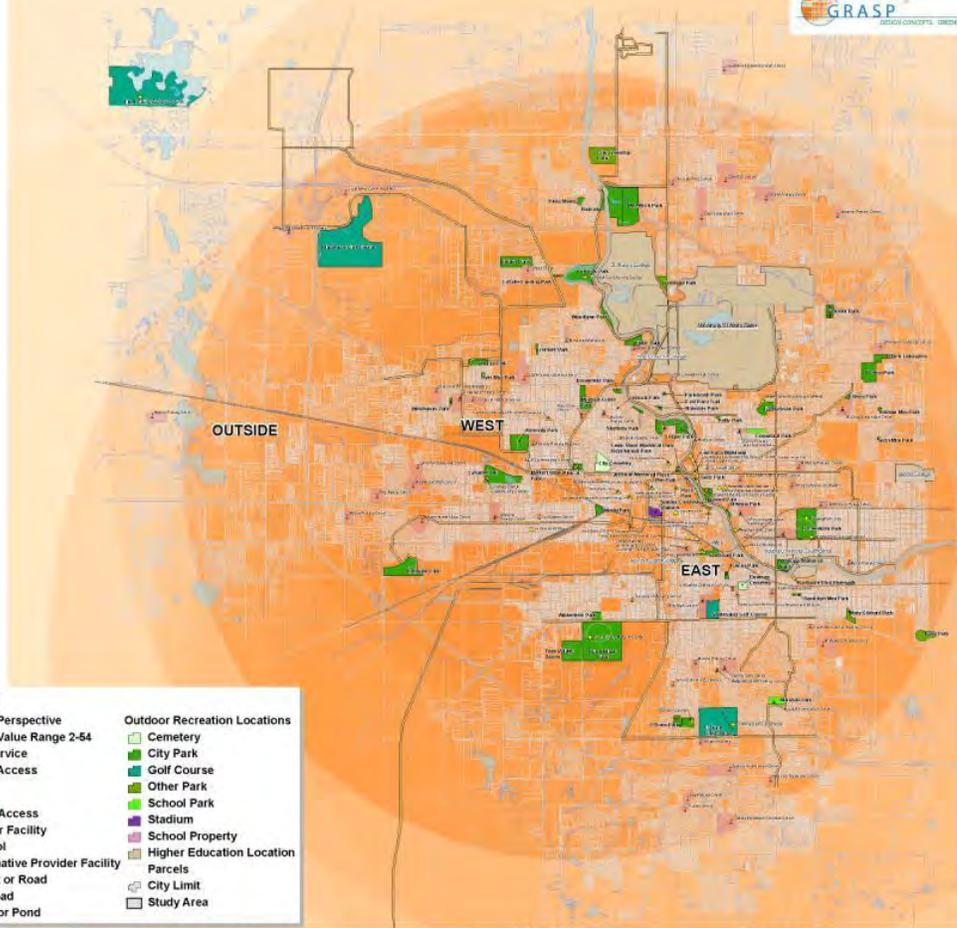
The quantitative analysis of this Perspective shows that **100%** of the City’s locales have some access to consequential affordances for the target age group, and **66%** of those areas are above the threshold score (average score for those areas having service).

Table 17: Statistics for Perspective E

	Percent With LOS	Avg. LOS Per Acre Served	Avg. LOS Per Acre Per Pop. Den.	GRASP® Index	Percent Total Area >0 AND <25.44	Percent Total Area >=25.44
West	100.0%	36	157	8	11%	89%
East	100.0%	36	104	3	10%	90%
Outside City Limit	100.0%	24	285	0	51%	49%
Study Area	100.0%	29	181	4	34%	66%

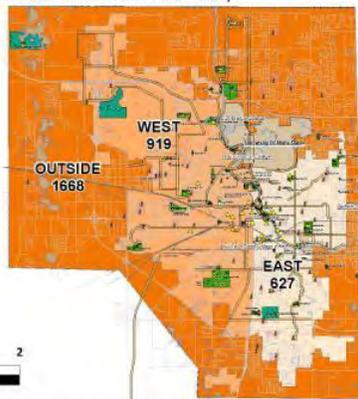
Comparing this Perspective with the others provides an example of how mission or determination of focus on specific program areas can be analyzed. Given time and resources, analysis can also be completed for any given specific or combination of affordance characteristics within the compiled dataset.

South Bend, Indiana Parks and Recreation Composite-Values Methodology (CVM) Level of Service Analysis

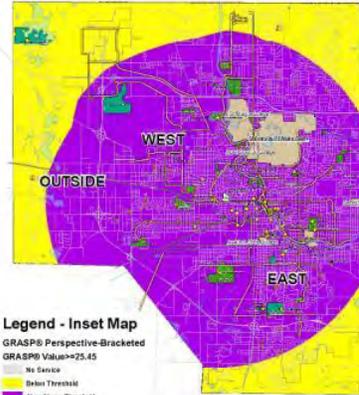


- Legend**
- | | |
|-------------------------------|-------------------------------------|
| GRASP® Perspective | Outdoor Recreation Locations |
| GRASP® Value Range 2-54 | Cemetery |
| No Service | City Park |
| Less Access | Golf Course |
| More Access | Other Park |
| Indoor Facility | School Park |
| School | Stadium |
| Alternative Provider Facility | School Property |
| Street or Road | Higher Education Location |
| Railroad | Parcels |
| Lake or Pond | City Limit |
| | Study Area |

PC - 1: AVERAGE GRASP® LOS PER POPULATION DENSITY (LOS PER ACRE/POPULATION PER ACRE)



PC - 2: GRASP® THRESHOLD ANALYSIS



- Legend - Inset Map**
- GRASP® Perspective-Bracketed
GRASP® Value=25-45
- No Service
 - Below Threshold
 - Above Threshold



Map Produced for the City of South Bend, Indiana Parks and Recreation. Model # 01. © The GRASP® Team. This Map is Intended for Planning & Consultation Purposes Only. Please Refer to the Project Documents for Map Details. Legend Elements May Vary Slightly in This Color And Transparency When These Show on Map. Links are Intended to provide Accessibility. 65 Data Sources Map and/or City of South Bend, State of Indiana, US Census, ESRI, GRASP® Team, November 2011. Copyright © 2011 South Bend.

**ACCESS TO ALL
CONSEQUENTIAL AFFORDANCES**

PERSPECTIVE MAP: E

Key Conclusions from the Affordances Perspectives

The affordances Perspectives suggest two guiding principles to follow in order to enhance service for the target age group in South Bend. First, if transportation is not an issue, adding new locations for the provision of affordances is not necessary. Service coverage is already at 100% for the study area. In that case, adding programs at existing locations (if capacity at those locations allows) would be as effective as adding new locations, unless there was a specific localized need to address somewhere in the community. However, if independent access (i.e. walking, biking, public transit, etc.) is a goal, then it is more important to extend service coverage by adding new locations for affordances than it is to just add affordances at existing locations. **Some combination of new locations and new programs is the likely solution, and the analyses above can help decide where to add new affordances and locations.**

3. Summary Tables

The set of tables below show the statistics from all Perspectives in one place for comparison. Green highlighting shows the highest value in each set of numbers, and yellow highlighting shows the lowest.

Service Coverage Summary - Percent With Service					
	P-A: All	P-B: Walkability	P-C: ALL AFFORDANCES	P-D: WALKABLE AFFORDANCES	P-E: CONSEQUENTIAL AFFORDANCES
West	95.6%	77.8%	100%	23.4%	100%
East	95.1%	80.7%	100%	29.9%	100%
Outside City Limit	56.4%	25.2%	100%	3.3%	100%
Study Area	72.3%	47.1%	100%	12.4%	100%
LOS. Summary - Avg. LOS Per Acre Served					
	P-A: All	P-B: Walkability	P-C: ALL AFFORDANCES	P-D: WALKABLE AFFORDANCES	P-E: CONSEQUENTIAL AFFORDANCES
West	161	82	211	15	36
East	260	111	217	13	36
Outside City Limit	52	50	142	6	24
Study Area	130	79	171	13	29
LOS. Summary - Avg. LOS Per Acre / Population Per Acre					
	P-A: All	P-B: Walkability	P-C: ALL AFFORDANCES	P-D: WALKABLE AFFORDANCES	P-E: CONSEQUENTIAL AFFORDANCES
West	702	358	919	66	157
East	751	320	627	36	104
Outside City Limit	614	586	1668	72	285
Study Area	806	491	1063	80	181
LOS. Summary - GRASP® Indices					
	P-A: All	P-B: Walkability	P-C: ALL AFFORDANCES	P-D: WALKABLE AFFORDANCES	P-E: CONSEQUENTIAL AFFORDANCES
West	313	313	36	36	8
East	289	289	27	27	3
Outside City Limit	72	72	7	7	0
Study Area	230	230	24	24	4

4. More on Reading and Utilizing the GRASP® Perspectives

Different Perspectives can be used to determine levels of service throughout the community from a variety of views. These Perspectives can show a specific set of components, depict estimated travel time to services, highlight a particular geographic area, or display facilities that accommodate specific programming. It is not necessarily beneficial for all parts of the community to score equally in the analyses. The desired level of service for any particular location will depend on the type of service being analyzed and the characteristics of the particular location. Commercial, institutional, and industrial areas might reasonably be expected to have lower levels of service for parks and recreation opportunities than residential areas. Levels of service for retail services in high density residential areas should probably be different than those for lower density areas.

Used in conjunction with other needs assessment tools (such as needs surveys and a public process), Perspectives can be used to determine if current levels of service are appropriate in a given location. If so, plans can then be developed that provide similar levels of service to new neighborhoods. Conversely, if it is determined that different levels of service are desired, new planning can differ from the existing community patterns to provide the desired LOS.

Each Perspective shows the cumulative levels of service across the study area when the buffers for a particular set of components are plotted together. As previously stated, darker shades represent areas in which the level of service is higher for that particular Perspective. It is important to note that the shade overlaying any given point on the Perspective represents the cumulative value offered by the surrounding park system to an individual situated in that specific location, rather than the service being provided by components at that location to the areas around it.

The larger scale map in each of the Perspectives shows the GRASP® buffers with an infinite tone range that shows the nuances of service that is being provided to the community. At this scale it is easier to see the differences in services provided by parcels, facilities, program areas, and individual components. The complete Perspective series is set to the same tone scale so they can be compared side by side for shading.

Different score breaks were used on the inset maps so that each set of components is being evaluated based on what the expectations are for each Perspective. For this reason, typically individual Perspective scores cannot be compared relative to each other.

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VI. Next Steps

A. Findings and Visioning Workshops

On January 10th and 11th, 2012, members of the HCRG team will work with South Bend staff and stakeholders to present the findings of the works thus far, along with facilitating sessions designed to start to identify and come to consensus on the recommendations for **Year One**.

Tuesday, January 10th

10:00 am to noon with all staff

3:00 – 5:00 pm with stakeholders and partners

6:30 – 8:30 with public stakeholders and partners

Wednesday, January 11th

10:00 am –noon with administrative and project team staff

The draft outline agenda for these meetings is:

1. Review and Methodology – A Brief Presentation
2. Overview of Findings
3. Warrant – Draft Purpose Statement
4. Visioning – Focus Areas for Discussions
5. Strategic Goals – Action Plan and Indicators

Key Focus Areas for the Discussions

1. Policy review and analysis (formal and informal) – At the core of planning, management and decision making are positive policies that create an agency and community climate directed at individual and collective wellness, improved service levels, direct understanding of their impact on personal health and overall contribution to the “healthy community” as measured by selected indicators.

2. Access, inclusion, and capacity building of all children and youth – In the healthiest of communities, there are few barriers to accessing services, programs, and especially physical and natural places to sustain an active lifestyle. Further, the measure of a healthy community should be directed at outcomes that are aimed at increasing the physical, emotional, intellectual, cultural, and social capacities of the target population.

3. Obtaining information to make informed and evidence based decisions – In an age of information explosion, it is essential to secure data that informs and engages managers, service providers and partners of needs, best practices, outcomes, and impact of the services provided to community residents.

Questions to Consider as We Move Forward

Based on the findings from this process thus far, it appears that some initial questions for discussion for visioning and Recommendations should be (in no particular order):

- There are many non-profit and other organizations offering services in South Bend – How can SBPRD facilitate the improved availability of programs and services by partners and other agencies for this target age group?
- Should the focus be on walkability and connectivity – providing safe alternative transportation routes? If so, what is the low-hanging fruit? How do we increase that in the coming five years?
- What type of stance or guidelines should the Department create related to food availability?
- If the Department’s perceived strengths are on providing sports and drop-in programs and day camps what areas should be the focus for enhanced programming?
- We now have a lot of warrant information and the basic assets and affordances information. How do we get more community-specific information, and better financial tracking in Year Two?
- How can we work with the Police Department to get better crime information, communication to the public, and increase real and perceived safety?
- How do we improve the culture in South Bend to empower youth and engage parents?
- How do we provide a better system for participation by youth of all income levels?

B. Recommendations and Strategic Action Plan and Desired Outcomes

Following the Findings/Visioning sessions, the HCRG will draft the Action Plan and modeling scenarios for Year One. The recommendations will be designed to be SMART:

- Specific
- Measurable
- Achievable
- Relevant
- Time-specific

The discussions will focus on not only the tasks to be completed, but also the desired outcomes and performance measurements, who will do the task (responsibility), how much funding may be needed, and the timeline for completion.

SBPRD – Draft Warrant for Action - Sample

To Increase Active Living among 10-14-Year-Olds – What Actions Will be Initiated

Sample Action	Measures/Outcomes	Responsibility	Funding?	Timeline
Adopt and Communicate Purpose Statement	Initiative has purpose and is communicated			
Gather Youth-Specific Data				
Collect Current Crime Data by Census Tract				
Track Financials for this Age Group Separately				



1. Stakeholder Consensus on Priorities for Action

It appears that SB is prepared to engage other stakeholders and agencies in a campaign to reduce youth obesity. In this regard, it would be our recommendation to conduct a meeting of representative stakeholders from various levels of government, business, non-governmental agencies, to engage in a process of priority setting using a format that produces metrics that prioritize selected factors and their indicators for increasing PA, NUTR & SE among children and youth in SB.

2. Stella® Modeling

This Beta Site project is being used to create, test, and validate the potential use of systems thinking and management tactics (Stella® 9.1). The software program is employed to provide stakeholders, managers and other policy makers to simulate the effects of collaborative efforts to strategically increase physical activity, nutritional behaviors and positive social engagement in South Bend for youth. This approach represents pioneering management and policy actions that are expected to allow surveillance of the effects of programs, services, campaigns, policies, assets, etc. It is suggested that 4-5 small modules be simulated and tested in year two. These will be developed with the SBPRD and its collaborators based on prioritized themes and critical factors expected to produce behavioral change, policy and management efficiency and effectiveness. Specific factors from the Action Plan will be chosen for this modeling, and the potential results shared as part of the recommendations for Year Two and future evaluation. More will be discussed on this process during the Visioning and recommendations phase of the project.

3. Identifying and Specifying Desired Outcomes and Indicators

What are the critical factors to become a “Healthy Community?”

There are numerous approaches to creating and sustaining a “healthy community.” For nearly 30 years, the United States has set health objectives for the nation. Since 2000, there has been an increased attempt to by the federal government to engage in prevention strategies. According to the Department of Health and Human Services (December 2, 2010), *“Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state, and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives. Based on this input, a number of new topic areas are included in the new initiative, including:*

- 1. Adolescent Health*
- 2. Blood Disorders and Blood Safety*
- 3. Dementias, including Alzheimer’s Disease*
- 4. Early and Middle Childhood*
- 5. Genomics*
- 6. Global Health*
- 7. Health-Related Quality of Life and Well-Being*
- 8. Healthcare-Associated Infections*
- 9. Lesbian, Gay, Bisexual and Transgender Health*
- 10. Older Adults*
- 11. Preparedness*
- 12. Sleep Health*
- 13. Social Determinants of Health”*

A comprehensive list of health objectives for the nation serves as precisely defined targets for communities, agencies and individuals. Of particular importance to the parks and recreation profession are items 1, 4, 7, 10, and 13. As of this date there are no specific targets for items 7 and 13 but they are being developed. It is suggested that the South Bend effort to create a healthy community start by careful examination of the national benchmarks.

In addition, there are several longstanding efforts by communities across the nation and in Canada to build and sustain healthy communities. Of particular note are the efforts of the Health Improvement Collaborative of Greater Cincinnati (2011). They have a very clear set of procedures and collaborative effort to create community specific indicators of health in their service area which is considerably larger than South Bend, Indiana. A document that will be quite helpful is the *Indicators of Healthy Communities: A Community Health Assessment for Greater Cincinnati*.

<http://www.xavier.edu/community-health/documents/1IndicatorsofHealthyCommunities2011final6-15-11.pdf>.

This document, as well as Healthy People 2020, is focused on preventing chronic illness, improving access to health care, and assisting the most vulnerable segments of the population.

South Bend and its surrounding service area would be well served to examine the following indicators of healthy cities and communities which are rather clear perspectives from a social, economic, environmental, comprehensive, and practical perspective.

Example - California Healthy Community Indicators

Linda Rudolph, MD, MPH, Deputy Director, Healthy Community Indicators California Department of Public Health (January, 2011) poses the question "What is a healthy community?" The response is as follows: "A Healthy Community provides for the following through all stages of life:

- ✓ *Meets basic needs of all*
- ✓ *Safe, sustainable, accessible, and affordable transportation options*
- ✓ *Affordable, accessible, and nutritious healthy foods*
- ✓ *Affordable, high quality, socially integrated, and location-efficient housing*
- ✓ *Affordable, high quality health care*
- ✓ *Complete and livable communities including affordable and high quality schools, parks and recreational facilities, child care, libraries, financial services, and other daily needs*
- ✓ *Quality and sustainability of environment*
- ✓ *Clean air, soil, and water, and environments free of excessive noise*
- ✓ *Tobacco and smoke free*
- ✓ *Preserved natural and open spaces, including agricultural lands*
- ✓ *Minimized waste, toxics, and GHG emissions*
- ✓ *Affordable and sustainable energy use*
- ✓ *Adequate levels of economic, social development*
- ✓ *Living wage, safe, and healthy job opportunities for all*
- ✓ *Support for healthy development of children and adolescents*
- ✓ *Opportunities for high quality and accessible education*
- ✓ *Health and social equity*
- ✓ *Social relationships that are supportive and respectful*
- ✓ *Robust social and civic engagement*
- ✓ *Socially cohesive and supportive relationships, families, homes, and neighborhoods*
- ✓ *Safe communities, free of crime and violence"*

Example - Ontario, Canada indicators

Healthy Communities is a process by which a community determines its own vision, assets, needs, issues, and action plans when improving the quality of life for all its residents. Ontario Healthy Communities Coalition (OHCC) members adopted the following principles of a healthy community.

- Health is a state of complete physical, mental, and social well-being.
- Social, environmental, and economic factors are important determinants of human health and are inter-related.
- People cannot achieve their fullest potential unless they are able to take control of those things that determine their well-being.
- All sectors of the community are inter-related and share their knowledge, expertise, and perspectives, working together to create a healthy community.

- The process of developing healthy communities involves wide community participation, broad involvement of all sectors of the community, local government commitment, and creation of healthy public policies.

Qualities of a healthy community often include:

- Peace, equity, and social justice
- Clean and safe physical environment
- Adequate access to food, water, shelter, income, safety, work, and recreation for all
- Adequate access to health care services
- Opportunities for learning and skill development
- Strong, mutually supportive relationships and networks
- Workplaces that are supportive of individual and family
- Well-being
- Wide participation of residents in decision making
- Strong local cultural and spiritual heritage
- Diverse and vital economy
- Protection of the natural environment
- Responsible use of resources to ensure long-term sustainability

The challenge for SBPRD is to determine their role relative to these qualities, and also other aspects for those elements they own and/or manage.

Summary of Indicators Overview

While there are numerous indicators of “Healthy Communities,” there are also rankings of cities and communities (e.g.) best places to live, healthiest cities, happiest cities, etc. Many of these rankings are based on the use of existing data from the federal government, states, congressional districts, or other data sources. *Forbes* magazine publishes an annual assessment of communities and regions which assigns a rating to each area. Unfortunately, this rating is not for specific cities.

We recommend determining which of the indicators of the healthy community your agency and community believe are most important, and can be addressed with positive policies, clear objectives and actions that are measurable.

The following initial indicators are presented for consideration:

- Coordinated, sustainable strategic planning

- Inventory and codification of assets and affordances
- Regular appraisal of goal and outcome accomplishment
- Community agency collaboration & partnerships
- Use of evidence based best practices in service delivery
- Access to active lifestyle assets
- Level of physical activity
- Healthy nutrition options
- Level of social engagement

Choosing the indicators that will increase the capacities of children and youth in the South Bend area to live a full, healthy, and vibrant life are of the utmost importance.

4. Implementation and Evaluation

Following creation of the recommendations and fully determining the Warrant for Future Action, we will work with staff to determine the following: a) composition of a formal coalition or organizational structure (e.g.) alliance, initiative, etc. and its charter to insure full engagement across the municipality and sustainability over time; b) assist in focusing the strategic planning efforts to focus on prioritized efforts versus trying to be all things in a short period of time; c) training on how to use system thinking and modeling to measure impact, manage in real time, increase effectiveness and efficiencies, and d) utilize information to influence policies pertinent to children and youth. As well we will assist the SBPRD and newly established organization in its implementation, surveillance of impact, and measurement of outcome achievement in years Two and Three. This will include ongoing Updates the HCRG Surveillance and Management Toolkit with Other Beta Sites

As noted, this project is to help South Bend move forward in implementing an Active Living and Healthy Community Initiatives for reducing obesity for ages 10-14 in South Bend. It is also a Beta Test Project for the Healthy Communities Surveillance and Management Toolkit. Throughout the process, we are asking team members and staff from SBPRD to record thoughts and suggestions related to the process and outcomes, so that we may continue to validate and improve the experience and methods for use with other communities.

Preliminary Notes from the South Bend Project Process Relative to Improving the HCRG Beta Site Testing include:

- While South Bend staff reported good understanding of the on-site training at the end of August, there were some challenges in utilizing the training. We originally set a target due date for collection of October 1. In hindsight, it would have made more sense to get the raw data from the programmers into the forms *immediately* after the training. Instead staff were allowed a month to fill out the forms, and by week two they had forgotten most of the directions, and had to be "reinstucted" in them when they went to input. **The process should clarify that Staff should initiate completion of the forms immediately after the training.**
- Compiling staff thought that once the data was gathered, it would be a simple matter to polish up the forms and send them off. This proved not to be the case. Twenty-two sheets were completed for templates, and they were submitted in a variety of levels of accuracy and completion. There was substantial back and forth, and it took some one-on-one assistance to move along. Instead of planning for most of the time to be used by the staff to produce the information and very little time comparatively set aside to organize, it would have made more sense to do a "50/50" or even a "25/75" split of time allocation so that they had been allowed more time ask questions of the support team and go back to the staff over and over to get what was really being asked, as was necessary. At this time, Matthew indicates that the sheets are at about 80-85% accuracy and completion, and that is probably the best we can get this year within the available collection data and timeframe. **There was an underestimation in what training and assistance it would take to compile available information, and perhaps the amount of accurate information available.**
- South Bend had some unanticipated illness and absences and vacations from both the Executive Director and the Director of Development during the collection process.
- There was an unexpected departure of a Division Head in the middle of the process, and so none of the necessary input from the zoo was passed along to Matthew. This should not have been a problem, but it was several weeks before it was known why nothing was moving forward.
- The plan for the Policy template was that project would be handled by the Division Heads and the Executive Director with some facilitation. This has been challenging to arrange due to the staffing reasons mentioned above.
- **The Process should clarify time requirements and responsibilities for collection upfront so that if absences occur, they can be reassigned or accommodated.**
- The initial training did not include enough detail on the completion of the Financial template. Assigned collection staff reported that they were not well prepared for the extent of the scope of that template. Those who could provide the data received the request for data later in the process, and did not ask for or feel they had additional compilation support in place. That "froze" the Fiscal Department in confusion, and it was not moved forward quickly enough to meet the deadline. **Future Beta site trainings should include training on this with the staff responsible for completion, and/or simplification of the financial data collection.**
- Although the review of the assets inventory document from Design Concepts went fairly well, the additional request for information that South Bend came a bit late in the process from Design Concepts. When received, it felt daunting and unexpected. It was only towards the end of the inventory process that staff were able to understand how to meet the nature of the request for alternative providers' information. **If done concurrently and not prior to the project, the Assets Inventory process should be more supported with training for completion of the alternative provider templates upfront, clear review deadlines, and better**

understanding of the need for allocation of staff time to assist with additional information needed.

- In hindsight, there was probably not as much support or request for support as were needed to meet the deadlines. The Project Manager for South Bend admits that he substantially underestimated how much of the project would fall on his shoulders instead of his role being only more to direct workflow and compile results. **As part of the Beta Site process, we clearly need to better outline the time requirements needed during collection, compilation, and review. At least 25% of the assigned Project Manager's weekly workload should be allocated for the information collection phase if the process stands as currently outlined.**

Additional Notes for the HCRG Beta Site work:

- HCRG should provide a template for staff assignments and expected decision making points for use during the initial discussions and preparation for the project.
- HCRG should create a template and process for collecting recent crime data by census tract.
- HCRG should simplify financial collection templates.
- HCRG should create all collection and analysis templates in MS Excel so that they can be sorted and totaled.
- Emphasis should be placed on garnering resources for community specific youth surveying. If it cannot be included in Year One, it is very difficult to gain specific local information on youth obesity levels and needs.

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Appendix A: References, Resources, and Websites

Note: Some items in this reference list are from M. Joseph Sirgy, Professor at Virginia Tech, sirgy@vt.edu; Also, materials from Compton, D. & Muehlenbein (eds) (2010). **Healthy communities: The surveillance and management toolkit workbook**. Bloomington: Indiana University are incorporated in this document.

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Sporting Goods Manufacturer's Association, October 2009

United Health Foundation

Additional Healthy Communities Relevant Contacts

National

The Coalition for Healthier Cities and Communities

c/o Hospital Research and Educational Trust
One North Franklin
Chicago, Illinois 60606
tel: (312) 422-2635
fax: (312) 422-4568
healthy@aha.org
<http://www.healthycommunities.org>

The Healthcare Forum Healthier Communities Summit and Community Forums

425 Market Street
San Francisco, California
tel: (415) 356-4300
fax: (415) 356-9300

The National Civic League The Alliance for National Renewal

1445 Market Street, Suite 300
Denver, Colorado 80202
tel: (303) 571-4343
fax: (303) 571-4404

VHA, Inc.

Community Health Improvement
220 East Las Colinas Boulevard
Irving, TX 75039-5500 (972)
830-0000
<http://www.vha.com>

Wellness Councils of America Community Health Plaza

Suite 311
7101 Newport Avenue
Omaha, Nebraska 68152
tel:(402) 572-3590
fax: (402) 572-3594

U.S. Department of Health and Human Services

Office of Disease Prevention and Health Promotion

Healthy Communities Initiative
200 Independence Avenue SW.
Room 738G
Washington, DC 20201
tel: (202) 401-7780
fax: (202) 205-9478

Health Resources and Services Administration

Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
tel: (301) 443-2460

National Center for Chronic Disease Prevention and Health Promotion (CDC)

Planned Approach to Community Health, Prevention and Health Promotion
4770 Buford Highway, NE.
Mailstop K-45
Atlanta, Georgia 30341-3724
tel:(770) 488-5426
fax: (770) 488-5964

Office of Minority Health Resource Center

P.O. Box 37337
Washington, DC 20013-7337
tel: (800) 444-6472
fax: (301) 589-0804

State Level

AHEC/Community Partners Healthy Communities

Massachusetts Network
24 South Prospect Street
Amherst, MA 01002
tel: (413) 253-4283
fax: (413) 253-7131
e-mail: TOWO@aol.com
<http://ctb.lsi.ukans.edu>

California Healthy Cities Project

P.O. Box 942732
Mail Station 675
Sacramento, CA 94234-7320
tel: (916) 327-7019
fax: (916) 324-7763
e-mail: chcp@ccnet.com

Colorado Healthy Communities Network

1127 Pennsylvania
Denver, Colorado 80203
tel: (303) 813-1001
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e-mail: msturn@rmi.net

The New Mexico Partnership for Healthier Communities

c/o New Mexico Department of Health/PHD/HPB
1190 St. Francis Drive
P.O. Box 26110
Santa Fe, New Mexico 87502-6110
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fax: (505) 827-0021

Healthy Boston

Room 967, Boston City Hall
Boston, Massachusetts 02201
tel: (617) 635-3140
fax: (617) 634-3353

South Carolina Department of Health and Environmental Control

Healthy Community Initiative
2600 Bull Street
Columbia, SC 29201
tel: (803) 734-8870
fax: (803) 734-5042
e-mail: dhec/hcindex.htm
<http://www.state.sc.us/>
Note: Visit the coalition website for information of other states at www.healthycommunities.org

International

World Health Organization

27 Via Appia
Geneva, Switzerland
tel: 011 41 22 791 2111
fax: 011 41 22 791 0746

WHO Regional Office for Europe, World Health Organization

Healthy Cities Project
8 Scherfigsvej
DK-2100 Copenhagen, Denmark
tel: 011 45 31 29 01 11
fax: 011 45 31 18 11 20

Pan American Health Organization Regional Office of the World Health Organization

525 23rd Street, NW.
Washington, DC 20037
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fax: (202) 974-3604

International Healthy Cities Foundation

One Kaiser Plaza, Suite 1930
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e-mail:
hcities@uclink2.berkeley.edu

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Appendix B: Policy Assessment

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2011 City of South Bend laws & ordinances
Affecting 10-14 year old youth

Source: South Bend Parks and Recreation Department

<http://library.municode.com/index.aspx?clientId=13974&stateId=14&stateName=Indiana>

Ordinance	Brief description	Implications for youth	Interpretive Information
Chapter 2	Administration		
2.51	Area Plan Commission	New parks, trails, recreation facilities, commercial facilities, and neighborhoods are affected by this commission; and each of these has an affect on youth access to physical activity opportunities within the city	Oversees the city planning department
2.59	South Bend Advisory Commission on Black Males	This commision's studies and activities do impact youth opportunities and lifestyles	Does monitor youth activities and offers some youth mentoring and life skills.
2.71	Areas of Impact	Under certain criteria, portions of the city of South Bend may be designated Areas of Impact by the Department of Public Works and be developed using special Community Block Grant Funds	Areas of Impact may receive special attention that applies to youth housing, access to resources and programs.
2.137	Authorization of the Board of Park Commissioners	Authorizes the Board of Parks commissions and the formation of a Park and Recreation Department under Indiana Code IC 36-10-4, pursuant to IC 36-10-4-1(a)	Oversees the parks and recreation department
2.55	Mayor's Citizen's Traffic Commission	Maintains plan for major streets in the city; creates barriers for youth to safely get from one side to the other	Safe routes to school as well as parks and recreation assets
13-1	Loitering Codes	Policy that can be used by Officers to break up loitering for various reasons on public property or throughways	
2-166	Special Events Funds	A special events fund is established to be used to receive monies and to pay expenses related to the operation of special events sponsored or organized by the City.	This fund could be used to support youth-directed programs or events on a community-wide level.
2-170.6	Recreation Department non-reverting fund	A special non-reverting fund is established to be used to receive monies from fee for service programs and activies and to pay expenses related to the operation of recreation programming by the Agency	One of the primary funding mechanisms for recreation opportunities that are intended to e self-supporting.
Chapter 14	Specific Public Safety Regulations		
14.1	Roller Skates and Skateboards	The articles restricting use of the skateboards and roller skates in the city	
14.7	Youth Curfew	It is a curfew violation for a child under fifteen (15) years of age to be in a public place after 11:00 p.m. or before 5:00 a.m. on any day.	Affects the ability for activites after curfew hours for target youth.
14.50 -14.60	Regulations for Special Events on Residentially Zoned Areas	The city procedures for street fairs, special activities on a large scale in the neighborhoods and residential areas	Can effect the ability for certain type of activites that might affect youth or youth activities

Chapter 19 Article 3	Public Parks	Municipal code specifically set up for public parks in the city of South Bend	
19.39	Protection of plant life on park property	Any horticultural projects for youth will have to be formally approved in writing by the Board of Park Commissioners to be in compliance	This could affect interpretive or naturalist programming as well as community gardening efforts.
19.4	Prohibited acts	Dumping of litter, rubbish, refuse, Spitting, Pollution of waters, or Discharging certain substances into drains and sewers	Youth activities would have to avoid any such acts
19.41	Advertising forbidden	No person, without written permission from the Board, shall distribute or display any flag, banner, sign or other matter for advertising purposes within any park or park-street.	Youth activities would have to avoid any such acts
19.42	Disorderly conduct	A large series of acts and behaviors that are prohibited by ordinance on park property	Youth activities would have to avoid any such acts
19.43	Gambling	Exclusion of gambling materials and practices on park property	Youth activities would have to avoid any such acts
19.44	Explosives, Firearms and missiles	Exclusion of knives, weapons, firearms, explosives, thrown or fired projectiles from park property.	Youth activities would have to avoid any such acts
19.45	Aviation	All types of aviation are forbidden on park lands. Except for life-saving emergency landings.	Youth activities would have to avoid any such acts
19.46	Camping	Restrictions on camping	Youth activities would have to avoid any such acts
19.47	Park Entrance fees; permits	Code granting the right to charge for services or access and to restrict non-paying public from for-pay operations on public property	Youth activities would have to avoid any such acts
19.48	Meetings, exhibitions, parades, racing, etc.	Prevents the erecting of structures, the holding of performances or meetings or activities of a public nature without the approval of the Board of Park Commissioners	Youth activities would have to avoid any such acts
19.49	Picnics and outings	All persons conducting organized picnics or outings shall obtain all necessary use permits.	Youth activities would have to avoid any such acts
19.50	Peddling, sales, photographs, etc: Concession contracts	Rules against the selling of merchandise or services on park property without previous explicit approval and permitting.	Youth activities would have to avoid any such acts
19.51	Protection of Animals	Code for the protection of wildlife and to forbid the selling or abuse of animals on park property	Youth activities would have to avoid any such acts
19.52	Fires, discarding smoking materials, etc.	Restrictions on fire-building and rules against discarding cigarette butts, matches and cigars on the ground.	Youth activities would have to avoid any such acts
19.53	Boating	Rules defining permitted boat access and boating procedures.	Youth activities would have to be in compliance with such activities on public park property.

19.54	Fishing, Protection of Fish	Rules restricting and defining the accepted fishing practices on park property.	Youth activities would have to be in compliance with such activities on public park property.
19.55	Bathing	Rules restricting and defining the permitted bathing practices or behavior on recognized beach areas within park property.	Youth activities would have to be in compliance with such activities on public park property.
19.56	Subsurface Aquatic Activity	No scuba, snorkling or other subsurface activity permitted except by special permit.	Youth activities would have to be in compliance with such activities on public park property.
19.57	Toy Aviation, kite flying, model boating, automobiling, or airplanes	All such activities are forbidden except in specially designated areas maintained and designed for them.	Youth activities would have to be in compliance with such activities on public park property.
19.58	Games	No person shall throw, cast, catch, kick or strike any basketball, swing or make use of any golf club, hit or putt golf balls, tennis balls, footballs, basketballs, croquet balls or other objects or engage in any sport, game or competition except in designated areas.	Youth activities would have to be in compliance with such activities on public park property.
19.59, 19.60	Animals at large and Horses	No horse riding except by Board authorization, persons in charge of animals will not let them run unleashed, drink or swim in the pools or be a nuisance.	Youth activities would have to be in compliance with such activities on public park property.
19.75	Curfew	It shall be unlawful for any person to remain in any park, golf course, playground, picnic area, swimming area, pavilion or other property after 11 p.m local time without permit.	Youth activities would have to be in compliance with such activities on public park property.
19.79	Park and park program rule enforcement	The Board of Park Commissioners is authorized to adopt rules and regulations for the conduct of patrons, participants, spectators and volunteers for any property or program.	Youth activities would have to be in compliance with such activities on public park property.
Chapter 20	Vehicles and Traffic		
20.31 through 20.50	Bicycle Regulations	Various rules for bicycles, including parking, right of way, and limits on trick-riding.	Bicycling is a key form of transportation for youth in South Bend.
Chapter 21	Zoning	All the requirements for the built environment of the city	
21-02.01 through 21-02.12	Residential Zoning and Development rules	Zoning and Development requirements for single and multi-family buildings and neighborhoods including development incentives and requirements for sub-divisions.	These codes define the neighborhood forms, including requirements for open space and access to greenways near homes.
21-07	General Regulations	Defines the requirements for landscaping, lighting, signage and parking	
21-14	Subdivisions	The requirements for land-use and development in the creation of a residential sub-division in the city.	

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**Appendix C: GRASP[®] Composite Values Level of Service Analysis
History and Methodology**

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Composite Values Methodology (CVM) for Level of Service Analysis

A. Level of Service Analysis

Analysis of the existing parks, open space, trails, and recreation systems are often conducted in order to try and determine how the systems are serving the public. A Level of Service (LOS) has been typically defined in parks and recreation master plans as the capacity of the various components and facilities that make up the system to meet the needs of the public. This is often expressed in terms of the size or quantity of a given facility per unit of population.

Brief History of Level of Service Analysis

In order to help standardize parks and recreation planning, universities, agencies and parks and recreation professionals have long been looking for ways to benchmark and provide “national standards” for how much acreage, how many ballfields, pools, playgrounds, etc., a community *should* have. As examples, in 1906 the fledgling “Playground Association of America” called for playground space equal to 30 square feet per child. In the 1970’s and early 1980’s, the first detailed published works on these topics began emerging (Gold, 1973, Lancaster, 1983). In time “rule of thumb” **capacity** ratios emerged with 10 acres of parklands per thousand population becoming the most widely accepted standard application. Other normative guides also have been cited as “traditional standards,” but have been less widely accepted. In 1983, Roger Lancaster compiled a book called, “Recreation, Park and Open Space Standards and Guidelines,” that was published by the National Park and Recreation Association (NRPA). In this publication, Mr. Lancaster centered on a recommendation “that a park system, at minimum, be composed of a core system of parklands, with a total of 6.25 to 10.5 acres of developed open space per 1,000 population (Lancaster, 1983, p. 56). The guidelines went further to make recommendations regarding an appropriate mix of park types, sizes, service areas, and acreages, and standards regarding the number of available recreational facilities per thousand population. While the book was published by NRPA and the table of standards became widely known as “the NRPA standards,” for Level of Service Analysis, **It is important to note that these standards were never formally adopted for use by NRPA.**

Since that time, various publications have updated and expanded upon possible “standards,” several of which have also been published by NRPA. Many of these publications did benchmarking and other normative research to try and determine what an “average LOS” should be. It is important to note that NRPA and the prestigious American Academy for Park and Recreation Administration, as organizations, have focused in recent years on accreditation standards for agencies, which are less directed towards outputs, outcomes and performance, and more on planning, organizational structure, and management processes. The following table gives some of the more commonly and historically used “capacity standards”.

Common Historically-Referenced LOS Capacity “Standards”

Activity/ Facility	Recommended Space Requirements	Service Radius and Location Notes	Number of Units per Population
Baseball Official Little League	3.0 to 3.85 acre minimum 1.2 acre minimum	¼ to ½ mile Unlighted part of neighborhood complex; lighted fields part of community complex	1 per 5,000; lighted 1 per 30,000
Basketball Youth High school	2,400 – 3,036 vs. 5,040 – 7,280 s.f.	¼ to ½ mile Usually in school, recreation center or church facility; safe walking or bike access; outdoor courts in neighborhood and community parks, plus active recreation areas in other park settings	1 per 5,000
Football	Minimum 1.5 acres	15 – 30 minute travel time Usually part of sports complex in community park or adjacent to school	1 per 20,000
Soccer	1.7 to 2.1 acres	1 to 2 miles Youth soccer on smaller fields adjacent to larger soccer fields or neighborhood parks	1 per 10,000
Softball	1.5 to 2.0 acres	¼ to ½ mile May also be used for youth baseball	1 per 5,000 (if also used for youth baseball)
Swimming Pools	Varies on size of pool & amenities; usually ½ to 2-acre site	15 – 30 minutes travel time Pools for general community use should be planned for teaching, competitive & recreational purposes with enough depth (3.4m) to accommodate 1m to 3m diving boards; located in community park or school site	1 per 20,000 (pools should accommodate 3% to 5% of total population at a time)
Tennis	Minimum of 7,200 s.f. single court area (2 acres per complex)	¼ to ½ mile Best in groups of 2 to 4 courts; located in neighborhood community park or near school site	1 court per 2,000
Volleyball	Minimum 4,000 s.f.	½ to 1 mile Usually in school, recreation center or church facility; safe walking or bike access; outdoor courts in neighborhood and community parks, plus active recreation areas in other park settings	1 court per 5,000
Total land Acreage		Various types of parks - mini, neighborhood, community, regional, conservation, etc.	10 acres per 1,000

Sources:

David N. Ammons, *Municipal Benchmarks - Assessing Local Performance and Establishing Community Standards*, 2nd Ed., 2002

Roger A. Lancaster (Ed.), *Recreation, Park and Open Space Standards and Guidelines* (Alexandria, VA: National Recreation and Park Association, 1983), pp. 56-57.

James D. Mertes and James R. Hall, *Park, Recreation, Open Space and Greenways Guidelines*, (Alexandria, VA: National Recreation and Park Association, 1996), pp. 94-103.

In conducting planning work, it is important to realize that the above standards can be valuable when referenced as “norms” for capacity, but not necessarily as the target standards for which a community should strive. Each community is different and there are many varying factors which are not addressed by the standards above. For example:

- Does “developed acreage” include golf courses”? What about indoor and passive facilities?
- What are the standards for skateparks? Ice Arenas? Public Art? Etc.?
- What if it’s an urban land-locked community? What if it’s a small town surrounded by open Federal lands?
- What about quality and condition? What if there’s a bunch of ballfields, but they haven’t been maintained in the last ten years?
- And many other questions....

B. GRASP® Composite-Values Method (CVM) for Level of Service Analysis

In order to address these and other relevant questions, a new methodology for determining Level of Service was developed. It is called a **Composite-Values Methodology (CVM)** and has been applied in many communities across the nation since 2001, to provide a better way of measuring and portraying the service provided by parks and recreation systems. Primary research and development on this methodology was funded jointly by GreenPlay, LLC, a management consulting firm for parks, open space and related agencies, Design Concepts, a landscape architecture and planning firm, and Geowest, a spatial information management firm. While Composite-Values Methodology can be utilized by anyone, the proprietary trademarked name for the **CVM process** that these three firms use is called **GRASP® (Geo-Referenced Amenities Standards Process)**. The **GRASP®** name for the methodology for analysis is proprietary, but the CVM process is generic and the software used is common and typical for most agencies. The data and information collected is owned and can be updated and managed by the agency for ongoing usage.



For CVM analysis, capacity is only part of the LOS equation. Other factors are brought into consideration, including *quality, condition, location, comfort, convenience, and ambience*. To create GRASP® inventory and analysis, parks, trails, recreation, open space and any other relevant amenities and properties being studied are looked at as part of an overall infrastructure for a community made up of various components, such as playgrounds, multi-purpose fields, passive areas, etc. The methodology inventories characteristics that are part of the context and setting of a component. They are not characteristics of the component itself, but when they exist in proximity to a component they enhance the value of the component.

The characteristics of components include:

Quality – The service provided by anything, whether it is a playground, soccer field, or swimming pool is determined in part by its quality. A playground with a variety of features, such as climbers, slides, and swings provides a higher degree of service than one with nothing but an old teeter-totter and some “monkey-bars.”

Condition – The condition of a component within the park system also affects the amount of service it provides. A playground in disrepair with unsafe equipment does not offer the same service as one in good condition. Similarly, a soccer field with a smooth surface of well-maintained grass certainly offers a higher degree of service than one that is full of weeds, ruts, and other hazards.

Location – To receive service from something, you need to be able to get to it. Therefore, service is dependent upon proximity and access. All components are geographically located using GPS coordinates and GIS software.

Comfort – The service provided by a component is increased by having amenities. For example, outdoor components are often enhanced by attributes such as shade, seating, and a restroom nearby. Comfort enhances the experience of using a component.

Convenience – Convenience encourages people to use a component, which increased the amount of service that it offers. Easy access and the availability of trash receptacles, bike rack, or nearby parking are examples of conveniences that enhance the service provided by a component.

Ambience – Simple observation will prove that people are drawn to places that “feel” good. This includes a sense of safety and security, as well as pleasant surroundings, attractive views, and a sense of place. For example, a well-designed park is preferable to poorly-designed one, and this enhances the degree of service provided by the components within it.

Capacity is still part of the LOS analysis and the quantity of each component is recorded as well. By combining and analyzing the composite values of each component, it is possible to measure the service provided by a parks and recreation system from a variety of perspectives and for any given location. Typically this begins with a decision on “**relevant components**” for the analysis, collection of an accurate inventory of those components, analysis and then the results are presented in a series of maps and tables that make up the analysis of the study area.

Data for Analysis and Making Justifiable Decisions

All of the data generated from the GRASP[®] evaluation is compiled into an electronic database that is then available and owned by the agency for use in a variety of ways. The database can help keep track of facilities and programs, and can be used to schedule services, maintenance, and the replacement of components. In addition to determining LOS, it can be used to project long-term capital and life-cycle costing needs. All portions of the information are in standard

available software and can be produced in a variety of ways for future planning or sharing with the public.

It is important to note that CVM analysis provides not only accurate LOS and facility inventory information, but also works with and integrates with other tools to help agencies make decisions. It is relatively easy to maintain, updatable, and creates easily understood graphic depictions (analysis maps and/or “Perspectives”) of issues. Combined with a needs assessment, public and staff involvement, program and financial assessment, CVM analysis allows an agency to defensibly make recommendations on priorities for ongoing resource allocation along with capital and operational funding.

C. Inventory Data Collection Process

A detailed inventory of relevant components for the project is conducted. The inventory locates and catalogues all of the relevant components for the project, and evaluates each one as to how well it was serving its intended function within the system. The planning team first prepares a preliminary list of existing components using aerial photography and the community’s Geographic Information System (GIS). Components identified in the aerial photo are given GIS points and names according to a list of standard components.

Next, field visits are conducted by the consulting and project team staff to confirm the preliminary data and collect additional information. Additionally indoor facilities are scored and for the purposes of this study, each relevant space is considered a component and is scored based on its intended function. During the field visits and evaluations, any missing relevant components are added to the data set, and each component is evaluated as to how well it meets expectations for its intended function. During the site visits the following information is collected:

- Component type and location
- Evaluation of component condition
- Evaluation of comfort and convenience features
- Evaluation of park design and ambience
- Site photos and general comments

After the inventory is completed, it is given to the project team for final review and approval for accuracy.

D. Standardized Process for Scoring Components

Component Scoring

The approved inventory is the basis for the creation of values used in analysis. Each component received a functional score that is related to the quality, condition, and ability of the space to meet operational and programming needs.

For the GRASP® process, the range of scores for each component is as follows:

- **Below Expectations (BE)** – The component does not meet the expectations of its intended primary function. Factors leading to this may include size, age, accessibility, or others. Each such component is given a score of **1** in the inventory.
- **Meeting Expectations (ME)** – The component meets expectations for its intended function. Such components are given scores of **2**.
- **Exceeding Expectations (EE)** – The component exceeds expectations, due to size, configuration, or unique qualities. Such components are given scores of **3**.
- If the feature exists but is not useable because it is unsafe, obsolete, or dysfunctional, it may be listed in the feature description, and assigned a **score of zero (0)**.

If a feature is used for multiple functions, such as a softball field that is also used for T-Ball or youth soccer games, it is scored only once under the description that best fits the use that for which the component is designed.

Neighborhood and Community Scoring

Components are evaluated from two perspectives: first, the value of the component in serving the immediate neighborhood, and second, its value to the entire community.

Neighborhood Score

Each component is evaluated from the perspective of a resident that lives nearby. High scoring components are easily accessible to pedestrians in the neighborhood, are attractive for short and frequent visits, and are unobtrusive to the surrounding neighborhood. Components that do not have a high neighborhood score may not be located within walking distance of residents, may have “nuisance features” such as sports lighting, or may draw large crowds for which parking is not provided.

Community Score

Additionally each component is evaluated from the perspective of residents in the community as a whole. High scoring components in this category may be unique components within the parks and recreation system, have a broad draw from throughout the community, have the capacity and associated facilities for community-wide events, or are located in areas that are accessible only by car.

Indoor Components

Indoor components are generally thought to be accessible to the entire community, partially because it is often not financially feasible to provide indoor facilities at a walking distance from every distance from each residence. Additionally indoor facilities often provide programs and facilities that are geared to the community as a whole, or in larger communities, are intended for a region of the community. For these reasons, unless a detailed indoor analysis is completed, indoor facilities are given only one score.

Modifiers (Comfort and Convenience Features) Scoring

Outdoor Modifiers

Besides standard components, this inventory also evaluates features that provide comfort and convenience to the users. These are things that a user might not go to the parks specifically to use, but are things that enhance the users' experience by making it a nicer place to be and include: drinking fountains, seating, BBQ grills, dog stations, security lighting, bike parking, restrooms, shade, connections to trails, park access, parking, picnic tables, and seasonal and ornamental plantings. These features are scored as listed above with the 1-3 system. In this case it is not important to get a count of the number or size of these components; instead the score should reflect the ability of the item to serve the park.

Indoor Modifiers

For indoor facilities the comfort and convenience features change slightly to reflect the characteristics of the building. Building modifier categories include: site access, setting aesthetics, building entry function, building entry aesthetics, overall building condition, entry desk, office space, overall storage, and restrooms and/or locker rooms.

Activity and Sports Lighting

This modifier accounts for lighting that allows for component use in the evening/night hours and is applied to the quantity of the component as it affectively expands the capacity of the component. This modifier does not apply to security lighting.

Shade

Like Activity and Sports lighting, shade can be added to outdoor components to extend use beyond normal hours or seasons.

Design & Ambience Scoring

Using the same rating system that is used for components and modifiers, the quality of Design and Ambience is scored. Good design not only makes a place look nice, it makes it feel safe and pleasant, and encourages people to visit more often and stay longer

Trails Scoring

Trails can be scored as independent parks or greenways or as individual components within another park. The former type of trail receives its own set of scores for modifiers and design and ambience. The trail in the latter situation takes on the modifiers and design and ambience of the larger park in which it resides. Multi-use trails are assumed to consist of 3 components including one active component, one passive component, and the parcel itself. Because traveling the length of any given trail is time consuming, trail information is often collected with the aid of staff.

Ownership Modifier

This modifier is generally weighted with a percentage that is applied to the GRASP[®] score after other modifiers have been applied. It accounts for access and control of components that are provided by alternative providers. For example, in most cases components that are owned and managed by schools are given a 50% weighted ownership modifier, which halves the GRASP[®] score to account for the limited access that the neighborhood has to school facilities (it's only open to the public outside of school hours).

E. Calculating GRASP[®] Functional Scores

Once the components are inventoried and scored, calculations can be made for any combination of components to derive average scores, scores per combinations of various components, scores per sub-areas, etc., depending on the key issues being studied and objectives for the project. These are very helpful for analyzing area comparisons and setting of target scores for component service and agency target standards.

For example, a total composite GRASP[®] score for each individual component is determined by using the following formula:

$$\text{(total component score)} \times \text{(adjusted modifier score)} \times \text{(design and ambiance score)} \times \text{(ownership modifier)} = \text{Composite GRASP[®] Score}$$

These individual scores can be additively combined in various ways to examine service from various subsets of the agency's system.

F. GRASP[®] Perspectives and Target Scores

GRASP[®] scores are often used to create analysis maps, called **Perspectives**, to show the cumulative level of service available to a resident at any given location in the community service area. The scores provided blended quantitative values based on the number and quality of opportunities to enjoy an experience (or level of service) that exist in a reasonable proximity to the given location. Tables and charts are created along with the Perspectives to help provide quantitative and graphic analysis tools.

If a philosophy is adopted wherein the goal is to provide some minimum combination of opportunities to every residence, a GRASP[®] score can be calculated that represents this minimum. These scores can be used to create standards set for the agency to maintain a measurable level of service over time. A variety of Perspectives are created to analyze and depict the communities LOS through a variety of combinations and composites, depending on the key issues being studied.

Typical and Standard GRASP® Perspectives

Often Perspectives are created that analyze the actual level of service being obtained as compared to a “standard” target.

Neighborhood Composite

This Perspective depicts service from a neighborhood point of view. The target for analysis is that each resident will have access within 1/3 mile of their home to 4 recreation components and one recreational trail. Further expanded, the goal is to offer a selection of active and passive recreation opportunities (indoor or outdoor) to every residence, along with access to a recreational trail of which components, modifiers, and design and ambiance are meeting expectations.

Walkability (same as Neighborhood Composite but with only 1/3 mile buffers)

The idea for this target score and Perspective is that each resident will have access within 1/3 mile of their home to 4 recreation components and one recreational trail.

Perspectives showing Neighborhood LOS for one component

The target here is that each resident will have access within 1/3 mile of their home to the selected components of which the component, modifiers, and design and ambiance are meeting expectations.

Active (or Passive) Components

This target evaluates if each resident will have access within 1/3 mile of their home to 3 active (or passive) components. Further expanded, the goal is to offer at least 3 components, which equates to roughly half of the components provided in the minimum neighborhood composite scenario. These components can be either indoor or outdoor and will be provided within walking distance to every residence and have scores that meet expectations.

Note: Aside from meeting this goal, the mix of components also needs to be considered. For example, a home that is within 1/3 mile of four tennis courts and no other amenities would meet the basic numeric standard, but not the intent of the standard. Based on this, it is recommended that the target be to provide the minimum score to as many homes as possible, but also to exceed the minimum by some factor whenever possible.

G. GRASP® Project Technical Standards for GIS Data

The GRASP® Team utilizes the most up to date computer hardware and software to produce and enhance project-based GIS data. The following technical details are standard with all GRASP® Team projects.

- All GRASP® Team GIS workstations employ Microsoft® Windows® operating systems. All project files conform to PC-based architecture and extension naming standards.
- The GRASP® Team employs ESRI® ArcGIS™ 9.x for all GIS applications. Final project GIS data is submitted to the client in Microsoft® Access™-based Geodatabase (*.mdb) Feature Class format and/or Shapefile (*.shp/*.dbf/*.shx) format. ArcMap™ Layer files (*.lyr) are submitted to ease client replication of all project map legend formats. The

GRASP® Team will not resubmit original client source data that has not undergone enhancement.

- All final GIS datasets (deliverables) are submitted to the client using the geographic coordinate system(s) from the original client source data. The GRASP® team will assign a coordinate system that is most appropriate for the client location if the client does not require a predetermined standard coordinate system. Most GRASP® project data is submitted in State Plane Coordinates (Feet) with a NAD83/NAD83 HARN datum.
- The GRASP® Team employs Trimble® GPS units for all (spatial) field data collection. All data is collected with sub-foot and/or sub-meter accuracy when possible. All GPS data is post processed with Trimble® Pathfinder Office® software. All GPS data will be submitted to client as an ESRI®-based Geodatabase Feature Class or Shapefile.
- All GRASP® Perspectives and Resource Maps (deliverables) are submitted to the client in standard PDF and JPEG formats. The project PDFs are high resolution, print-ready files for scalable print operations. Most project map-based PDFs are 300dpi, 36"x24" images. The project JPEGs are lower resolution digital presentation-ready files for insertion into Microsoft® Office® productivity suite applications – MS Word®, MS Power Point®, etc. Most project map-based JPEGs are 300dpi 4x6" images.

H. Project Deliverables and Future Use

All information and deliverables described above are transmitted "as-is" to fulfill specific tasks identified in the scope of services for this contract. While these may be useful for other purposes, no warranties or other assurances are made that the deliverables are ready for such use.

The database can be modified to add, change, or delete information as needed by personnel trained in use of these standard software applications. For example, if new parks or facilities are constructed, the components of these may be added to the database to keep it current. The database may also be queried in a variety of ways to produce tables, charts, or reports for use in operations, management, and planning or other agency tasks. Such modification, updating, reformatting, or other preparation for use in other purposes is the sole responsibility of the client.

Similarly, the database information can be used to prepare a variety of maps and analysis perspectives using GIS software. Such use by the client is beyond the scope of this contract, and no warranties or assurances are made that the deliverables are ready or intended for such future use. If desired, the GRASP® Team can make such modifications, and/or prepare additional or updated maps or Perspectives upon request for a negotiated fee.

Appendix D: Programs and Services Offered by SBPRD

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South Bend Affordances Category Inventory Ages 10-14		Map ID	Catchment	Target Age Group 10	Season	Frequency/Year	Duration	Participation Units	Con / Non-Con	% retention	% cancellation rate	Waiting list	Social	Physical	Cognitive	Environmental	Indirect Economic	Healthy Living Contr	Fee per Unit	Unit fee Quartile	PerCent on Scholars	Cost per Unit	Agency Provided	Partnered / Facilitat	Rental
Ancillary Services																									
Leeper Tennis Center		L026	4	0	2	1	12 weeks		C,N	70	2	N	Y	Y	Y	N	Y	Y	\$30-\$120	2	0	\$100	Y	N	N
Rentals - Bounce Houses		ACROSS SYSTEM	4	0	0	YR	4hours		N	50	50	N	Y	Y		N	Y	Y	depends on bouncy	1		depends on bouncy	Y	N	N
Parties (Birthday)		L025, L029, L039	3	0	0	YR	2HRS						Y	Y	Y			Y	\$150			\$75			
Rentals - Entire Center/Facility -		L025, L029,	1	0	0	YR													\$40	3		\$40			
Volunteer opportunities n/a - See notes section (MLK)		L025, L029	3	0	0	YR							Y	Y	Y	Y	Y	Y	0				Y		
Aquatics Services																									
Splash Pads		L050, L025, L029, L206, L009	3	0	2,3,4	1	20 W		N	0%	0	0	Y	Y	Y	Y	Y	Y	0	0	0%	0	Y	N	N
Learn to Swim Spring		RILEY HIGH, CLAY HIGH	4	1,2,3	4	1	8 W	57	N	60%	0%	0	Y	Y	Y	Y	Y	Y	\$5	1	40%	\$11	Y	Y	N
Learn to Swim Summer		CLAY HIGH	4	1,2,3	2	1	6 W	140	N	60%	0%	0	Y	Y	Y	Y	Y	Y	\$5	1	60%	\$11	Y	Y	N
Family Swim		CLAY HIGH	4	0	4	1	10 W	24	N	60%	0%	0	Y	Y	Y	Y	Y	Y	\$3	1	0%	\$9	Y	Y	N
South Bend Swim Club		RILEY HIGH	4	1,2,3	0	YR	48 W	55	C	85%	0%	0	Y	Y	Y	Y	Y	Y	\$15	2	10%	\$9	Y	Y	N
Water Safety Program for Schools		ND UNIVER	4	2	4	1	10 W	65	N	0%	0%	0	Y	Y	Y	Y	Y	Y	\$0	0	0%	\$0	Y	Y	N
East Race Waterway		L011	4	0	2	1	9 W	340	N	55%	0%	0	Y	Y	Y	Y	Y	Y	\$5	1	0%	\$11	Y	N	N
Potawatomi Pool		L039	4	0	2	1	9 W	5,025	N	70%	0%	0	Y	Y	Y	Y	Y	Y	\$4	1	0%	\$9	Y	N	N
Kennedy Water Playground		L023	4	0	2	1	9 W	612	N	0%	0%	0	Y	Y	Y	Y	Y	Y	\$4	1	0%	\$9	Y	N	N
Day Camps																									
River City Skills and Drills		I004	3,4	1,2,3	2%	2	4,6 or 8 wks		N	< 10	N	Y	Y	Y				Y	\$45	1	less than 10	depends on # of	Y		
River City Cheer		I007	3,4	1	1,2,3	3	4,6,8 wks		N	< 10	N	Y	Y	Y				Y	\$45	1	less than 10	depends on # of	Y		
Nature Detectives (Rum Village)		L046	4	2	2	1	14 H	16	N	50%	0%	N	Y	Y	Y	Y	Y	Y	\$36	2	0%	\$8.50	Y	N	N
Wildwoods Video Nature Camp (Rum Village)		L046	4	2	2	1	25 H	2	N	100%	0%	N	Y	Y	Y	Y	Y	Y	\$50	2	0%	\$8.50	Y	N	N
Kids World		L206 IZAAK	4	1 & 2	2	1	10 weeks	23	N	75%	0%	N	Y	Y	Y	N	Y	Y	\$100	4	1%	\$3,011.15	Y	N	N
Camp Awareness		WALTON	4	1 & 2	2	1	10 weeks	189	N	75%	0%	N	Y	Y	Y	Y	Y	Y	\$100	4	0%	\$2,077.14	Y	N	N
Camp O'Brien Winter Break Camp		IOO7	4	1 & 2	1	1	2 weeks	N/A	N	75%	0%	N	Y	Y	Y	N	N	Y	\$100	4	N/A	N/A	Y	N	N
Spring Fling Spring Break Camp		L206	4	1 & 2	4	1	1 weeks	7	N	75%	0%	N	Y	Y	Y	N	N	Y	\$100	4	1%	\$991.00	Y	N	N
Summer Fun Camp (Charles Black)		L025	3	0	2	1	8wks	50	N	100%	0%	N	Y	Y	Y	Y	Y	Y	\$0			\$60 PER CHILD	Y	N	N

South Bend Affordances Category Inventory Ages 10-14		Map ID	Catchment	Target Age Group	Season	Frequency/Year	Duration	Participation Units	Con / Non-Con	% retention	% cancellation rate	Waiting list	Social	Physical	Cognitive	Environmental	Indirect Economic	Healthy Living Contr	Fee per Unit	Unit fee Quartile	PerCent on Scholars	Cost per Unit	Agency Provided	Partnered / Facilitat	Rental		
Non-Programmed / Drop-In Use - See notes section																											
Weight/Cardio Room (O'Brien)		I007	3	16+	yr	yr	visit	1300	n	75%	25%	n		y		y	y	y	\$10.00	2		\$9.00					
Potawatomi Zoo		L039	3	1&2	2,3,4	yr	visit	150,000	n	75%	25%	n	n	n	y	y	y	y	\$7.00	2	0%	\$10.00	y	y	y		
Skateboarding Park		L206	4	0-3	2,3,4	1	24 weeks	600	N	100	0	N	Y	Y	N	N	N	Y	Free	0			Y	Y	N		
Summer Parks (Loretta)		*	3	1,2,3	2%	1	8 wks	26,000	N	< 10	0	N	Y	Y	Y		Y	Y	0	0			Y	Y			
Climbing Wall		ACROSS SYSTEM, L011 FOR SUMMER	4	0	2,3,4	1	25W	500	N	80%	0%	N	Y	Y	Y	Y	Y	Y	\$1.25	1	0%	0%	Y	N	N		
Howard Park Ice Rink		L019	4	0	1	1	15W	3200	N	80%	0%	N	Y	Y	Y	Y	Y	Y	\$5.00	1	0%	0%	Y	N	N		
SOLO (Rum Village)		L046	4	0	1	1	13W	10	N	80%	0%	N	Y	Y	Y	Y	Y	Y	\$0	\$0	0	\$0	N	Y	N		
Nature Center Visitation		L046	4	0	0	YR	8H52W	1,500	N	50%	0%	N	Y	Y	Y	Y	Y	Y	\$0	\$0	0	\$0	Y	N	N		
Computer Lab (Charles Black)		I001	1	0	0	YR	8HRS.	60	N	100	0	Y	Y	Y	Y	Y	Y	Y	\$0				Y	N	N		
Game room (Charles Black)		I001	1	2	0	YR	8HRS.	60	N	100	0	N	Y	Y	Y	Y	Y	Y	\$0				Y	N	N		
Gymnasium (Charles Black)		I001	1	0	0	YR	8HRS.	150	C	100	0	Y	Y	Y	Y	Y	Y	Y	\$0			\$50	Y	N	N		
Weight/Cardio Room (Charles Black)		I001	3	3	0	YR	8HRS.	100	N	100	0	N	Y	Y	Y	Y	Y	Y	\$0			\$25	Y	N	N		
Computer lab (MLK)		I002	3	0	0	YR	2H						Y	Y	Y	Y	Y	Y	0	0			Y				
Game room (MLK)		I002	3	0	0	YR	2H						Y	Y	Y	Y	Y	Y	0	0			Y				
Gymnasium (MLK)		I002	3	0	0	YR	2H						Y	Y	Y	Y	Y	Y	0	0			Y				
Lounge/Community Living room (MLK)		I002	3	0	0	YR	2H						Y	Y	Y	Y	Y	Y	0	0			Y				
Weight/Cardio Room (MLK)		I002	3	0	0	YR	2H						Y	Y	Y	Y	Y	Y	0	0			Y				
Outdoor Recreation																											
Summer Fun Runs		L046	4	0	2	3	3W	25	C	90%	0%	N	Y	Y	Y	Y	Y	Y	\$3	1	0	\$0	Y	N	N		
Winter Fun Runs		L046	4	0	1	3	3W	25	C	90%	0%	N	Y	Y	Y	Y	Y	Y	\$3	1	0	\$0	Y	N	N		
Larry Morningstar Memorial Run		L046	4	2	2	1	3HR	356	C	85%	0%	N	Y	Y	Y	Y	Y	Y	\$0	0	0	\$0	Y	Y	N		
Summer Parks (Program)		*	3	1,2,3	2%	1	8 wks		N	< 10	0	N	Y	Y	Y		Y	Y	0	0			Y	Y			
Sports																											
Basketball		L001	4	1,2,3	1,3	2	6 or 8 wks		C	70-80	< 10	Y	Y	Y	Y			Y	\$62 or \$72	1	less than 10	depends on #	Y				
Jr Baseball		L001, L003	4	1	2	1	6-8wks		N	70 80	< 10	N	Y	Y	Y			Y	\$42	1	less than 10	on # of participant depends on # of	Y				
Flag Football (Bueno)		L206	4	1	2	1	4 wks		N	< 10	0	N	Y	Y	Y			Y	\$45	1	0		Y				
Flag Football (Ray)		L206	3	1,2	3	2	6 weeks		C	60%	2%	N	Y	Y	Y	N	Y	Y	55	3	0	51	Y	Y	N		
River City Basketball		i004, i007, Brown & Navarre Intermed.	3,4	1,2,3	1,2,3	3	6 weeks	2200	c	70%	30%	n	Y	Y				Y				Y	Y				
Special Events																											
Easter (Charles Black)		L025	3	0	4	1	2HRS.	50	N	100	0	0	Y	Y	Y	Y	Y	Y	\$5	2	40%	\$200.00	Y	N	N		
Halloween (Charles Black)		L025	3	0	3	1	2HRS.	100	N	100	0	0	Y	Y	Y	Y	Y	Y	\$5	2	40%	\$200.00	Y	N	N		
Neighborhood events (Charles Black)		L025	3	0	0	YR	4HRS	100	N	100	0	0	Y	Y	Y	Y	Y	Y	\$5-\$12	2	30%	\$300.00	Y	N	N		
Daddy/Daughter Dance		CENTURY CENTER	4	1,2	1	1	2.5 H 1 D	1038	N		0	0	Y	Y	Y	N	N	N	32		0		Y		N		
Mommy/Son Dance		CENTURY CENTER	4	1,2	1	1	2.5 H 1 D	385	N		0	0	Y	Y	Y	N	N	N	32		0		Y		N		
Kids' Triathlon		L039	4	1,2,	2	1	3 H 1 D	285	C		0	0	Y	Y	Y	N	N	Y	22		0		Y		N		
Mother's Day Equestrian Ride		POTATO CREEK STATE PARK	4	1,2,3,4	4	1	2 H 1 D	44	N		0	0	Y	Y	Y	N	N	N	46		0		Y		N		
Fall Family Equestrian Ride		POTATO CREEK STATE PARK	4	1,2,3,4	3	1	2 H 1 D	44	N		0	0	Y	Y	Y	N	N	N	46		0		Y		N		
Rum Village Fall Family Fun Fair		L046	4	1,2,3,4	3	1	5 H 1 D	4000	N		0	0	N	Y	Y	Y	N	Y	0		0		Y		N		
Mag		I007	4	1,2	2	2	3 H 1 W	24	N		0	0	Y	Y	Y	N	N	N	85		0	54.5	Y		N		



South Bend Affordances Category Inventory Ages 10-14		Map ID	Catchment	Target Age Group 10	Season	Frequency/Year	Duration	Participation Units	Con / Non-Con	% retention	% cancellation rate	Waiting list	Social	Physical	Cognitive	Environmental	Indirect Economic	Healthy Living Contr	Fee per Unit	Unit fee Quartile	PerCent on Scholars	Cost per Unit	Agency Provided	Partnered / Facilitat	Rental	
Arts in the Park		L039, L047, LL019	4	1,2	2	6	2 h 6D	356	N	0	0	0	Y	Y	N	Y	N	Y	0		0		Y		N	
Golf Services																										
Greens Fees/Rounds Studebaker		L052	1,2,3,4	2	2,3,4	Yr	38W	1,500	N	60%	0%	N	Y	Y	Y	Y	Y	Y	\$5	1	0%	\$0	Y	N	N	
Greens Fees/Rounds Elbel Weekday Junior		L013	1,2,3,4	2	2,3,4	Yr	38W	45	N	60%	0%	N	Y	Y	Y	Y	Y	Y	\$11	1	0%	\$0	Y	N	N	
Greens Fees/ Rounds Elbel Weekend Junior		L013	1,2,3,4	2	2,3,4	Yr	38W	12	N	60%	0%	N	Y	Y	Y	Y	Y	Y	\$11	1	0%	\$0	Y	N	N	
Greens Fees/Rounds Erskine Weekday Junior		L014	1,2,3,4	2	2,3,4	Yr	38W	154	N	60%	0%	N	Y	Y	Y	Y	Y	Y	\$11	1	0%	\$0	Y	N	N	
Greens Fees / Rounds erskine Weekend Junior		L014	1,2,3,4	2	2,3,4	Yr	38W	50	N	60%	0%	N	Y	Y	Y	Y	Y	Y	\$11	1	0%	\$0	Y	N	N	
Junior Golf (5-10, 15-17 years)		L052	1,2,3,4	1,2,3	2	1	3 h 10 w	320	N	60%	0%	N	Y	Y	Y	N	N	Y	\$9.00	1	0%	\$0	Y	N	N	
Junior Golf (10-14 years)		L052	1,2,3,4	1,2,3	2	1	3 h 10 w	520	N	60%	0%	N	Y	Y	Y	N	N	Y	\$9.00	1	0%	\$0	Y	N	N	
Tiny Tots (3-7 years)		L052	1,2,3,4	1	2	1	1 h 5 w	120	N	30%	0%	N	Y	Y	Y	N	N	Y	\$6.00	1	0%	\$0	Y	N	N	
Junior Tour (10-14 years)		L052, L014, L002	1,2,3,4	2,3	2	1	2.5 h 8 w	640	C	60%	0%	N	Y	Y	Y	N	Y	Y	\$12.50	1	0%	\$0	Y	N	N	
Junior Tour (14-18 years)		L052, L014, L002	1,2,3,4	2,3	2	1	5 h 8 w	392	C	60%	0%	N	Y	Y	Y	N	Y	Y	\$12.50	1	0%	\$0	Y	N	N	
Programmed Classes																										
Afternoons Rock After School Program		Navarre& Green Intermed., i002, i001	4	2	0	YR	6 or 8 wks		N	80	< 10	Y	Y	Y	Y	Y	Y	Y	0	0	Depends on	Y	Y			
In Class Presentations (RV)		L046	4	1,2	0	Yr	1H	260	N	50%	0%	0%	Y	Y	Y	Y	Y	Y	\$1	1	0%	0%	Y	Y	N	
Spring Field Trips (RV)		L046	4	1,2,3	4	50	1.5H	135	N	50%	0%	0%	Y	Y	Y	Y	Y	Y	\$2	1	0%	0%	Y	N	N	
Fall Field Trips (RV)		L046 (VARIES)	4	1,2,3	3	20	1.5H	40	N	50%	0%	0%	Y	Y	Y	Y	Y	Y	\$2	1	0%	0%	Y	N	N	
Non School Presentations at Rum Village (RV)		L046	4	0	0	Yr	1H	20	N	50%	0%	0%	Y	Y	Y	Y	Y	Y	\$1	1	0%	0%	Y	N	N	
Off Site Non School Presentations (RV)		VARIES	4	0	0	Yr	1H	38	N	50%	0%	0%	Y	Y	Y	Y	Y	Y	\$1	1	0%	0%	Y	N	N	
Library Programs (RV)		PUBLIC LIBRARYS	4	0	0	Yr	1H	18	N	50%	0%	0%	Y	Y	Y	Y	Y	Y	\$1	1	0%	0%	Y	N	N	
Gone Fishing		L036	3	1,2,3,3,4	2	4 weeks			N	50%	0%	Y	Y	Y	N	Y	Y	Y	0	0	0	0	Y	N	N	
ZUMBA (Charles Black)		I001	3	0	0	4	1HR	30	N	60%	0	N	Y	Y	Y	Y	Y	Y	\$5	4		\$25 PER HO	Y	N	N	
Zumbatonic (O'Brien)		I007	4	1,2	0	YR	2 hours/52 weeks	30	N	75%	3	N	Y	Y	Y	N	N	Y	\$5.00	1	1%	\$25.00/HR	Y	N	N	
Fit to Play		I007	4	1 & 2	1 3 4	4	8 hours	5	N	25%	50%	N	Y	Y	Y	N	N	Y	\$8	2	0%	\$17	Y	N	N	
Martial Arts		L036	4	0	0	YR	7-9 hours	110	N	75%	0%	N	Y	Y	Y	N	Y	Y	\$5	1	0%	\$12.00	Y	N	N	
General Recreation Services																										
Visual Arts (drawing, painting, photography, stained glass) (Charles Black)		I001	3	0	0	3	2HRS	30	N	50%	0	Y	Y	Y	Y	Y	Y	Y	\$10	3	10%	\$50	Y	N	N	
Miscellaneous or Enrichment Classes (Charles Black)		I001	3	0	0	3	2HRS	15	N	50%	0	Y	Y	Y	Y	Y	Y	Y	\$5-\$10	3	10%	\$100	Y	N	N	
Active Lifestyle - Classes (Senior or 50 and older) (MLK)		I002	3	5	0	YR							Y	Y	Y	Y	Y	Y	0	0	-	-	Y	Y	Y	
Active Lifestyle - Trips and Tours (Senior or 50 and older) (MLK)		I002	3	5	0	YR							Y	Y	Y	Y	Y	Y	0	0	-	-	Y	Y	Y	
Art Services (MLK)		I002	3	12	0	YR							Y	Y	Y	Y	Y	Y	0	0	-	-	Y	Y	Y	