



HEALTHY COMMUNITIES
SURVEILLANCE AND
MANAGEMENT TOOLKIT

RECOMMENDATIONS AND
WARRANT FROM YEAR ONE
ACTION PLAN SUMMARY FOR
YEAR TWO



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I. Executive Summary – Year One Report and Action Plan for Year Two

In 2011, South Bend Parks and Recreation Department (SBPRD) elected to work with GP RED's Healthy Communities Research Group (HCRG) to participate as a **Beta Site** to test *the Healthy Communities Surveillance and Management Toolkit* to 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 August 2011 to January 2012, information was collected through a process that included many staff and stakeholder meetings. Templates were created and used to compile digital data. From an analysis of these elements, the project moved to creation of a systems portfolio, development of strategic concepts for improvement, and future modeling for the purposes of articulation, prioritization, management, and surveillance of outcomes over time.

“Findings and Visioning Sessions” were held in January 2012 with staff and stakeholders to review the collected information and key findings from the work in Year One, and to determine priorities for moving forward in Year Two. A common Purpose Statement and Goals emerged:

The Purpose of the South Bend 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.***

The Priorities emerged into a **Warrant for Agency** and **Action Plan** for Year Two under general **Themes** with specific actions, outcomes, responsibilities, timeline, and funding impacts.

The Primary Action Themes for Year Two for South Bend AYI are:

1. Conduct an Educational Campaign to Change Culture and Perceptions
2. Collect More South Bend-Specific Data
3. Increase Affordances – Opportunities to Participate
4. Identify Key Asset (Built Environment) Improvements by Census Tract/Neighborhood
5. Continue to Refine and Test the HCRG Surveillance and Management Toolkit and Evaluation

The following pages provide an overview of the project, more detail on the priorities, and the **Action Plan**.

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II. 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.

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.

A. Background of the Healthy Communities Surveillance and Management Project

Since 2009, the **Healthy Communities Research Group** (GP RED working with 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 team for South Bend includes SBPRD staff, with Matthew Moyers, Project Manager, and:

GP RED Healthy Communities Research Group - Project Team

Teresa Penbrooke, CPRE, MAOM, GP RED and GreenPlay, LLC, Project Manager

Contact: TeresaP@GPRED.org or 303-870-3884 www.GPRED.org www.GreenPlayllc.com

Working with:

- Rob Layton, FASLA, Design Concepts
- David M. Compton, MS, MPH, E.D., Professor Emeritus, Department of Environmental Health,
- Indiana University; Research Consultant for GP RED
- Kiboum Kim, Ph.D., Researcher, Indiana University – Bloomington

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.

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 of 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 27, 2012

Details of each of these steps can be found in the Year One Findings Report, provided separately.

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 implement action items, 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.”**

III. South Bend HCRG Priorities for Year Two

The following list is a summary of the key findings identified and discussed during the Findings and Visioning Sessions for Year One in January 2012. In order to affect positive change, increase active living benefits, and reduce obesity for youth in South Bend, the South Bend Parks and Recreation Department needs to work with the community to:

1. Conduct an Educational Campaign to Change Culture and Perceptions

- a. Initiate and utilize SBPRD **Active Youth Initiative (AYI)** Purpose:

The staff from South Bend and key stakeholders agreed that there should be an ongoing effort and initiative, and that currently there is not an “umbrella organization” to lead this effort. One key element is that this is not an initiative only for the SBPRD, but also includes the many other governmental, private, non-profit, and faith-based organizations within the City working together to fulfill the following purpose and goals for the initiative:

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.***

There are a variety of channels for creating better awareness and communicating. Some of them include:

- b. Get parents involved and educated
- c. Ongoing organized work with partners and collaborators:
 - i. Assign staff AYI Liaison and Outreach Coordinator
 - ii. Compile and manage master list of all organizations working with this age group
 - iii. Offer to collaborate for purpose – umbrella lead agency
 - iv. Reciprocal listings of programs and missions
 - v. Training of registration/programmers on availability
 - vi. Quarterly meeting to discuss potential alliances
 - vii. Request specific liaisons from partnering agencies (police, schools, partners)
- d. Realistic/positive/media/communications campaign
- e. Utilize national tactics: Let’s Move – active families/www.livewell.org/other cities
- f. Change perception of overweight youth – create a realistic view of healthy BMI and utilize and convey healthy youth BMI guidelines (see chart on next page)
- g. Implement “Safe City” concepts
- h. Initiate a “Prescription to Play” program with physicians/hospitals
- i. Create policy guidelines for internal food availability for all affordances, and support improved nutritional guideline for schools and other providers

Figure 1: Body Mass Index Table for Children

Body Mass Index Table for Children

Form Should be used with accompanying BMI charts from CDC.

Height (inches)	Normal					Overweight					Obese										Extreme Obesity											
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
25	17	18	19	20	20	21	22	23	24	25	26	27	28	28	29	30	31	32	33	34	35	36	36	37	38	39	40	41	42	43	44	44
26	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	38	39	40	41	42	43	44	45	46	47	48
27	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	43	44	45	46	47	48	49	50	51	52
28	21	22	23	25	26	27	28	29	30	31	32	33	35	36	37	38	39	40	41	42	43	45	46	47	48	49	50	51	52	54	55	56
29	23	24	25	26	28	29	30	31	32	33	35	36	37	38	39	41	42	43	44	45	47	48	49	50	51	52	54	55	56	57	59	60
30	24	26	27	28	29	31	32	33	35	36	37	38	40	41	42	44	45	46	47	49	50	51	52	54	55	56	58	59	60	61	63	64
31	26	27	29	30	31	33	34	36	37	38	40	41	42	44	45	46	48	49	51	52	53	55	56	57	59	60	62	63	64	66	67	68
32	28	29	31	32	34	35	36	38	39	41	42	44	45	47	48	50	51	52	54	55	57	58	60	61	63	64	66	67	68	70	71	73
33	29	31	33	34	36	37	39	40	42	43	45	46	48	50	51	53	54	56	57	59	60	62	64	66	67	68	70	71	73	74	76	77
34	31	33	35	36	38	39	41	43	44	46	48	49	51	53	54	56	58	59	61	62	64	66	67	69	71	73	74	76	77	79	81	83
35	33	35	37	38	40	42	44	45	47	49	51	52	54	56	58	59	61	63	64	66	68	70	71	73	75	77	78	80	82	84	86	87
36	35	37	39	41	42	44	46	48	50	52	53	55	57	59	61	63	65	66	68	70	72	74	76	77	79	81	83	85	87	89	90	92
37	37	39	41	43	45	47	49	51	53	55	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	93	95	97
38	39	41	43	45	47	49	51	53	55	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	97	99	101	102
39	41	43	45	48	50	52	54	56	58	61	63	65	67	69	71	74	76	78	80	82	84	87	89	91	93	95	97	100	102	104	106	108
40	43	46	48	50	52	55	57	59	61	64	66	68	71	73	75	77	80	82	84	86	89	91	93	96	98	100	102	105	107	109	112	114
41	45	48	50	53	55	57	60	62	65	67	69	72	74	77	79	81	84	86	88	91	93	96	98	100	103	105	108	110	112	115	117	120
42	48	50	53	56	58	60	63	65	68	70	73	75	78	80	83	85	88	90	93	95	98	100	103	105	108	110	113	115	118	120	123	125
43	50	53	55	58	60	63	66	69	71	74	76	79	82	84	87	89	92	95	97	100	103	105	108	110	113	116	118	121	124	126	129	132
44	52	55	58	61	63	66	69	72	74	77	80	83	85	88	91	94	96	99	102	105	107	110	113	116	118	121	124	127	129	132	135	138
45	55	58	60	63	66	69	72	75	78	81	84	86	89	92	95	98	101	104	107	109	112	115	118	121	124	127	130	133	136	138	141	144
46	57	60	63	66	69	73	75	78	81	84	87	90	93	96	99	102	105	108	111	114	117	120	123	126	129	132	135	138	141	144	147	150
47	60	63	66	69	72	75	79	82	85	88	91	94	97	101	104	107	110	113	116	119	123	126	129	132	135	138	141	145	148	151	154	157
48	62	66	69	72	75	79	82	85	88	92	95	98	102	105	108	111	115	118	121	125	128	131	134	138	141	144	147	151	154	157	161	164
49	65	69	72	75	79	82	85	89	92	96	99	102	106	109	113	116	120	123	126	130	133	137	140	143	147	150	154	157	161	164	167	171
50	68	71	75	78	82	85	89	92	96	100	103	107	110	114	117	121	124	128	132	135	139	142	146	149	153	156	160	164	167	171	174	178
51	70	74	78	81	85	89	92	96	100	104	107	111	115	118	122	126	129	133	137	141	144	148	152	156	160	163	166	170	174	178	181	185
52	73	77	81	85	88	92	96	100	104	108	112	115	119	123	127	131	135	139	142	146	150	154	158	162	165	169	173	177	181	185	188	192
53	76	80	84	88	92	96	100	104	108	112	116	120	124	128	132	136	140	144	148	152	156	160	164	168	172	176	180	184	188	192	196	200
54	79	83	87	91	95	100	104	108	112	116	120	124	129	133	137	141	145	149	153	158	162	166	170	174	178	183	187	191	195	199	203	207
55	82	86	90	95	99	103	108	112	116	120	125	129	133	138	142	146	151	155	159	164	168	172	176	181	185	189	194	198	202	207	211	215
56	85	89	94	98	103	107	112	116	120	125	129	134	138	143	147	152	156	161	165	170	174	178	183	187	192	196	201	205	210	214	219	223
57	88	92	97	102	106	111	116	120	125	129	134	139	143	148	153	157	162	166	171	176	180	185	189	194	199	203	208	213	217	222	226	231
58	91	96	100	105	110	115	120	124	129	134	139	144	148	153	158	163	167	172	177	182	187	191	196	201	206	211	215	220	225	230	234	238
59	94	99	104	109	114	119	124	129	134	139	144	149	154	158	163	168	173	178	183	188	193	198	203	208	213	218	223	228	233	238	243	248
60	97	102	108	113	118	123	128	133	138	143	149	154	159	164	169	174	179	184	189	195	200	205	210	215	220	225	230	236	241	246	251	256

A child greater than 60 inches tall can be plotted utilizing an adult BMI table.



Pennsylvania Dietetic Association
 An Affiliate of the American Dietetic Association
 PO Box 60870 ~ Harrisburg, PA 17106-0870 ~ (717) 236-1220
www.eatrightpa.org

Sample Youth BMI Chart

2. Collect more South Bend-Specific Data

Year One work revealed that there are gaps in available information, especially pertaining to specific information on South Bend youth. Some options for additional information gathering are:

- a. Conduct a statistically-valid and/or informational youth surveys, including gathering such information as:
 - What do they do?
 - What do they need? - Most important assets and affordances
 - What is their mode of transportation? - How far can they walk/bike alone?
 - Why are they not more active now?
 - What are the cost/access issues?
 - What is their current height/weight/age (baseline BMI data)?
 - What is their perception of safety – causes/issues?
- b. Get crime data by census tract/neighborhood
- c. Set-up financial templates to collect youth program data separately
- d. Create full partner/collaborators/other providers lists
- e. Conduct intercept surveying of youth at various locations to estimate usage data.

3. Increase Affordances – Opportunities to Participate

There is an identified but lower priority need to increase opportunities for youth to participate in additional programs and services. This does not necessarily mean that the SBPRD must provide more programs, but they can act as facilitators to create awareness of additional agencies that are also already offering programs.

Key Conclusions from the Affordances Analysis

The Year One affordances analysis suggests 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 may not be 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 additional analyses can help to decide where to add new affordances and locations.

Some elements that will help create awareness and availability of programs include:

- a. More targeted educational programs for youth
- b. Working with partners to offer more programs at more locations
- c. Teaching goal setting/identification of healthy weight/healthy nutrition in all youth programs
- d. Incorporating “Activity for Life” concepts
- e. Creating “Active Families” – including more programs and events for families
- f. Partnering with community gardens to educate and distribute produce
- g. Ongoing management of the affordances data set

4. Identify Key Asset (Built Environment) Improvements by Census Tract/Neighborhood

Facilitating additional improvements in the built and natural environment can help provide more opportunities for participation and active living.

Assets Key Conclusions

A key conclusion from the Assets analysis 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.

Going into Year Two, the primary opportunities include:

- a. Meeting with key stakeholders (planning, bike groups, trail groups, walkers, parents, youth) to identify known connectivity trouble areas for sidewalks/crossings and trails
- b. Using census tract level for more detailed Level of Service analysis – determining where deficiencies exist in specific assets most important to youth
- c. Ongoing management of Assets data set

5. Continue to Test, Validate, Monitor, Evaluate, and Improve the AYI, and the Surveillance and Management Toolkit

SBPRD is prepared to engage other stakeholders and agencies in a campaign to reduce youth obesity through the AYI. In this regard, the primary recommendation is to conduct ongoing meetings 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 physical activity and healthy living among children and youth in South Bend to reduce levels of obesity.

Stella® Modeling

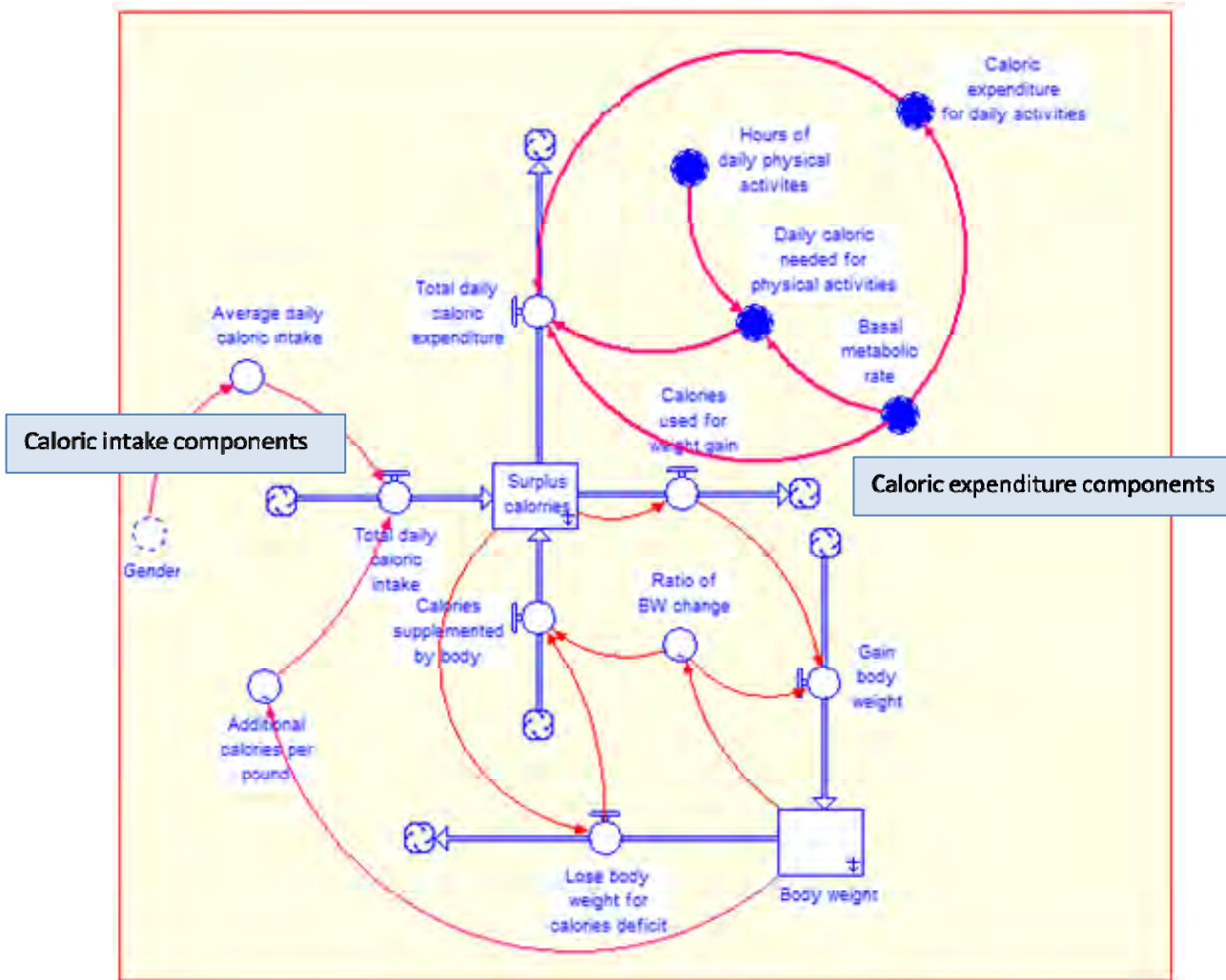
This Beta Site project is being used to create, test, and validate the potential use of systems thinking and management tactics (Stella® 9.1). The software program is employed to provide stakeholders, managers and other policy makers to simulate the effects of collaborative efforts to strategically increase 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 several 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, and 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.

Figure 2: Body Weight Module

Body Weight Module

Surplus calories - (intake & expenditure)

The amount of surplus calories is a product of the balance between calories intake and expenditure.



A sample module, prepared by Kiboum Kim, PhD, Indiana University

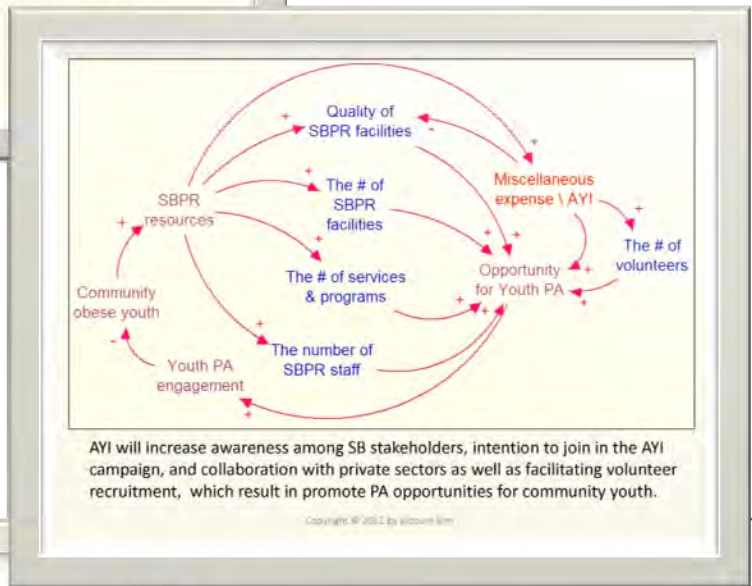
Figure 3: A Preliminary Module for the South Bend AYI – Year Two

Warrant for Action

The City of South Bend, IN will initiate a campaign to increase active living among 10-14 year old youth in the next [insert time period] through a multi-agency, city wide Active Youth Initiative (AYI). This campaign will be spearheaded by the SBPRD. AYI intends to increase active living among the most vulnerable South Bend 10-14 year old youth as well as reduce the prevalence of obesity among this population by [insert % figure] over a five year period. AYI will accomplish this with the following:

- 1) increasing awareness by [insert % figure] among South Bend stakeholders (parents, youth serving agencies, public health and medical services, business and industry, and civic leaders);
- 2) increase the level of intention by [insert % here] of SB stakeholders to officially join in the AYI campaign;
- 3) increase by [insert % here] of support for AYI in the form of staff time, funding, asset use, or affordances directly related to the target population;
- 4) become directly involved as a member of AYI Board of Directors [NOTE: could be Steering Committee, Advisory Board, etc.]

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Theoretical simulation of youth obesity in South Bend

The red line represents no action is taken by SB stakeholders.

The blue line represents intentional and managed actions taken by SB stakeholders.

Trend in prevalence of obese youth over 10 years

NOTE: The gap between these lines represents the number of obese youth who will require additional health care, have reduced capacity to carry out daily life activities or work!

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Implementation and Evaluation

Recommendations have been created for Year Two, including fully determining the Warrant for Future Action. The HCRG will work with staff and partnering collaborators to determine the following:

- a. Composition of the AYI, including a formal coalition or organizational structure (e.g.) alliance, initiative, etc., and its charter to insure full engagement across the municipality, along with its sustainability over time.
- b. Assistance 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.
- d. Utilization of information, including pertinent indicators, to influence policies pertinent to children and youth.

The HCRG will assist the SBPRD and the newly established AYI 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 the AYI 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.

Action Plan

As we move forward into Year Two, it is recommended that:

- This project is a priority for SBPRD and that the agency and collaborating partners move forward with Year Two Recommendations and the AYI.
- The HCRG will facilitate steps as needed, and provide additional reporting, evaluation, modeling, and ongoing assistance with specific tasks.
- The HCRG will incorporate Stella® Modeling scenarios for those steps that can be applicable.
- The HCRG will edit Templates and Toolkit for additional Beta Sites to:
 - Create a template for crime statistics collection
 - Improve the financial information collection template

The following pages outline a **Warrant for Agency Action Summary for South Bend**, determined with South Bend staff input, including desired measurable outcomes, identification of responsibilities, funding impacts as known, and desired timeline.

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SBPRD - Draft Warrant for Agency Action - Active Youth Initiative (AYI) Action Plan for Year Two 2012 - 2013

To Increase Active Living among 10 -14 Year Olds - Actions That Will Be Initiated



Action	Measures/Outcomes	Responsibility	Funding?	Timeline
1. Conduct an Educational Campaign to Change Culture and Perceptions				
a. Initiate and utilize SBPRD Active Youth Initiative (AYI)	i. Initiative has purpose and is communicated	Marketing/ all staff w/ HCRG	Costs are time and perhaps some printing and advertising	2nd Quarter 2012 - ongoing
b. Get parents involved and educated	i. Create activities for youth with the families	SPRPD and partners	TBD	Begin integrating 3rd quarter then ongoing
	ii. Education outreach efforts through AYI and partners	All partners	TBD	Begin integrating 3rd quarter then ongoing
c. Ongoing organized work with partners	i. Assign staff AYI Liaison and Outreach Coordinator	South Bend Park Director	Possible part-time position or as support or to free up another person	Undetermined until cost and ramifications are more clear.
	ii. Compile and manage master list of all orgs working with this age group	South Bend AYI Outreach Coordinator - Partnership organizations.	Only recognized expense is access to computer and labor	Completed 3rd quarter 2012 - ongoing maintenance
	iii. Offer to collaborate for purpose – umbrella lead agency	South Bend Parks AYI team	Costs are time and perhaps some printing and advertising	Year Two - Launch Date
	iv. Reciprocal listings of programs and missions	South Bend AYI Outreach Coordinator - Partnership organizations.	Time and support costs	4th quarter - 2012 - then ongoing maintenance
	v. Training of registration/programmers on availability	South Bend Parks Office Manager - Recpical partnership organizations	Absorbable in normal operations	Ongoing as the information becomes available
	vi. Quarterly meeting to discuss potential alliances	South Bend AYI Outreach Coordinator - Partnership organizations.	TBD	Immediately, continuing
	vii. Request specific liaisons from partnering agencies (police, schools, partners)	South Bend AYI Outreach Coordinator - Partnership organizations. Specifically R.O.C.	TBD	Immediately, continuing
d. Realistic/positive/media/communications campaign	i. Either a completely new campaign would be launched with a new expense or existing outlets and tools would be used.	Parks Marketing/all staff/partnership agencies	Possible grant research for a larger campaign as a possibility	2nd Quarter 2012 - ongoing
e. Utilize national tactics - Let's Move – active families / www.livewell.org / other cities	i. Self-education on these initiatives is a critical part of the quarterly meetings and ongoing trends analysis	South Bend AYI Outreach Coordinator - Partnership organizations.	TBD - different initiatives will likely have different needs	2nd Quarter 2012 - ongoing
f. Change perception of overweight youth – realistic view of healthy BMI	i. Utilize and convey healthy youth BMI for this age group	South Bend AYI Outreach Coordinator/ park programmer staff/ partner efforts	TDB - a large media campaign will have expense	3rd Quarter 2012 - ongoing incorporation into existing
g. Implement and communicate Safe City concepts	i. Identify and find partners to implement Safe City concepts	All City Departments and entities (current administration support?)	TBD	Current, ongoing
h. Prescription to Play program with physicians/hospitals	i. Create program and implement outreach to medical staff	Through Partnership organizations. Having the programs and providers list should make	TBD - Possibly some printing costs.	Functioning program by 4th quarter, 2012
i. Provide guidelines for Food availability	i. create policy guidelines for internal food availability for all affordances and support improved nutritional guideline for schools and other providers	Park Administration Team	staff time	2nd quarter 2012, approved by Park Board

Action	Measures/Outcomes	Responsibility	Funding?	Timeline
2. Collect more South Bend specific data				
a. Conduct a statistically-valid youth survey	i. survey will be funded and conducted in Year Two	TBD w HCRG and staff	TBD	By end of Year Two
b. Get crime data by census tract/neighborhood	i. make contaact and get data	South Bend Project Coordinator from South Bend Police	Staff time	2nd Quarter, 2012
c. Set-up financials to collect youth program data separately	i. identify better templates and tracking	SBPRD Park Fiscal w HCRG	Staff time	by 3rd quarter, 2012
d. Create and manage full partner/collaborators/other providers lists	i. same as Task 1.C.ii	South Bend AYI Outreach Coordinator - Partnership organizations.	access to computer and labor	Completed 4th quarter - ongoing maintenance
e. Conduct intercepts surveying of youth at drop-in locations to estimate age group usage data.	i. Design, deployment, and analysis of useful surveys	Park Programmers and HCRG	TBD - survey design/adminitration might	Possible deployment 3rd Quarter 2012
3. Increase Affordances – opportunities to participate				
a. More Targeted educational programs for youth	i. Facilitate availability of more targeted programs for youth	SBPRD and partners	TBD - programs often come with expense	TBD - a least one additional Park education program by
b. Work with partners to offer more programs at more locations	i. Increase available opportunities and awarens	Park Recreation Director - wth partnership organizations after analysis of current	TBD - programs often come with expense	TBD - a least one additional Park education program by
c. Teach goal setting/identification of healthy weight/healthy nutrition	i. Incorporate in current programming and Consider new programming	Parks Recreation Department	staff time	Incorporation - 3rd quarter New Programs - TBD
d. Incorporate Activity for Life concepts	i. Identify outline and integration of concepts	Parks Recreation Department	staff time	Immediately after training
e. Promote active families – programs and events for families	i. Education that reaches the family including activities that family as a unit can be involved in.	Parks Recreation Department, all partner organizations	TBD	TBD
f. Partner with community gardens to educate and distribute produce	i. Identify liaisons and outline programs	Partners and SBPRD	staff time	Ongoing, expand operations, 2nd quarter
g. Ongoing management of Affordances data set	i. For Parks program and include expansion to include other providers in community	Project Coordinator and HCRG	staff and HCRG	Ongoing, expanded by end of year.
4. Identify key asset (built environment) improvements by Census Tract/Neighborhood				
a. Meet with key stakeholders	i. Meet with stakeholders such as planning, bike groups, trail groups, walkers, parents) to identify known connectivity trouble areas for sidewalks/crossings and trails	AYI Coordinator, Project coordinator, with HCRG	staff and HCRG	2nd Quarter 2012 - ongoing semi-annually
b. Use census tract level for LOS analysis	i. Detail where are deficiencies in specific assets most important to youth	staff and HCRG	HCRG w/ staff time	Year Two
g. Ongoing management of Assets data set	i. annually review data set and add new components when identified	AYI Project Coordinator w/ HCRG	Staff time	Ongoing, expanded by end of year.
5. Move Forward with Year Two testing, validation, evaluation, modeling, and monitoring of AYI and the HCRG Toolkit				
a. Implement Action Plan and Additional Evaluation	i. Work with HCRG to update Beta Test of Toolkit for Year Two	staff and HCRG	HCRG w/ staff time	Year Two



