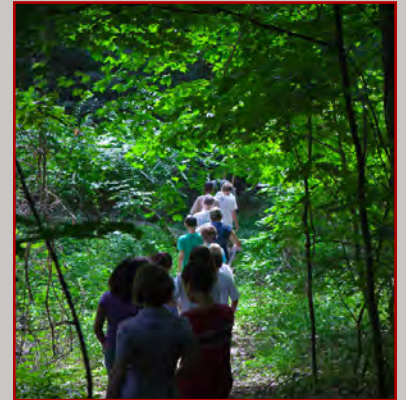


SOUTH BEND PARKS AND RECREATION



HEALTHY COMMUNITIES SURVEILLANCE AND MANAGEMENT TOOLKIT

BETA SITE PROJECT
SUMMARY REPORT FOR YEAR THREE – 2013

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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**Thank You to all of the Department's Participating Partners
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Executive Summary

In 2011, the South Bend Parks and Recreation Department (SBPRD) began work with GP RED's Healthy Communities Research Group (HCRG) (www.GPRED.org) to participate in a three-year project as a **Beta Site** to test *the Healthy Communities Surveillance and Management Toolkit*. This project is designed to analyze, document, and evaluate the five primary systematic assessment elements for positioning of parks and recreation as a primary public health provider, and to look at **increasing physical activity and reducing obesity** in South Bend by:

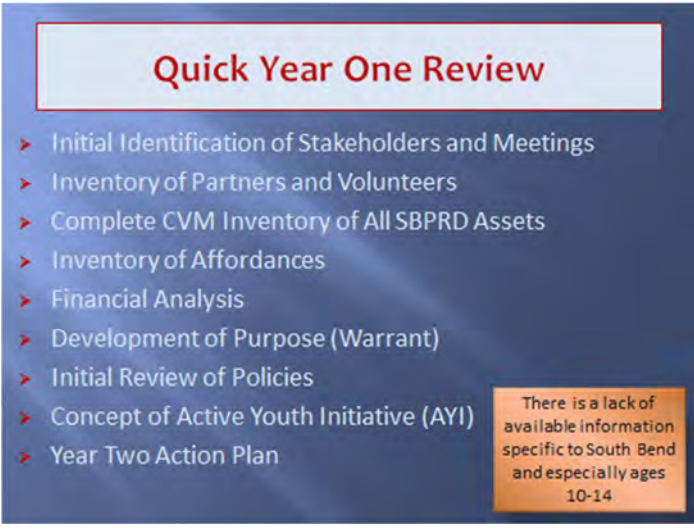
- **Convening Community Stakeholders and Champions** – Residents? Partners? Providers?
- **Creating a Warrant for Agency Action** – Why? Who? What is the Impact?
- **Evaluating Policies, Laws, and Procedures** – What is influencing active living in South Bend?
- **Identifying Fiscal Resources and Distribution**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

In **Year One**, information for South Bend was collected through a process that included many staff and stakeholder meetings, identifying community champions and partners. Templates were used to compile digital data for development of strategic concepts for improvement and articulation, prioritization, management, and surveillance of outcomes over time. There is a focus on children ages 10-14 for the HCRG, but templates are designed for use by SBPRD for analysis of all ages if desired. "Findings and Visioning Sessions" were held with staff and stakeholders to review the key findings from the work in **Year One**, and to determine priorities for moving forward in **Year Two**. **Year Three** included stakeholder continuation of Action Items, along with focus on continued measurement, funding, and viability of the initiatives on an ongoing basis after Year Three.

Year One was focused on identifying the over 80 stakeholders (SBPRD, St. Joseph County Public Health, Schools, public works, planning, transportation, police, private and non-profit alternative providers, etc.). Information was collected and the concept and catalyst for the organized "**Active Youth Initiative**" (AYI) was born.

Key Themes for Action in Year One were to:

- Conduct an Educational Campaign to Change Culture and Perceptions
- Collect More South Bend-Specific Data
- Increase Awareness and Available Programs
- Identify Key Asset (Built Environment) gaps by neighborhood for walkability analysis
- Continue to Refine and Test the HCRG Surveillance and Management Toolkit and Evaluation

A presentation slide titled "Quick Year One Review" in red text on a light blue background. Below the title is a list of ten items, each preceded by a red arrowhead. The items are: Initial Identification of Stakeholders and Meetings, Inventory of Partners and Volunteers, Complete CVM Inventory of All SBPRD Assets, Inventory of Affordances, Financial Analysis, Development of Purpose (Warrant), Initial Review of Policies, Concept of Active Youth Initiative (AYI), and Year Two Action Plan. In the bottom right corner, there is a small orange box with black text that reads: "There is a lack of available information specific to South Bend and especially ages 10-14".

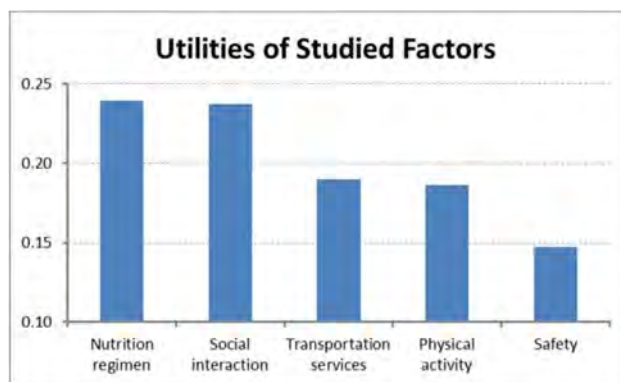
Quick Year One Review

- Initial Identification of Stakeholders and Meetings
- Inventory of Partners and Volunteers
- Complete CVM Inventory of All SBPRD Assets
- Inventory of Affordances
- Financial Analysis
- Development of Purpose (Warrant)
- Initial Review of Policies
- Concept of Active Youth Initiative (AYI)
- Year Two Action Plan

There is a lack of available information specific to South Bend and especially ages 10-14

A key issue identified in Year One is that the culture of South Bend is such that many parents simply do not realize that their children are overweight or obese, so education and awareness is very important. There needs to be more walkable programs and places, and the City must partner with the County, Schools, and private/non-profit partners to make improvements.

In **Year Two**, the SBPRD sponsored the facilitation and organization of the AYI with monthly meetings. Robin Meleski from St. Joseph County Public Health Department became Chair of the AYI, and SBPRD became actively involved with a seat on the Steering Committee for the Reducing Obesity Coalition and other County-wide planning efforts, thus increasing the Department's role and influence. In addition, the Department updated the assets and program inventories, financial analysis, and used a Multi-Attributes Utilities Technique (MAUT) process to identify policy factors and indicators that are most influencing these issues in South Bend.



The **Year Three Action Plan** includes a focus on **positive policy and internal actions** related to the top five South Bend SMT MAUT indicators:

1. Nutritional Education
2. Social Environment and Awareness
3. Availability of Healthy Food
4. Relevancy of Programs for Physical Activity
5. Accessibility to Connect/Transportation/ Safety

Primary AYI Accomplishments

- ✓ Created an organized formal resource in South Bend to deal with this issue with 20+ active partners
- ✓ Helped to create the "Passport to Play" Programs
- ✓ Initiated an "AYI Facebook Page"
- ✓ Created a "Prescription to Play" program with area physicians, enabling them to write "prescriptions" for activities at the South Bend Kroc Center, YMCA, and SBPRD facilities
- ✓ Continued to Identify and add Alternative Providers to the group and facilities inventory

Primary South Bend Parks and Recreation Accomplishments

- ✓ Enacted AYI Marketing and Awareness Campaign
- ✓ Identified over 80 community Partners and Champions
- ✓ Focused Programming Improvements within the Department
- ✓ Adopted a Nutrition Policy
- ✓ Updated analysis of the assets and programs available
- ✓ Became a national medal-winning "Let's Move City"
- ✓ Became "umbrella organization" for these issues in South Bend



Focus for Year Three Actions and Beyond (See the Full Year Three Report for Details – available from SBPRD)

- ❖ Identify funding, grants, and ongoing resources to continue to address this important issue
- ❖ Continue the educational campaigns to help change perceptions and awareness
- ❖ Collect more South Bend youth-specific information through statistically-valid surveying and youth surveying in conjunction with schools, with ongoing evaluation of the outcomes
- ❖ Use the South Bend MAUT nominal group process indicators to enact positive policies and internal practices and useful indicators for Stella Modeling
- ❖ Workshop through the analytical mapping by zip codes to identify future program location and capital improvement opportunities to increase walkable access
- ❖ Adopt safety inventory practices and policy as needed
- ❖ Implement ongoing Action Plan and community master planning, with outcomes and evaluation
- ❖ Continue to emphasize relationships with St. Joseph County, schools, other governmental agencies, non-profits, and for-profit partners to further evoke a culture for change and to increase physical activity and reduce obesity in South Bend

For more information, contact Matthew Moyers, SBPRD, (574) 235-7499, mmoyers@southbendin.gov

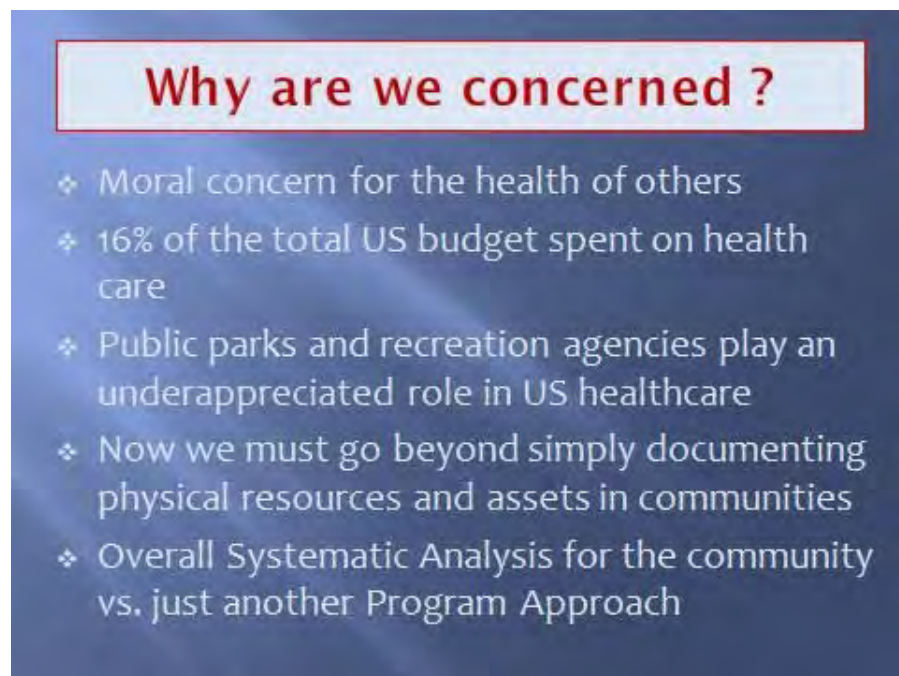
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I. Introduction and Warrant for Agency Action

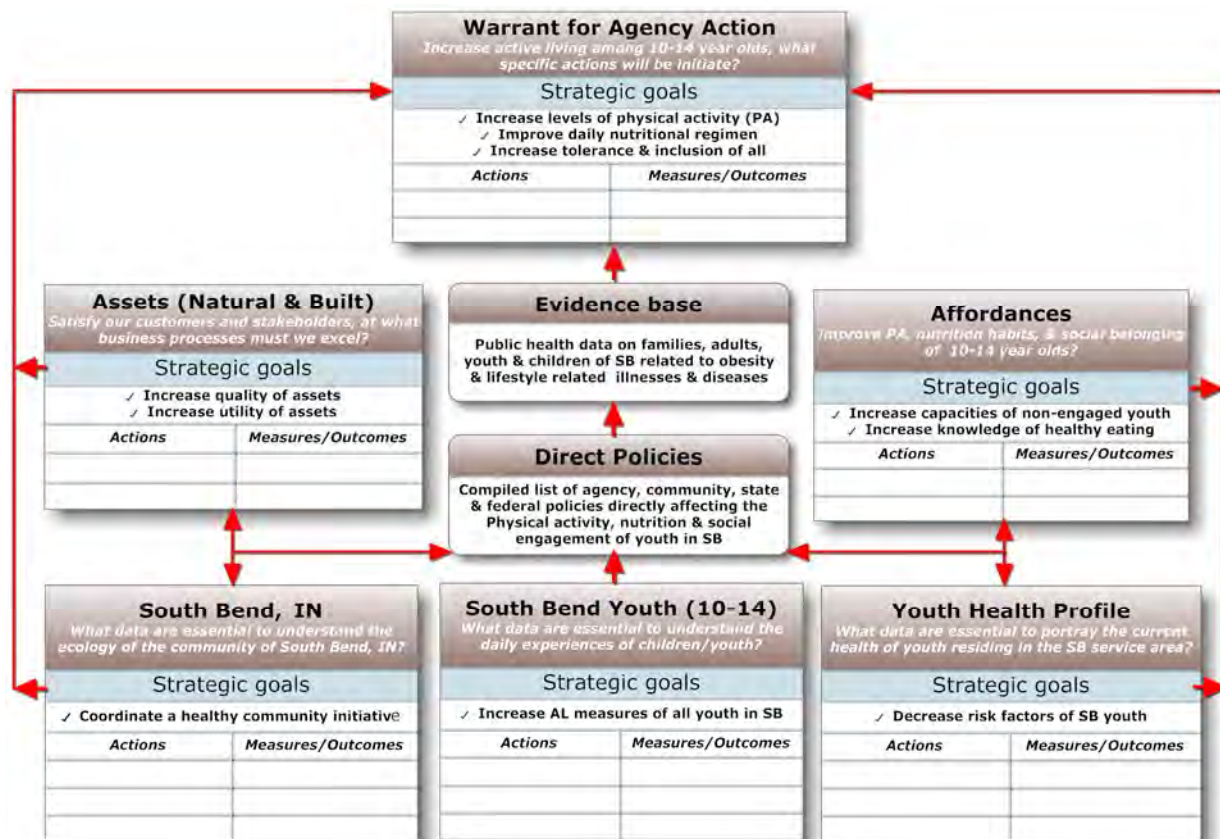
In 2011, the South Bend Parks and Recreation Department (SBPRD) elected to work with GP RED's Healthy Communities Research Group (HCRG) to participate in a three-year project as a **Beta Site** to test *the Healthy Communities Surveillance and Management Toolkit™*. This project is designed to analyze, 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?

SBPRD Staff and the members of the AYI are dedicated to increasing physical activity and reducing obesity in South Bend. Significant data has been collected to help justify the investment of staff time, physical assets, and programming to help position the Department as a key public health provider. The Surveillance and Management Toolkit™ work is not only concerned with looking at potential new programs, but taking a full, comprehensive, systematic approach.



The SMT™ utilizes a **Community Systems Analysis** approach to evaluating the key areas for action in a community. These may be different in every community analyzed. The following graphic, developed by Dr. David M. Compton, outlines the various areas contributing to the development of the Warrant for Agency Action for South Bend.



dmc 2011; Adapted from the Balanced Scorecard by Robert S. Kaplan and Dave P. Norton, Harvard Business School Press, 1996.

Why Do We Care? – Addressing Obesity One Community at a Time

The obesity epidemic is a very complex issue, with strong impacts. It is somewhat of an environmental illness caused in part through human engineering of the environment to reduce physical activity, nutritional impacts on food availability and quality, along with cultural and social framing effects on media and educational response, and many other factors. Unfortunately, unlike other environmentally-caused illness, the solution is not simply to remove the cause (humans have to eat), but to identify the most prevalent key community indicators (such as nutrition and food availability, physical activity, transportation, perception of safety, and social inclusion/cultural beliefs). The challenge for community decision-makers is to determine, through objective and systematic assessment, key controllable indicators within any given community, along with best response for improvement within that community.

Obesity is the percentage of adults who are estimated to be obese, defined as having a body mass index (BMI) of 30.0 or higher, according to self-reported height and weight. BMI is equal to weight in pounds divided by height in inches squared and then multiplied by 703. The United States Centers for Disease Control (CDC) provides an online calculator for BMI (CDC, 2014).

Obesity is a leading cause of preventable death in the United States, causing an estimated 300,000 deaths per year (Designed to Move, 2012).

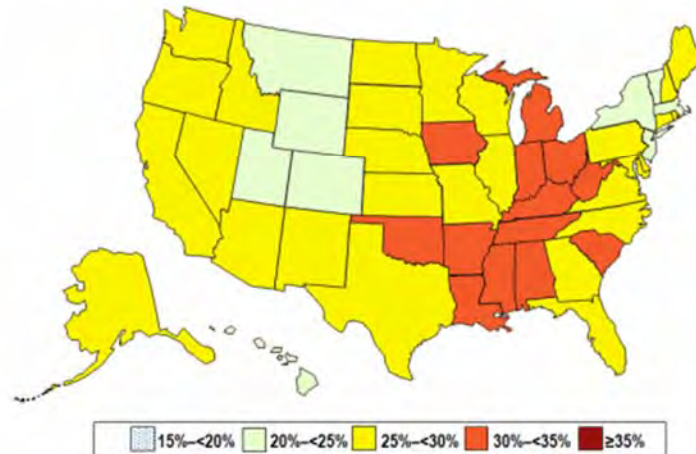
Obesity is one of the greatest health threats currently facing the United States. It contributes significantly to a variety of serious diseases including heart disease, diabetes, stroke, and certain cancers, as well as poor general health and premature death (CDC, 2014, Wetmore and Mokdad, 2012; Finkelstein et al., 2008). In addition, research shows that at this point in time, the current generation of youth are the first that will most likely have a shorter lifespan than their parents (Compton, et al., 2013).

In no U.S. state is the proportion of obesity in the general population less than 1 in 5. The prevalence of obesity ranges from 20.5 percent of adults in Colorado to more than 34.0 percent of adults in Arkansas, Louisiana, and Mississippi. In 2012, the national median of obese adults was 27.6 percent, virtually unchanged from the 2012 Edition prevalence of 27.8 percent. This means that 1 in 4 adults are obese in the United States, and 1

in 3 adults are obese in Alabama, West Virginia, Arkansas, Mississippi, and Louisiana (Centers for Disease Control). In addition to the U.S., the prevalence of obesity among adults is increasing in nearly all countries worldwide (Swinburn et al., 2011).

Prevalence* of Self-Reported Obesity Among U.S. Adults BRFSS, 2012

*Prevalence reflects BRFSS methodological changes in 2011, and these estimates should not be compared to those before 2011.



The causes of obesity include personal lifestyle and the social and physical environment, as well as genetics and medical history. Poor diet and physical inactivity are the primary lifestyle contributors to obesity. Since the 1980s, energy intake has steadily climbed and energy expenditure has declined in the U.S., leading to a growing energy imbalance which closely mirrors the obesity rates (Finkelstein, 2009). However, confounding this issue is research that indicates that most Americans have not come to accept the reality of their weight changes, and therefore, may not be motivated to engage in behaviors leading to healthy weight goals (Wetmore & Mokdad, 2012).

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.

The current high prevalence of childhood obesity has been shown to be related to a low level of physical activity and an abundance of sedentary pastimes in developed countries. To increase the participation of a majority of children in a sustained physical activity, interventions require a fair understanding and consideration of the influences of this behavior, especially as children are overweight or obese. Basically, the physical activity behavior of humans depends not only on environmental factors, but also biological, sociocultural, and psychosocial factors and their interplay. Recent literature lends support to the fact that some psychosocial factors such as self-efficacy and physical competence may be solid anchor points upon which to improve the participation of overweight and obese children in voluntary physical activity. The facilitated development of motor skills may also be a good means for enhancing the self-image of obese children (Guinhouya, 2012). Interventions to increase physical activity and/or reduce obesity may also need to include focus on improving these personal dimensions around which physiological and environmental factors might revolve.

“Kids between the ages of 5 and 10 *are* active and engaged. They’re encouraged by their parents and enrolled in programs that support physical and social engagement and offer snacks. But by age 10, increased athletic competition, the cost of uniforms and travelling teams, complex logistics and parental structures make it difficult or impossible for kids to participate. By age 15, skill requirements are even higher, parents are more disconnected or absent, and only the very best athletes are retained.”

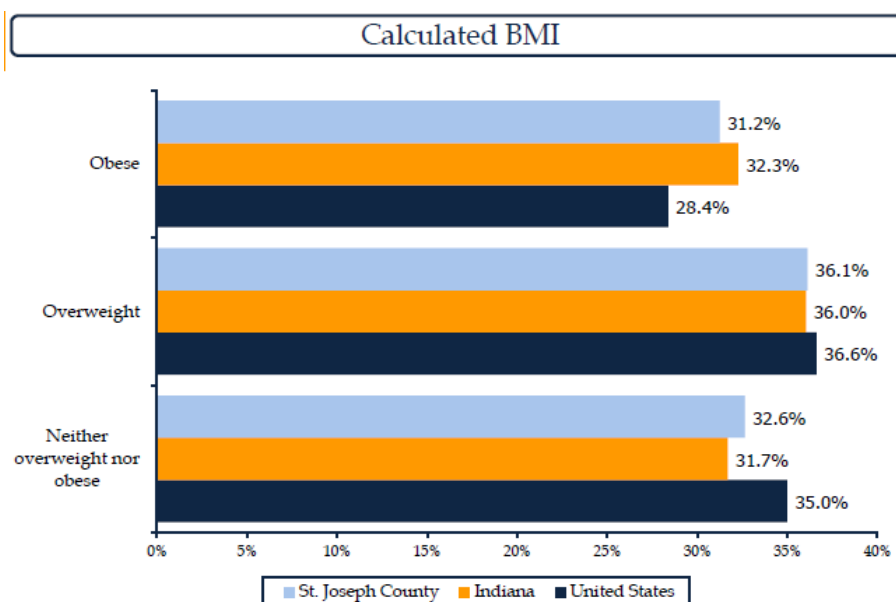
David M. Compton, MS, MPH, Ed.D

Founder of the Healthy Communities Research Group and Professor Emeritus at the University of Indiana and University of Utah

Overweight and Obesity Rates in South Bend

Obtaining community-specific information for South Bend has proven to be one of the most difficult challenges of this project. There were no available statistics in 2011. In 2012, the South Bend Memorial Hospital funded a **Behavioral Risk Factor Surveillance System** (South Bend BRFSS, 2012) survey of 599 adult respondents for the County (not the City). This survey indicated that, while slightly lower than the state average, the percentage of the population that is considered to be obese in St. Joseph County (31.2%) is higher than the national average. Rates for overweight and obese youth are still not available, but they are anecdotally believed by stakeholders to be in a similar range. The need for community-specific information continues to be a strong focus.

Figure 1. Overweight and Obesity Rates for St. Joseph County



Memorial Hospital BRFSS, 2012

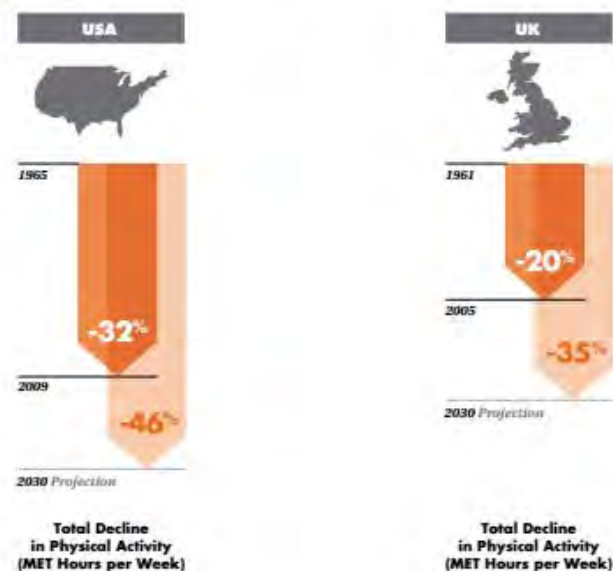
Engineering of Movement out of Our Lives

In addition to an increased and changing type of food intake, research shows that, as humans in developed countries, we have been so smart that we have engineered and designed movement right out of our lives. There is growing evidence illustrating the importance of the environment in the obesity epidemic and the need for changes in social and physical environments in order to better facilitate changes in lifestyle (Papass et al., 2007).

While the decrease in physical activity is happening in developed countries, and even larger decrease is anticipated in developing countries in the next 15 years.

fig 1 HISTORIC AND PROJECTED PHYSICAL ACTIVITY (PA) LEVELS

Developed economies have experienced a significant drop in physical activity levels in fewer than two generations.



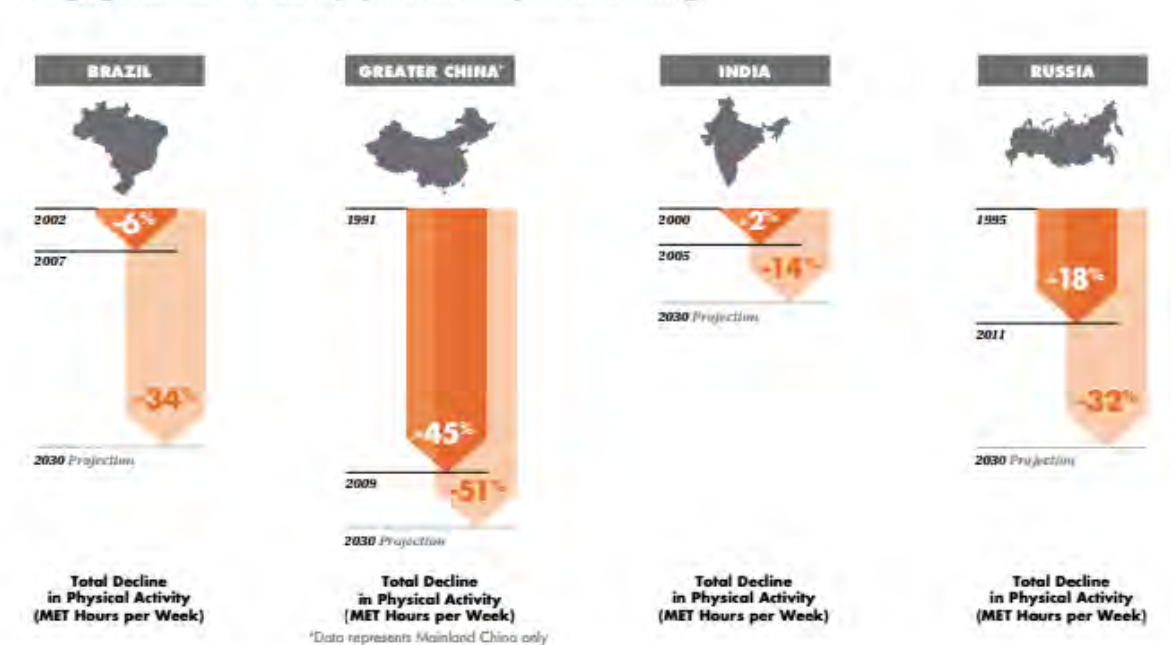
Ng and Popkin, 2012

However, implementation of evidence-based intervention strategies to increase youth physical activity through environmental and policy changes requires community capacity. A lack of community capacity is often cited as a barrier to public health initiatives in many communities (Wendel et al., 2009).

“Community capacity is the interaction of human capital, organizational resources and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the wellbeing of a given community” (Chaskin, 2001)

fig 2 HISTORIC AND PROJECTED PHYSICAL ACTIVITY (PA) LEVELS

Emerging economies' trends in physical inactivity are accelerating.



The Compounding Costs of Obesity and Physical Inactivity

The direct medical costs for treating obesity and obesity-related health problems are overwhelming. Compared to smoking, obesity is more prevalent; similar to smoking and excessive alcohol consumption, obesity is highly associated with chronic conditions and overall poor physical health (Sturm, 2001).

Along with the increase in obesity, physical inactivity is linked to approximately 5.3 million premature deaths worldwide each year (Lee, et al, 2012). In addition, the U.S. is expected to spend more than \$150 billion, or more than 2 times the federal budget for the Department of Education, on direct and indirect costs of obesity (Designed to Move, 2013). Obese and overweight children and adolescents not only experience the physical consequences of obesity, they often also suffer from higher levels of depression, lower self-esteem, social isolation, and a poorer quality of life in comparison to their peers (Daniels, et al., 2005).

Since 1965, developed economies have experienced a significant drop in the physical activity levels (down 32% in the U.S), and trends in physical activity in emerging economies are accelerating (greater China is down 45% since 1991) (Ng and Popkin, 2012). Obese children have a higher likelihood of becoming obese adults (Stovitz, Pereira, Vazquez, Lytle, & Himes, 2008) and are at a higher risk for metabolic syndrome in adulthood (Sun, et al., 2008). The rapid increase of childhood obesity brings an increasing concern about future health costs and the expected burden on the U.S. health care system as these children reach adulthood (Rosenberger, Sneh, Phipps, & Gurvitch, 2005).

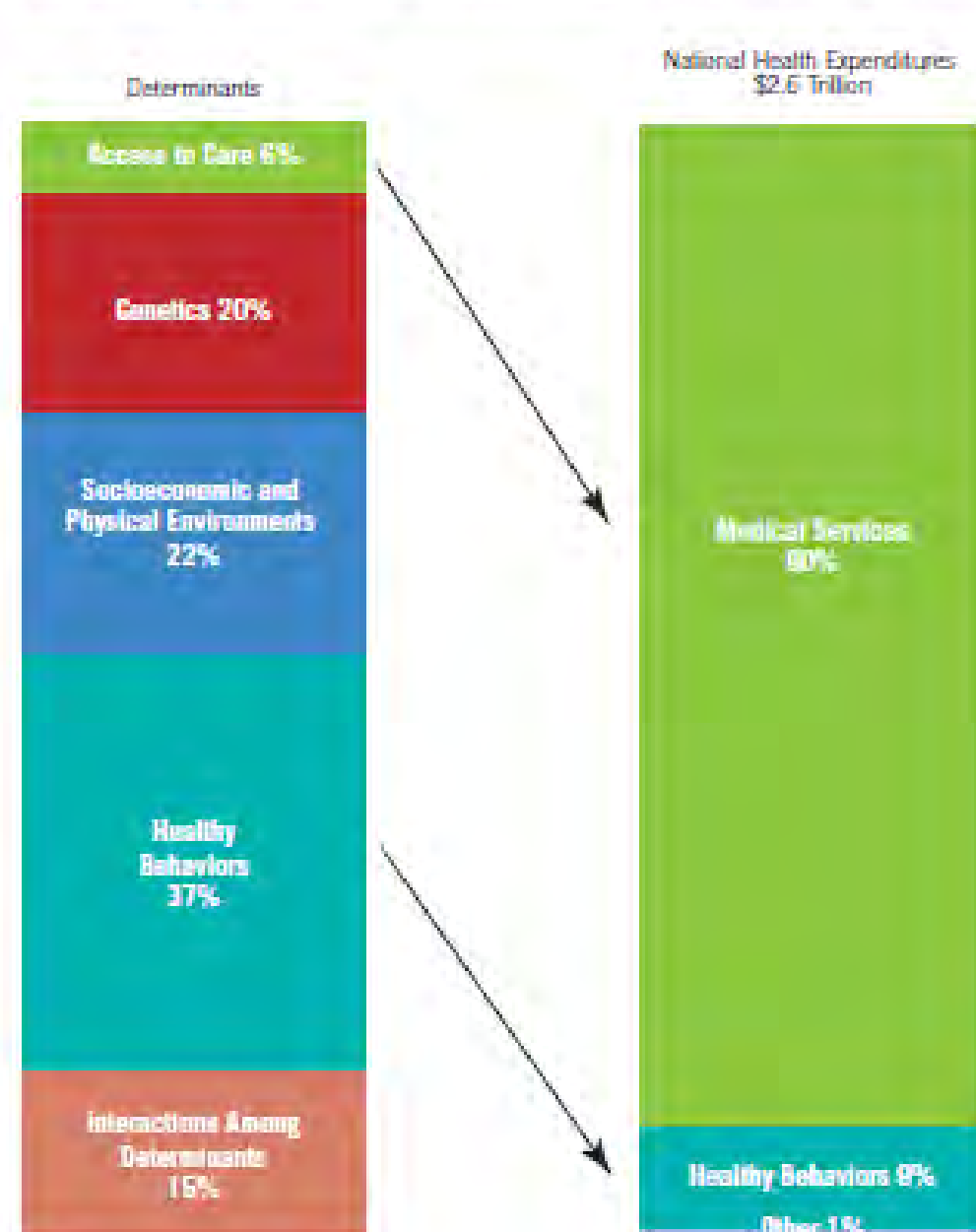
Physical inactivity perpetuates a deadly cycle that begins to take hold very early in life.



Note: Complete data and references are available in *Designed to Move: A Physical Activity Action Agenda*, www.designedtomove.org.

This is clearly a huge public health and economic issue. If any other epidemic was reaching these proportions, it is likely that large amounts of priority resources would be invested in to solving this challenge. However, even with this being the case, the amount of spending to combat this issue is inordinately allocated toward medical treatments, rather than addressing the actual causes (NEHI, 2013).

The Spending Mismatch: Health Determinants vs. Health Expenditures



Source: NEHI and University of California, San Francisco, 2013.

The Potential Lead Role of Parks and Recreation Agencies

There are many national initiatives toward combatting these challenges (Let's Move!, 2010). Launched by First Lady Michelle Obama in 2010, Let's Move! is a comprehensive initiative dedicated to solving the problem of obesity within a generation so that kids born today will grow up healthier and will be able to pursue their dreams. The task force is set to develop and implement an inter-agency plan that details a coordinated strategy, identifies key benchmarks, and outlines an action plan to end the problem of childhood obesity within a generation. The goal of the action plan is to reduce the childhood obesity rate to just five percent by 2030 – the same rate as it was before it first began to rise in the late 1970s.

Other interventions have targeted a wide variety of populations with various strategies, from school-based prevention programs to treatment interventions in aging adults. While obesity is associated with an increased risk of developing numerous health conditions, weight loss is associated with an attenuation of those risks (Malnick, 2006). The CDC and the many other organizations (Designed to Move, GP RED, Let's Move!, etc.) have compiled a list of resources for community level interventions aimed at lowering obesity rates (CDC, 2014). Most of these not only include changing nutritional habits, but also increasing physical activity. However, the majority of national initiatives primarily focus on schools and individual behaviors, often neglecting the role that parks and recreation agencies play with their role in managing the majority of the non-school, public built and natural environment in most communities.



Image credit: Lafayette, CO Parks and Recreation

The built environment shapes both behavior and health outcomes: more walkable neighborhoods and access to parks correlate with higher levels of physical activity and lower body mass index (BMI) (Saelens, et. al 2003). Recent research suggests that these neighborhood characteristics are at least as significant as individual characteristics in determining likelihood of obesity. In terms of the physical environment, access to opportunities for healthy eating and physical activity has been the main focus, including access to walking paths, trails, quality sidewalks, and recreation. A neighborhood becomes “obesogenic” when its layout prevents or discourages physical activity facilities (Harrington & Elliott, 2009). Recent research has explored the specific attributes of the built environment that encourage physical activity.

The parks and recreation profession is viewed as an integral entity for promoting physical activity (Kaczynski & Henderson, 2008). Proximity of services to people's homes, free or relatively inexpensive services, and the perception that opportunities exist for people of diverse ages and backgrounds have contributed to the ability of parks and recreation programs to successfully promote and provide physical activity opportunities and services within communities (Godbey & Mowen, 2010; Kaczynski & Henderson, 2008; Edwards, et. al, 2013). Despite evidence showing a strong correlation between residential proximity to recreational services and higher levels of physical activity, the number and location of parks and recreation services in many areas are often insufficient to serve local populations (Edwards, et al, 2013). Furthermore, increasing demand for parks and recreation services alongside budget reductions has resulted in parks and recreation opportunities not keeping up with demand (Crompton, 2010).



Photo credit: Howard County, MD
Recreation and Parks Department
are usually
diverse
influenced

availability of parks is positively associated with higher physical activity among children and adolescents. show that parks are second only behind schools as where youth engage in physical activity (Loukaitou-2010). As schools continue to cut recess time and education, parks may become even more important.

consistent cross-sectional evidence showing that the of parks and recreation facilities is positively with physical activity among children and adolescents. public parks are available in most urban communities, accessible at no cost to individual users, and serve population groups, and their provision can be by public policy. (Floyd et al., 2011)

Focus on

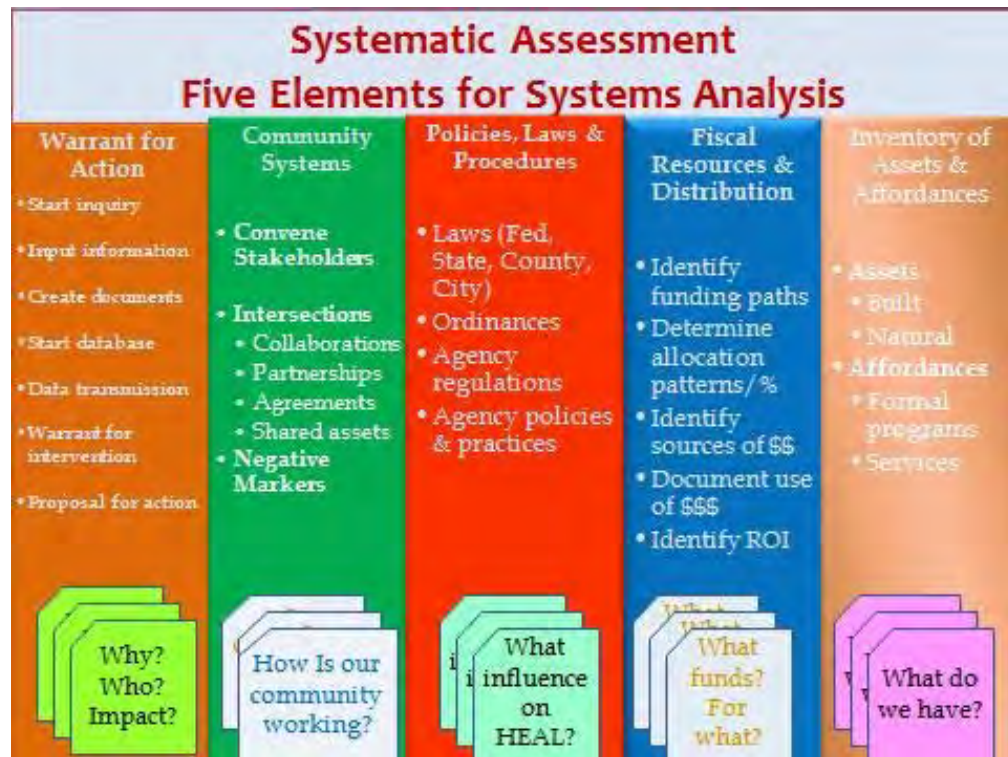
The HCRG SMT™ project focuses on children ages 10-14 to provide a comparable cohort for academic publication, since this is when youth start to make their own decisions, separate from parental influence, and identify more with peers and their choices. Principally, if youth are educated at this time, they will be more likely to make positive healthy choices as they become adults. However, all templates and tools provided are designed to be scalable and effective for analysis of all ages. The Department will choose to evaluate the factors for other ages in addition to this age 10-14 cohort in future years.

Middle School Youth

“According to a 2010 study by Barclay (Compton, et al., 2013), about one-third of 10 to 17-year-olds were overweight. Fifty percent (50%) of obese children and 80% of obese adolescents remain obese as adults. If kids have two obese parents, they have an 80% chance of being obese themselves. That is important to understand, because as more obese adults become parents, it creates a reinforcing loop, and there will be more obese children. There are also personal and societal costs of obesity. The annual medical costs encountered by an obese child are three times that of a healthy weight child. Obese adults spend \$2,741 more annually on health care than their healthy weight peers. Obesity already accounts for 22 percent of medical spending. As obesity rates increase, so do associated medical costs. In fact, each year between 2001 and 2006, medical costs increased about 10% for the obese population and 6% for the overweight population. Costs will increase at even higher rates in the future.”

Kiboum Kim, Ph.D., Senior Research Associate, Healthy Communities Research Group

The data shows real evidence of an obesity pandemic, but there are few coordinated efforts to get and keep young people socially and physically active. We have come to understand the link between the increase in obesity and decrease in youth activity is a systemic problem. To analyze the problem, we have used the systematic approach to identify the key issues and community-specific actions.



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II. Summary of the Project and Accomplishments for South Bend

South Bend Parks and Recreation Department is a progressive and well-managed agency. In addition to outcomes accomplished throughout this project and highlighted in other sections, the Department also:

- Offers comprehensive, high-quality, and affordable leisure opportunities to its community including sports, arts, fitness, nutrition, community events, instructional classes, and facilities for all ages.
- Was a Hearts N' Parks Magnet Center for three years and was excited to continue as a **We Can!®** Intensive Site. Working with its recreation center, day camp, and fitness supervisor, South Bend provided parent and youth curricula and several well-attended community outreach events.
- Is accredited by the Commission for Accreditation for Parks and Recreation Agencies, which is a prestigious honor currently afforded to only 116 parks and recreation agencies in the U.S. who provide evidence of meeting 144 management standards. South Bend achieved CAPRA Re-Accreditation in 2012.
- Was selected as Indiana Outstanding Agency of the Year in 2012.

The South Bend Parks and Recreation Department and GP RED HCRG Team.



The following section outlines primary tasks and outcomes accomplished during this Three Year Project.

Year One – 2011

In Year One, initial information for South Bend was collected through a process that included:

- Identification of over 80 related service providers in South Bend.
- Many staff and stakeholder meetings.
- Creation of templates for each area of analysis, which were used to compile digital data for assets, programs, financial information, policies, trends, demographics, and related health data for South Bend.
- Analysis of these elements, from which the project moved to creation of a systems portfolio, development of strategic concepts for improvement, and future modeling for articulation, prioritization, management, and surveillance of outcomes over time.
- “Findings and Visioning Sessions” with staff and stakeholders to review the information collected and key findings from the work in Year One, and to determine priorities for moving forward in Year Two.

A key finding was the need to convene a community Task Force to move forward. The Task Force was convened and named the **Active Youth Initiative (AYI)**. A common **Purpose Statement for AYI** 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.

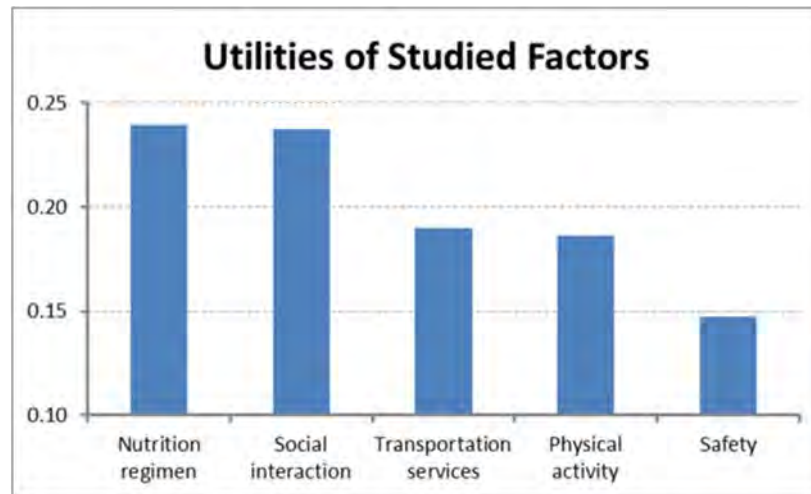
- AYI will examine and monitor youth activity providers, policies, funding allocation, assets, and affordances.
- AYI will engage and organize community partners in planning, management, funding, and measurement of the AYI.
- Ongoing focus will be on reducing overweight and obese populations, specifically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

Full initial findings and results for **Year One** are available in the **South Bend Parks and Recreation HCRG Findings Report** (Penbrooke, Compton, Kim, Layton, & Moyers, 2011), and the **South Bend HCRG Year One Report** (Penbrooke, Layton, Compton, Kim, & Moyers, 2012).

A key issue identified in Year One was that the culture of South Bend is such that many parents simply do not realize that their children are overweight or obese, so education is very important. Partners had not been identified, and there were many disparate unrecognized groups trying to address the problems separately. More walkable programs and places are needed, and the City must partner with the County, Schools, and private/non-profit partners to make improvements.

Year Two – 2012

In Year Two, the SBPRD sponsored the facilitation and organization of the AYI with monthly meetings. Robin Meleski from the St. Joseph County Public Health Department became Chair of the AYI, and SBPRD became actively involved with a seat on the Steering Committee for the Reducing Obesity Coalition and other County-wide planning efforts, thus increasing the Department's role and influence. In addition, the Department updated the assets and program inventories, financial analysis, and used a *Multi-Attributes Utilities Theory (MAUT)* process (Compton, et al., 2013) to identify policy factors and indicators that are most influencing these issues in South Bend. Additional detail can be found in the *South Bend Year Two Report and Appendices* (Penbrooke, et al., 2013)



AYI Accomplishments in Year Two:

- ✓ Created the "Passport to Play" Programs
- ✓ Initiated an "AYI Facebook Page"
- ✓ Created a "Prescription to Play" program with area physicians, enabling them to write "prescriptions" for activities at the South Bend Kroc Center, the YMCA, and SBPRD facilities
- ✓ Continued to Identify and add Alternative Providers to the group and facilities inventory

South Bend Parks and Recreation Accomplishments in Year Two

- ✓ Enacted AYI Marketing and Awareness Campaign
- ✓ Participated in the Multi-Attribute Utilities Technique forums to identify key factors and indicators in South Bend
- ✓ Focused Programming Improvements within the Department
- ✓ Adopted a Nutrition Policy
- ✓ Completed a ConAgra Grant Application
- ✓ Updated the assets and programs inventory by zip code and adding financial factors
- ✓ Became "umbrella organization" for these issues in South Bend



Year Two was focused on building organizational capacity, formalizing the Active Youth Initiative Group, and implementing initial educational and participatory programs. Additional detailed data and refinement of the collection tools yielded greater accuracy for tracking and analysis.

St. Joseph County Public Health Department Reducing Obesity Coalition

Throughout the project, the St. Joseph County Public Health Department has supported this HCRG project by providing a Staff Liaison, along with its own complimentary county-wide effort through the Reducing Obesity Coalition (ROC – see <http://www.reducingobesity.org/>). An outcome of the SMT work was a stronger relationship between the City and the County, with a permanent seat for the SBPRD on the ROC, and a lead role of Health Department staff on the AYI.

Summarized Three-Year SMT Approach and Methodology for South Bend

Year One:	Identification and recurring convening of all key stakeholder and partners Full Composite-Values Method (CVM) Inventory and Analysis of Asset and Affordances Demographics and Trends analysis Creation and completion of financial analysis templates Completion of Volunteer, Alternative Provider, and Partnership templates MAUT identification of Key Factors and Indicators for South Bend Analysis of Findings and creation of Year One Action Plan
Year Two:	Update of all templates and information gathering Identification of additional partners and programs Creation of the Active Youth Initiative, new programs, and regular monthly meetings Tracking of accomplishments and creation of Year Two Action Plan
Year Three:	Update of all templates and information gathering Identification of neighborhood level of service and key Focus Areas for improvements Focus on Positive Policy and Modeling factors Instrument Design for youth-specific surveying in schools Identification of needs for continuation options and Future Action Plan Creation of the Year Three Final Report and Presentations

Year Three Summary – 2013

AYI retains a core of about 20 involved partnership organizations who continue to regularly send representatives the meetings and to work and contribute to the successful implementation of the Action Plan, although total reach is closer to 70 to 80 organizations who wish to remain involved and in touch with the process but do not regularly attend the meetings. These organizations do request updates and would like to continue to be invited to presentations and more comprehensive planning sessions.

AYI held 11 monthly meetings in 2013 on the third Tuesday of every month, with the exception of December. The Steering Committee decided to move to a quarterly meeting schedule for 2014, although AYI would remain active and still present information and share updates at the monthly county Reducing Obesity Coalition (ROC) meetings. A bit more than half of the most involved partners are also active in ROC.

The proposed youth school survey for South Bend Community School System was tentatively approved for use through AYI, but some questions of implementation remained. The survey project with SBCSS was delayed until a larger project in partnership with United Way was fully underway, as the two heavily depend on the same resources. The Prescription for Play program added a third partner and was able to operate up to four days a week. This program is currently delayed, but with a larger base of interested prescribing physicians, it is intended to kick off again later in 2014.

AYI has been involved Focus Groups to provide specific input for the South Bend Parks and Recreation Master Plan. The HCRG is being given an opportunity to add a few targeted questions to the statistically-valid survey and help with the survey design. Data gathering began in late 2013, with the Master Plan intended for completion in 2014.

The City of South Bend moved toward applying to become a recognized “Let’s Move City!” in 2013, partly through the efforts of AYI. The formal announcement and application took place January 14, 2014. Two weeks later, because of the tracking and mapping efforts of the HCRG and AYI’s involvement, the City earned its first medal with that initiative for Activity for Kids.

The Parks Liaison for AYI (Matthew Moyers) has been appointed to the Steering Committee of the Healthy Communities Initiative and its working groups with a dual role as a Park representative and as a representative for AYI and youth health. The South Bend team has fielded approximately half a dozen calls in response to AYI and the HCRG projects, primarily sparked by SBPRD attendance at the National Recreation and Parks Association GP RED HCRG Beta Site presentation.

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III. Action Themes for the Future

This ongoing **Action Plan** was created with staff from SBPRD and members of the AYI.

Focus for Actions beyond Year Three

- A. Continue The AYI to emphasize relationships with St. Joseph County, schools, and other governmental, non-profit, and for-profit partners to evoke a culture for changes to increase physical activity and reduce obesity in South Bend.
- B. Continue the Educational Campaigns and Programs to help change perceptions related to overweight or obese youth in South Bend.
- C. Collect more South Bend youth-specific information through statistically-valid surveying and youth surveying in conjunction with schools.
- D. Enact positive policies and internal practices and useful indicators for Stella Modeling.
- E. Update the Assets and Affordances Inventories, and Workshop through the analytical mapping by zip codes to identify future program location and capital improvement opportunities to increase walkable access.
- F. Adopt safety inventory practices and policy as needed.
- G. Additional Action Items as Identified by the AYI.
- H. Allocate funding for future years beyond Year Three.

The following sections address these Action Themes for continued focus on these efforts.

A. Continuation of the Active Youth Initiative (AYI)

As a primary achievement of the project so far, the **Active Youth Initiative** was created in Year Two and continued in Year Three, with organization facilitated by SBPRD. One of the key findings was the identification of over 80 collaborative relationships with other private, non-profit, and for-profit organizations in South Bend. This project has served to strongly increase the capacity building for the community through frequent facilitated gatherings, formalized information gathering, and focused dissemination of findings. These efforts should continue.



The SBPRD assigned staff liaisons to work with AYI. Initial organizational meetings for the AYI were held in Year Two and Year Three. SBPRD is the flagship organizing sponsor providing facilitation and other partners engage and provide resources (staffing, funding, programs, knowledge, momentum, etc.). An initial Steering Committee was formed, (13 attendees) including:

- Chair: Robin Meleski – Saint Joseph County Public Health Department
- Sandy Sampson – South Bend Kroc Center
- Waldo Mikels-Carrasco – Notre Dame and United Way Health Research Initiative
- Dani Elgas – YMCA Healthy Living Coordinator
- Rich Payton – SBPRD
- Matthew Moyers – SBPRD

The SBPRD agreed to continue as a central distribution location for resources. In 2014, a youth forum was held to try and involve more South Bend youth. It is suggested that this type of forum continue. **A key aspect will be the continued funding of staff resources and focus on these issues.**

Who else should be involved?

Out of the initial 80+ identified organizations, 22 individuals were identified as key stakeholders interested in the Steering Committee meetings, and contact lists were created. Additional outreach continues in an effort to more fully involve the Schools, the Housing Authority, Unity Gardens, a chef association, Purdue Extension, Granger Community Church, Boys and Girl Scouts, Girls on the Run, connecting to the faith-based institutions, the Black Pastors group, the Latino spiritual community, and church activity providers. Anyone who may be touching the lives of the youth in South Bend is invited to participate, and meetings are open to the public.

B. Continuation of the Education and Awareness Campaigns and New Programs

The AYI working with other organizations, including SBPRD staff, the ROC, and many key stakeholders and partners, have increased the numbers of programs offered in the City. Key elements are:

- ✓ The “Passport to Play” Programs
- ✓ Upkeep and activation of the “AYI Facebook Page”
- ✓ The “Prescription to Play” program with area physicians, enabling them to write “prescriptions” for activities at the South Bend Kroc Center, YMCA, and SBPRD facilities
- ✓ Implementing the Let’s Move! initiatives
- ✓ Continued Focused Programming Improvements

Through this project, SBPRD Marketing staff became involved in creating a culture that promotes the AYI through a variety of channels. In the departmental Activity Guide, the AYI Logo was added to all programs and services that fit the goals of the AYI, and to identify these programs to the public. Lists of known AYI collaborators and partners were made available for registration and programming staff to help inform the public of additional offerings beyond those specific to the Department. Contact lists were compiled from the outreach efforts and the AYI meetings. These should be continued in the future.

Continue to Work to Change Perceptions of Overweight Youth

Nationally and in South Bend, this is a very sensitive issue. Some stakeholders emerged to protest that too much emphasis may be placed on obesity and not enough on overall physical activity and active living. There were concerns that this may promote eating disorders or cause undue ostracizing. In other states and communities, this is also a strong issue, and the challenge in coming years remains how to sensitively address this cultural issue. It is still currently unknown how many youth are actually overweight or obese in South Bend; the issue remains to be addressed in the future.

C. Collect more South Bend Youth-Specific Information

Stated goals were to implement youth surveys and a statistically-valid survey to collect more South-Bend specific information. We know that for this Beta Site project in South Bend, the primary limitation has been that we simply have not been able to find a good way to find youth-specific information. **This goal was not accomplished in Year Three and needs to be an ongoing goal for the AYI.**

There is still a lack of specific information available for South Bend and this age group.

Youth Specific Surveying

In Year Three, substantial progress was made by the HCRG team working with Dr. Deb Jordan from East Carolina University. These efforts may help in obtaining missing youth-specific data. In the Fall of 2013, a Youth Survey instrument was created for use in another Beta Site (Liberty, MO) and was approved for implementation in conjunction with the City’s School District. While we were unable to accomplish this goal for South Bend in 2013, we are providing the Liberty template, along with the offer to assist South Bend in conducting this survey in 2014 (at no cost), if the AYI can achieve the collaboration necessary with the schools to facilitate implementation. A copy of the Liberty survey (would be similar for South Bend) is included in **Appendix A**.

Statistically-Valid Surveying

In addition to the valuable youth survey, the HCRG has contributed questions to SBPRD for a statistically-valid survey for the Department's Master Plan. After findings are identified, they should be evaluated for inclusion and assessment for relevance for the AYI and other ongoing activities.

Working with Others to Collect Relevant Data

Some members of the AYI have suggested that other South Bend organizations and partners are conducting their own research. This information should be compiled by the AYI for collaborative use in conjunction with working with the St. Joseph County Public Health Department, the Reducing Obesity Coalition, United Way, hospitals and the medical community, schools, and other partners. This collection and dissemination of information on an ongoing basis helps minimize duplication of efforts and provides better data for all going forward.

Maintain and update the Inventory of Alternative Providers

The AYI began adding to the inventory of Alternative Providers template and including the locations of programs of these providers to be added to the Department's dataset. This will continue in the future. Now, after three years of partner and alternative provider identification, the SBPRD has contacts and information for over 80 organizations in its dataset.

D. Continued Update of Assets and Affordances Inventories and Analysis

In Year One, the inventory of assets was created using the GRASP® Composite-Values Method (CVM) to look at level of service (LOS) for the City in a number of ways. The assets inventory in Year One only included 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. In Year Two, select Alternative Providers were added, and the inventory was analyzed using zip codes to break down to closer to a neighborhood level to help address equity and capital needs. Assets of other types may be inventoried and added to the digital dataset at a later time, as desired. Year Three analysis provides the following updates to this dataset.

1. Update of Inventory of Alternative Providers

In Year Three, it was further identified that the Unity Garden program in South Bend plays an important role in the overall picture of the community as it relates to obesity in children. Thirty-nine sites were identified and located in GIS throughout the community. Three locations were already part of the data set, because these unity gardens actually occur within existing city park sites. Because of the small size of many, and inconsistent data and variable attributes associated with individual gardens, all other unity gardens have been located as valuable data-points but not included in the level of service analysis.

Each of the gardens has a slightly different set-up. One of the larger ones is actually on park grounds at Potawatomi behind the Conservatory. Several others are on private property belonging to churches or apartment complexes. Others are on abandoned properties that have been granted to the neighborhoods for temporary use.

Discussing Unity Gardens invites additional inevitable questions:

- What is the role of SBPRD and AYI in food availability in South Bend?
- What other food-source points should we consider? Farmer's Markets? Co-ops? Food banks?

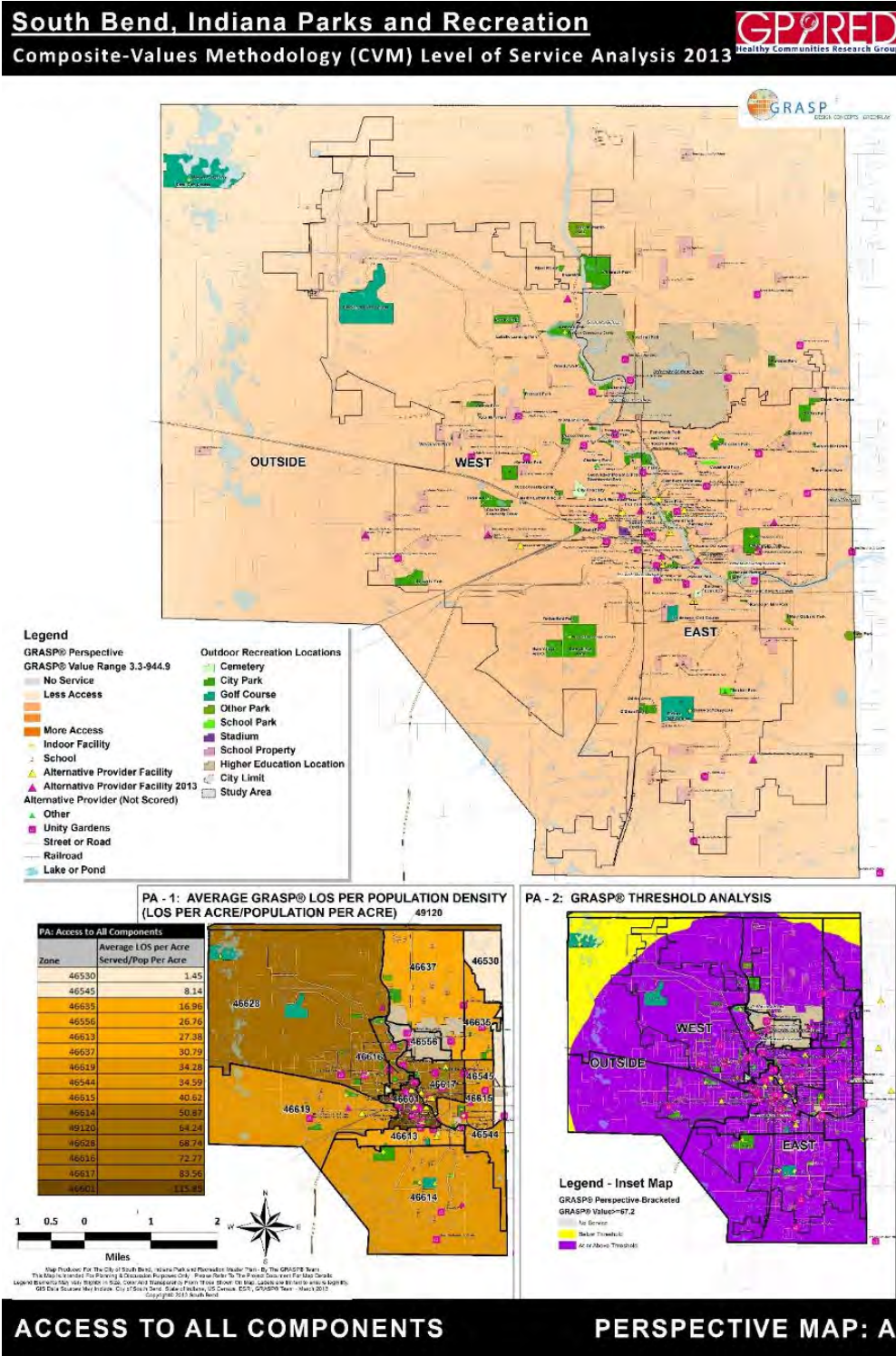
These questions and others should be considered and discussed as an ongoing part of this initiative. In addition to the Unity Gardens, one additional alternative provider was identified and located. This location is known as “Lots of Hope.”

2. Update of Assets Inventories

The following analytical maps (Perspectives) show the study area and key locations of properties. Shading on the map delineates the subareas that were defined as part of the analysis. In 2012, the method used three sub-areas (east, west, and outside City limits). In 2013, it was detailed to zip code level (15 sub-areas). Larger Perspectives have been provided to the Department in hardcopy and digital versions. In addition, the assets dataset is being updated again 2014 through the Parks and Recreation Master Plan, using the same methodologies. This should occur annually and/or whenever assets are changed within the system.

Assets: Perspective A – Access to All Components

Perspective A was updated in Year Three to include locations of the unity gardens and lots of hope. From a drivable standpoint, overall South Bend has good access to components in the system.

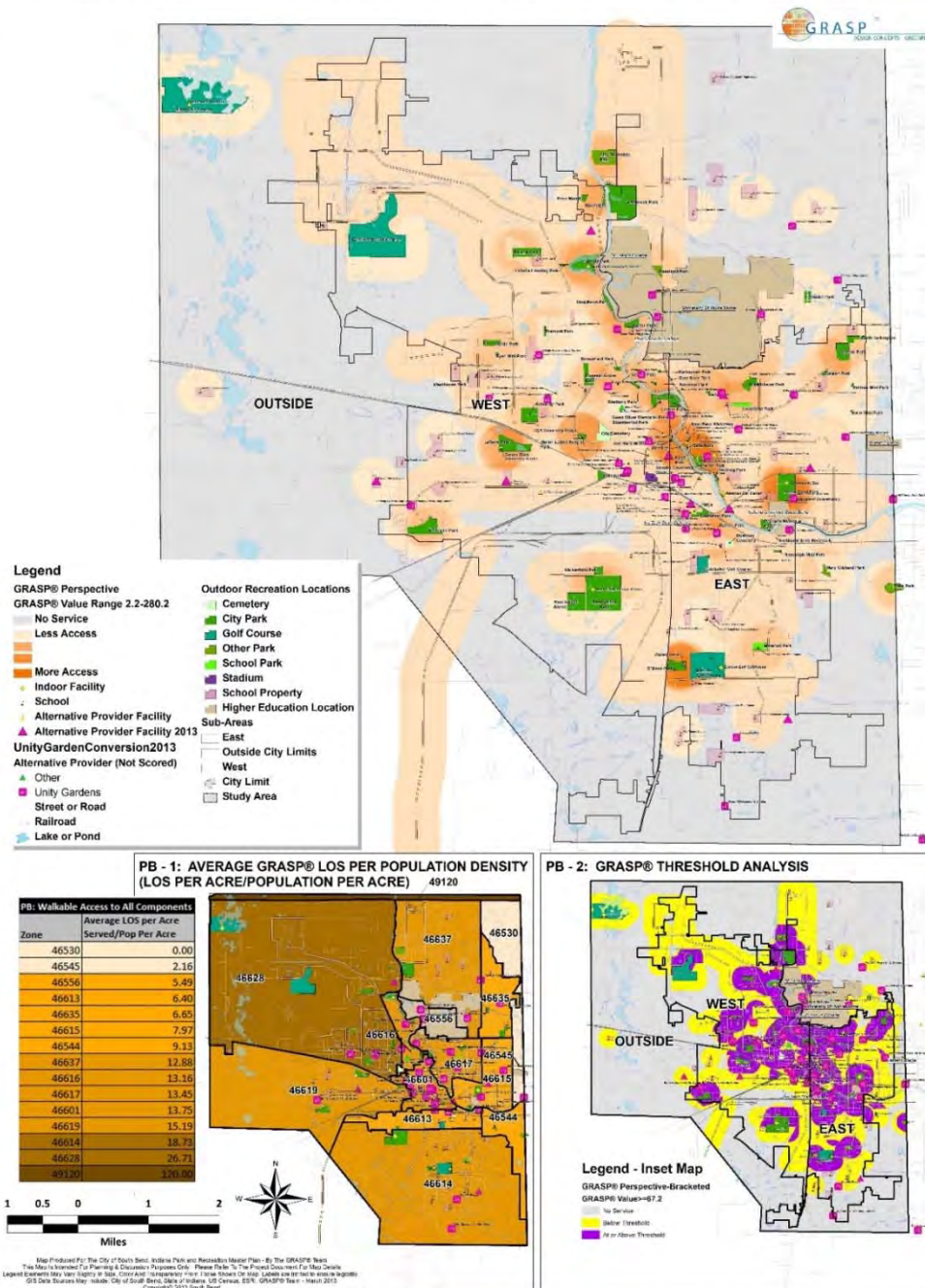


Perspective B – Walkable Access to Components

Perspective B was updated in Year Three to include locations of the Unity Gardens and Lots of Hope. From a walkable standpoint, it is apparent that there are gaps (lighter shades) in levels of service in South Bend.

South Bend, Indiana Parks and Recreation

Composite-Values Methodology (CVM) Level of Service Analysis 2013



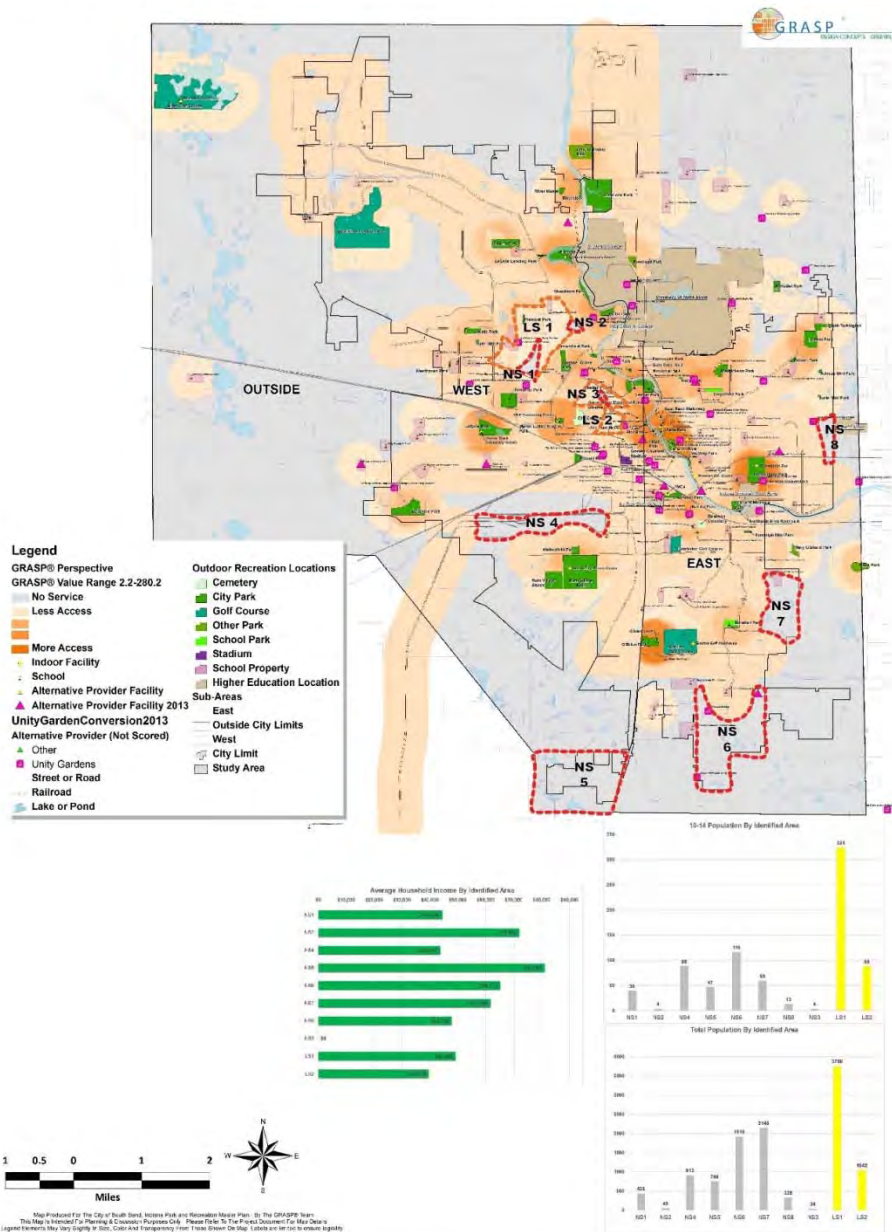
WALKABLE ACCESS TO ALL COMPONENTS PERSPECTIVE MAP: B

Perspective B2: Walkable Access to Components – Demographic Analysis of Identified Areas

Perspective B2 was added in Year Three. During the Year Two Findings Presentation, numerous potential gap areas were identified for additional analysis. One method of further analysis includes looking specifically at the demographic of these areas to provide a sense of prioritization or degree of need that may be associated with a gap area. In Perspective B2, areas of investigation have been identified as either low service or no current service. These areas are identified on the map with an LS or NS label. An associated number also corresponds to each location, giving each a unique identifier.

South Bend, Indiana Parks and Recreation

Composite-Values Methodology (CVM) Level of Service Analysis 2013



WALKABLE ACCESS TO ALL ASSETS
DEMOGRAPHIC ANALYSIS OF IDENTIFIED AREAS

PERSPECTIVE MAP: B2

Table 1 (below) identifies the total population associated with each unique location. Total population may be considered a factor when adding level of service. The ability to reach a larger population can be considered a higher priority than areas with small populations. For example, one adding level of service in area NS7 could potentially serve 2,145 people while the same service in area NS3 might only serve 34 people. While area LS1 has some current level of service, it also has the highest total population in the identified areas.

Table 1: Total Population by Identified Area

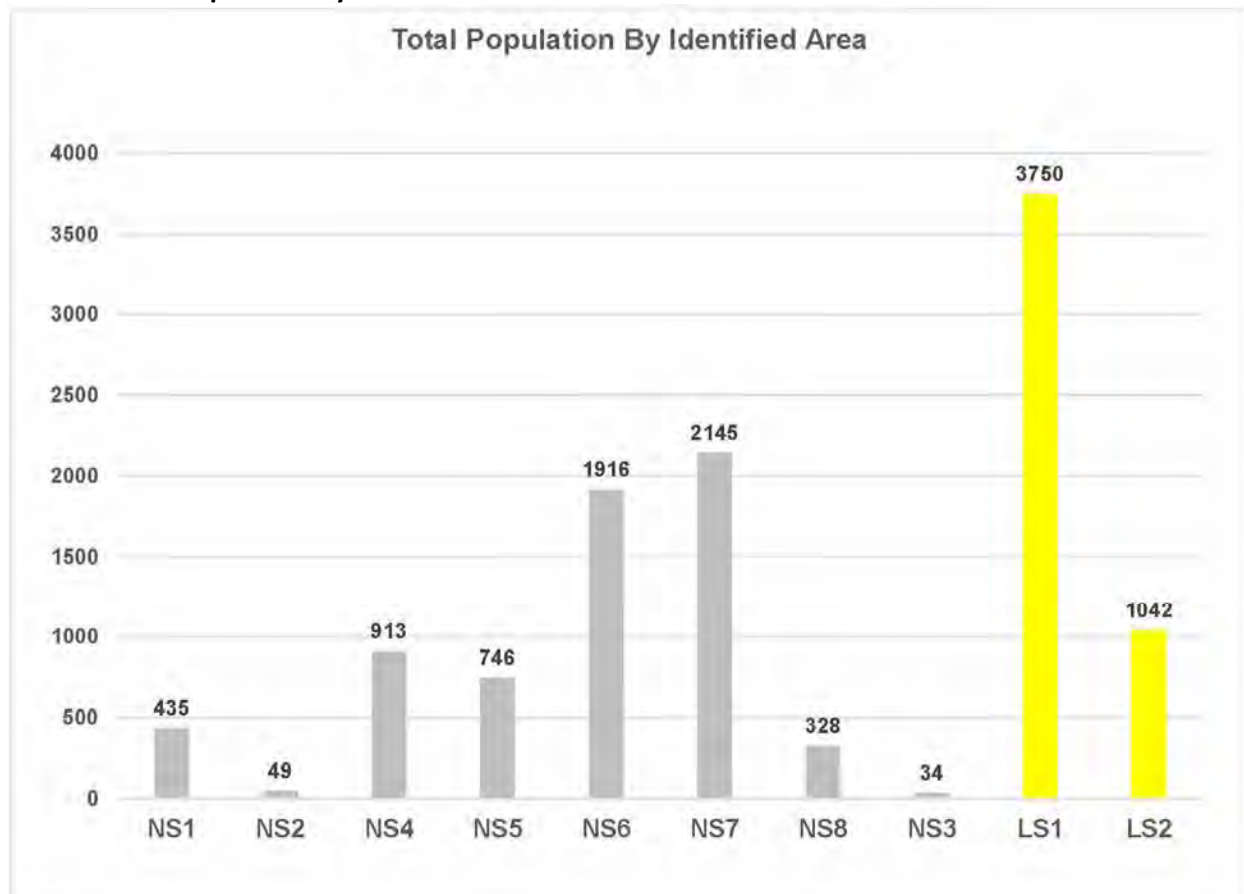
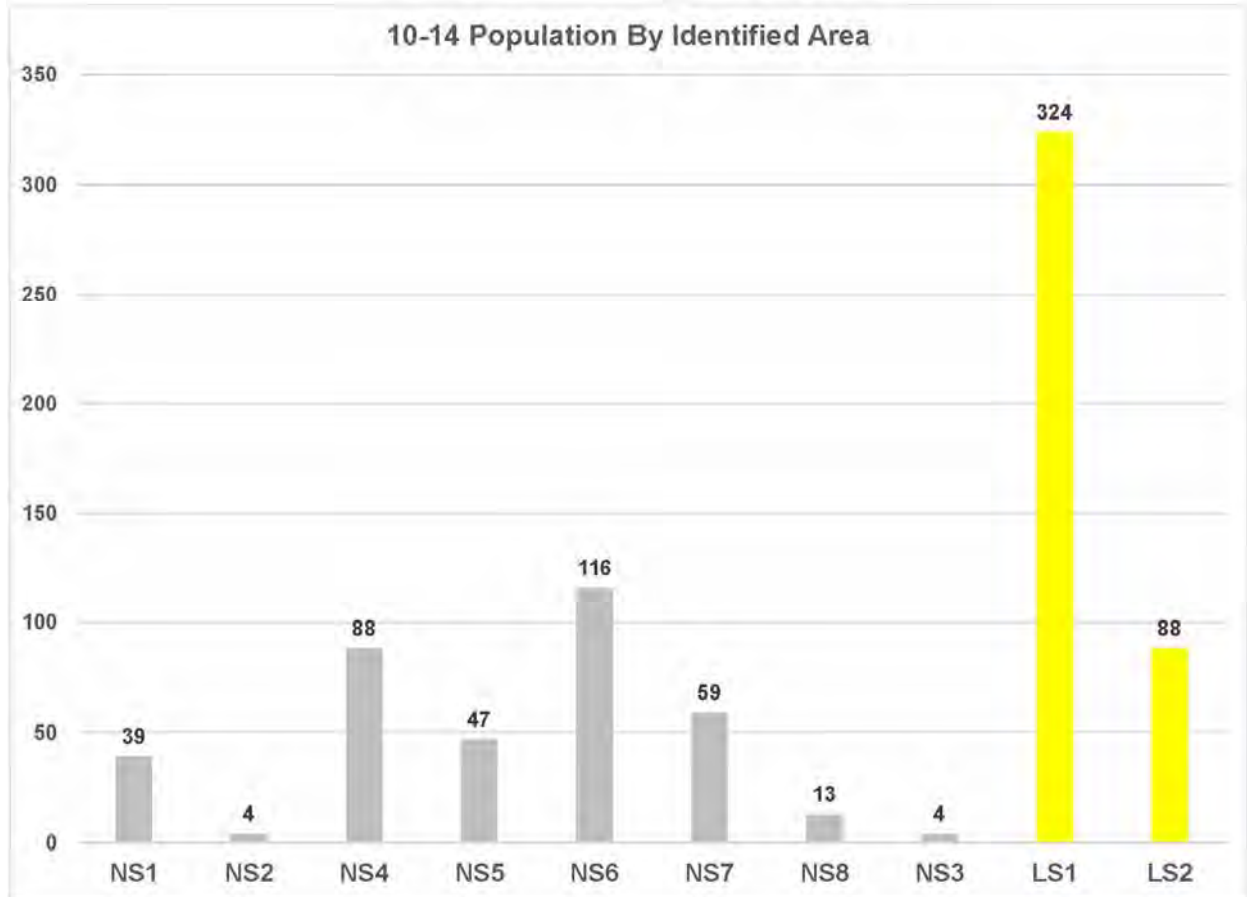


Table 2 looks specifically at the population in the target 10-14 age group. Similar to the total population, LS1 has the greatest number of children in the 10-14 age group. NS6 has the greatest number of age group children without current service.

Table 2: 10-14 Population by Identified Area



The key will be to use this detailed geo-coded data to make future decisions. This information should be incorporated into the Parks and Recreation Master Planning process, and all future planning endeavors.

Table 3 illustrates the average household income for each of the identified areas. In some cases, areas of low household income may be considered to have a higher priority in level of service provision.

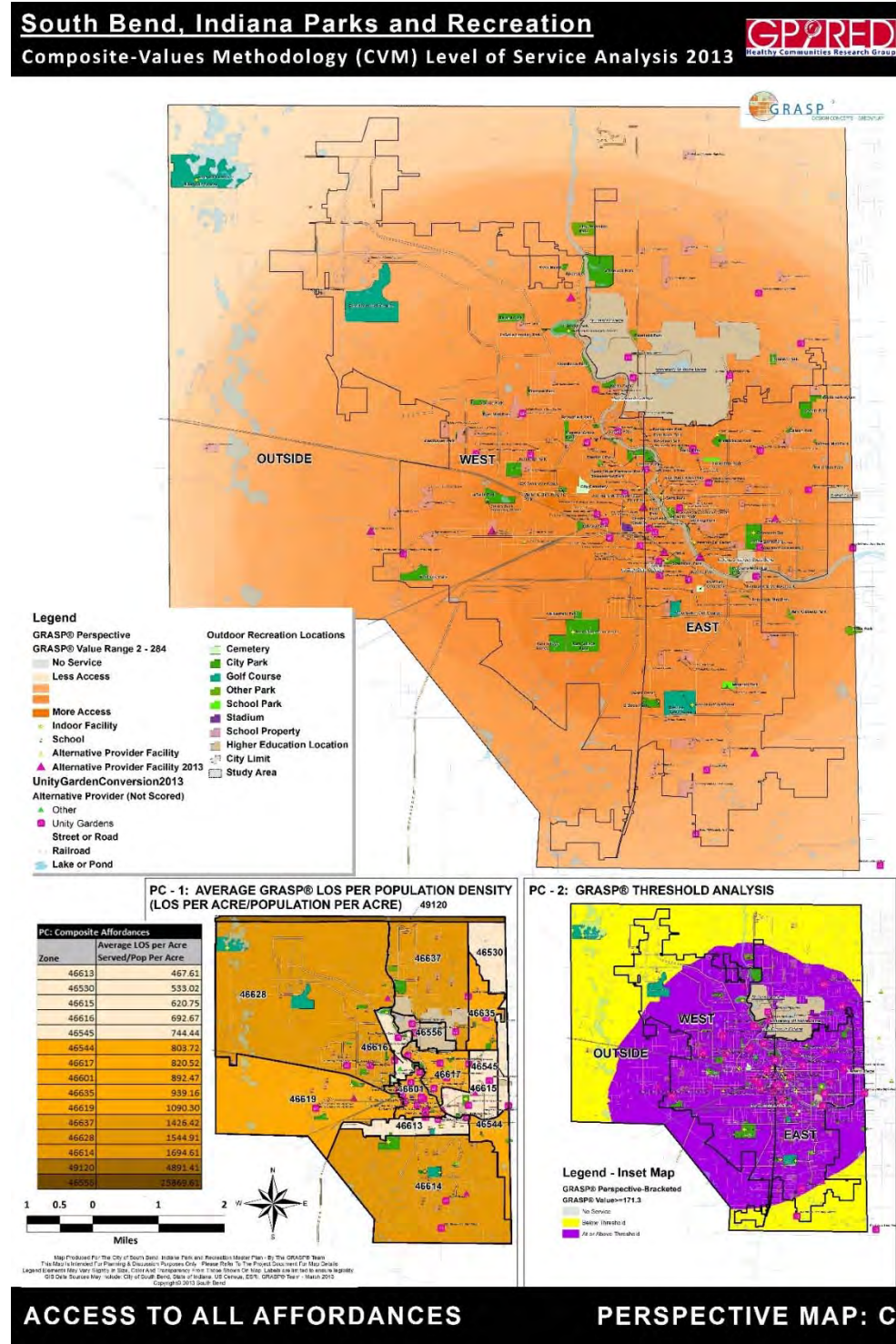
Table 3: Average Household Income by Identified Area



3. Affordances (Programs and Services) Inventory updates

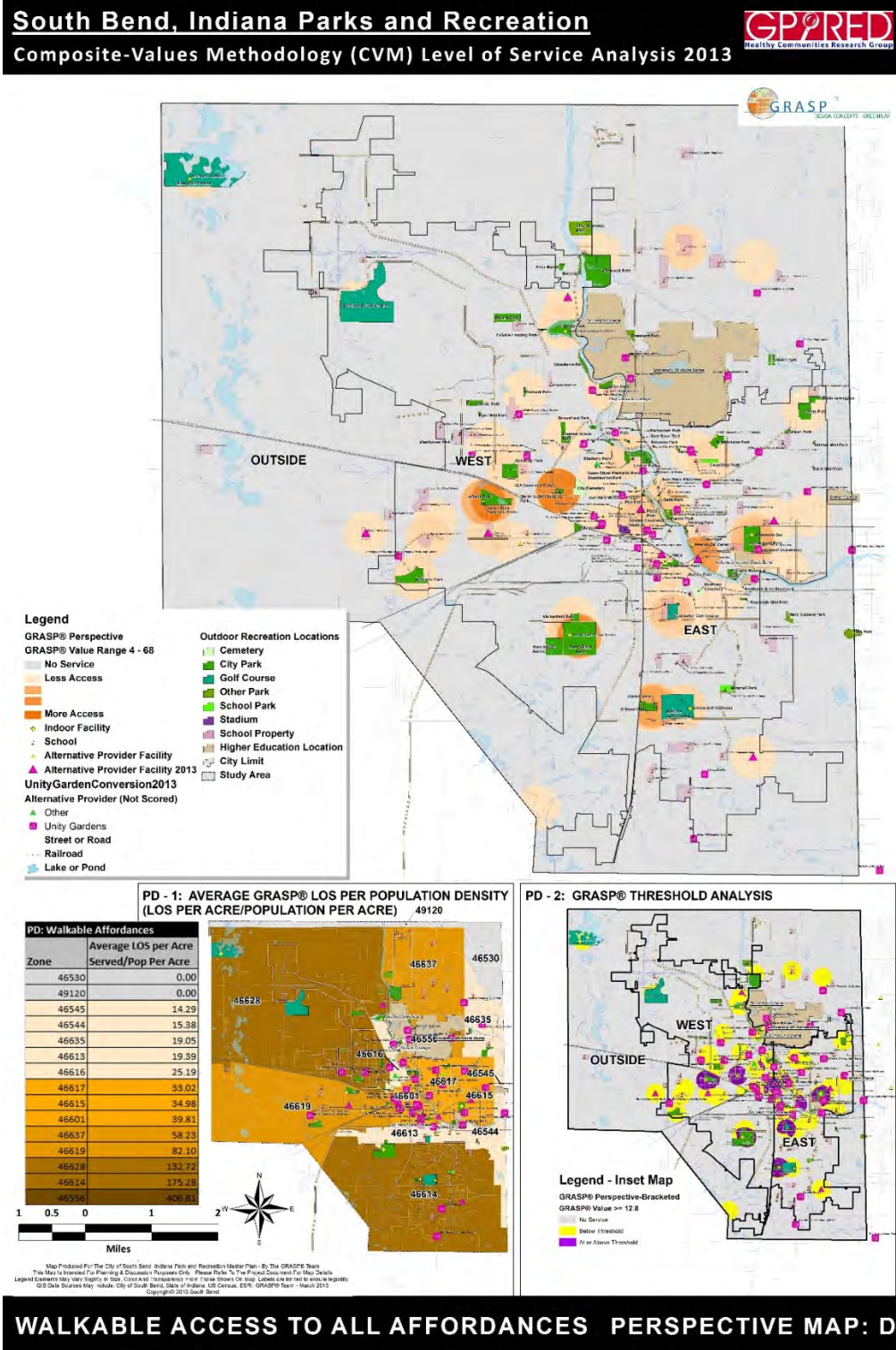
Perspective C: Composite Access to All Affordances

Perspective C was updated in Year Three to include locations of the Unity Gardens and Lots of Hope.



Perspective D: Walkable Access to All Affordances

Perspective D was updated in Year Three to include locations of the Unity Gardens and Lots of Hope.



E. Affordances Template and Financial Analysis Update

Year Three included an update of the Affordances Template, as indicated in the previous section for the creation of the Affordances Perspectives. This template includes detailed analysis of locations and characteristics for all programs and services offered by SBPRD. While the HCRG is interested in this template for analysis of those programs and services affecting ages 10-14, the Department has broadened the usage of this template for over 120 agency-wide programs and planning.

In addition, further detail was collected to incorporate Financial Analysis within the same template. Detailed spreadsheet templates have been provided to SBPRD for future use for annual management analysis and tracking.

Summary of Three Year Direct Cost Recovery Financial Analysis (completed in 2013)

SBPRD Affordance Summary	Y1	Y2	Y3
# of Programs in dataset	78	214	195
Tracked Participation Units	203,601	274,633	369,691
% used by 10-14	NA	20%	18%
total expense 10-14	NA	\$186,786	\$164,928
total revenues 10-14	NA	\$400,099	\$185,016
cost recovery for target ages	NA	202%	96%

Note: these figures do not include indirect or capital costs.

It is important to note that the changes in each tracking unit are not identified as outcomes from the project, but outcomes from the accuracy and reliability of the affordances tracking methodology. There are no “right” or “wrong” levels of cost recovery, and all agencies are different in how they define “direct” costs. The levels of cost recovery are determined by current budget availability, local expenses, market, community expectations, and the consensus of decision makers.

Additional tools, such as the Pyramid Methodology and the Public Sector Services Assessment Matrix can now be utilized if needed for management assessment, and the Affordances Template now provides a good basis for the Recreation Program Plan element of CAPRA reaccreditation.

The SBPRD now has a reliable tool and templates for detailed analysis by program type to monitor financial tracking over time. If cost recovery analysis becomes more of a priority, or if there is a need to further define agency-wide core services, the Department now has basic tools to do so in an analytical, quantitative, and objective manner.

F. Enact Positive Policies, Internal Practices, and Useful Indicators

Continue to Enforce and Support the Nutrition Policy

While provision of nutrition is not a primary activity for SBPRD, the Department adopted a general policy that promotes healthy eating in programs and meetings.

Nutrition Policy for South Bend Parks & Recreation Programs & Meetings

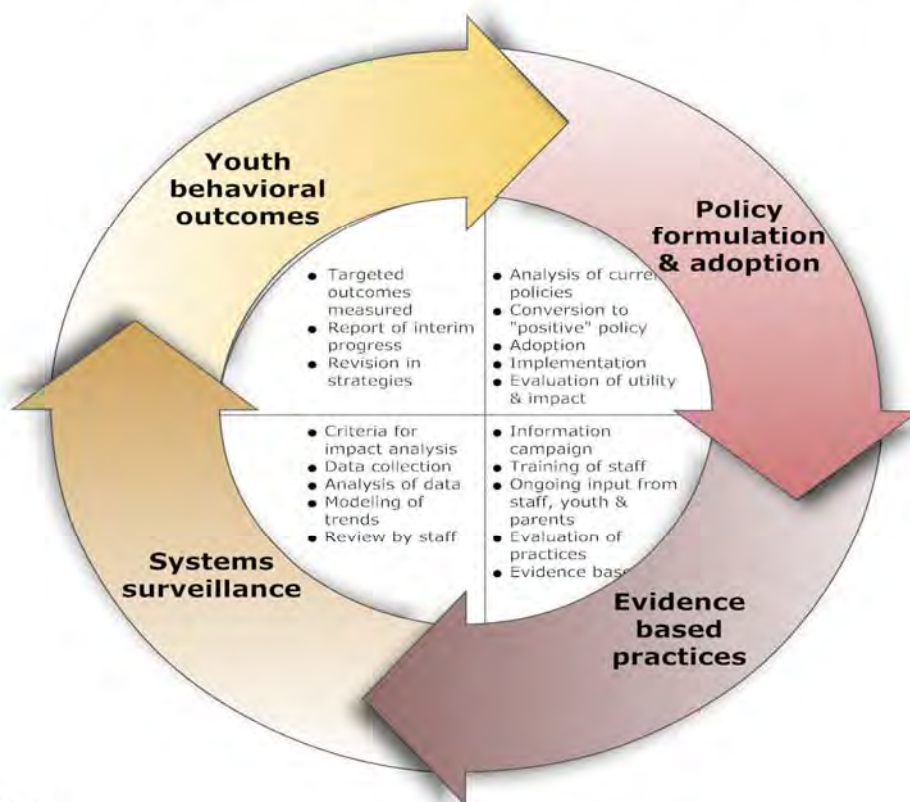
We, at the Parks & Recreation Department, will strive to serve at our meetings and programs the healthiest food choice we can as part of our Health and Wellness commitment to the community.

Continue to enact Policies Directly Affecting Physical Activity, Nutritional Habits, and Social Engagement of South Bend

The project attempted 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. The AYI should continue to revisit these priorities and periodic methods for addressing and evaluating them.

Figure 2: Policy/Practice/Outcome Cycle

Policy/Practice/Outcome Cycle



South Bend Beta 2/26/13 dmc

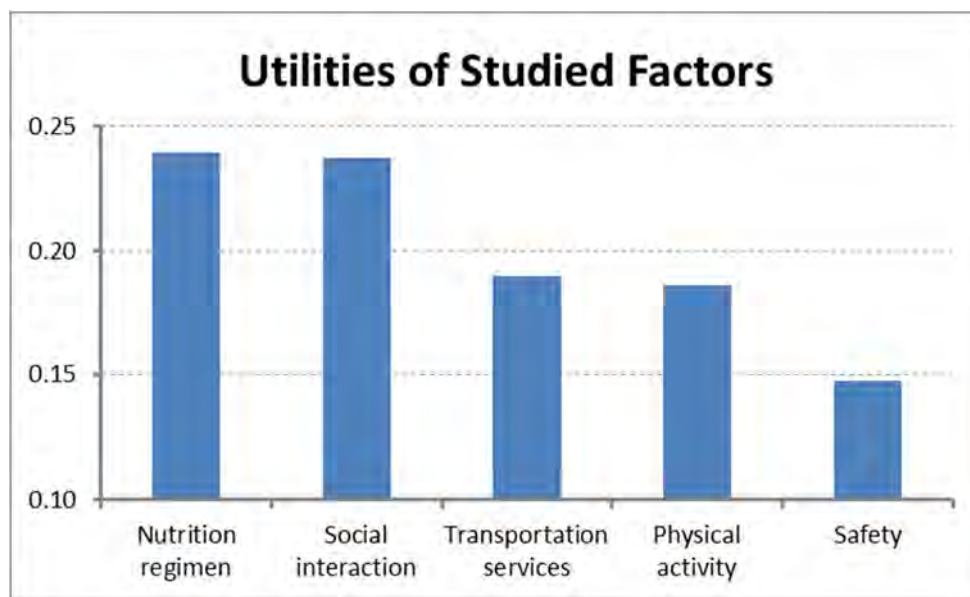
Multi-Attribute Utility Technique (MAUT)

This Beta Site project included an objective method for SBPRD and the AYI to focus attention on policies that guide every day activities of the City and its citizens. Of particular importance was the identification of factors and indicators that would guide future policy development, revision, and adoption. The HCRG Team used a Multi-Attributes Utility Technique (MAUT) process, a nominal group technique used for decision making, to identify and quantitatively determine factors and indicators, which was designed and led by Drs. Compton and Kim.

The primary factors included:

- 1) Nutrition regimen
- 2) Social interaction
- 3) Transportation services
- 4) Physical activity
- 5) Safety

In addition, five indicators corresponding to each factor were identified. These indicators and more detail on the MAUT process are included in the **Year Two Report**.



Key Findings from the MAUT Process

The findings suggest that the focus of policy review, adoption, and implementation in South Bend should be guided by the following:

1. Collaboration among and between the SBPRD and the AYI is clearly an example of unity of focus in the community on the public health issues related to obesogenic behaviors.
2. The findings from the MAUT session with AYI members was an excellent validation of findings in Year One of the Healthy Communities Project. The collective efforts of the community on reducing obesogenic behaviors among its youth are pioneering and a national model for community planning.

3. It appears that there is consensus among AYI members that the immediate focus on policy analysis should be placed on two factors (nutrition regimen and social interaction). Additionally, there should be a focus on physical activity, especially policies that address marketing and promotion of the health benefits of physical activity, availability of tiered programs that offer opportunities to all skill levels, and improved asset quality.
4. Current policies adopted by South Bend that appear to influence or impact increases in active living are, for the most part, negative or punitive in content and tone. They appear to restrict rather than afford youth the opportunity to seek and engage in activities that would be beneficial to their health and the well-being of the community.

It is recommended that the SBPRD and AYI focus on a sequential process that starts with *positive policy formulation* which guides *professional practices* and leads to observable and measureable *behavioral outcomes*.

G. MAUT and Implications for Systems Modeling

The MAUT process is just one of several efforts that are vital to the construction and management of a healthy community system.

Systems Modeling and Utilization

This health disparity has a direct burden on health care costs, and is exponentially amplifying. Although the solution of this acute threat seems to be simple, we cannot even identify where the origin of this issue comes from. This may be because: (1) there are a number of factors involved in the system, (2) factors in the system are both influencing and being influenced by each other and by factors in other systems, and (3) the impacts of influences vary over time. To even begin to address the interrelationships of issues such as obesity, communities must try to identify how these variables impact one another (both directly and indirectly). System dynamic modeling provides a better understanding of our systems and how they relate to the developing healthy community. Additional details were included in the Year Two Report, and Dr. Compton has offered to continue some of this important work in the future with South Bend, if desired.

As one of the most comprehensive computer modeling systems, **STELLA 9.1®** allows us to visually depict functional relationships between different behaviors, examine projected outcomes of healthy communities, and most importantly, communicate the intertwined dynamics of these behavioral changes with others.

The key to sustaining involvement is positive social interaction, customer satisfaction, trained staff, and asset environments that are welcoming, nurturing, and informative. As these youth perceive high levels of safety, encounter other youth who are likewise positive, they are guided to develop lasting friendships. The result of this system in operation is that program utilization goes up, dropout rates are reduced, and the capacities (physical, social, intellectual, etc.) of each participant are increased, leading to informed decision making.

Positive Policies Systems Modeling

The City of South Bend appears to be ready to implement strategies to address increasing dropout rates of 10-14 year old youth from formal program offerings in the City. Details were provided in Year Two, and subsequent staff work resources have been provided.

Of paramount importance is the need to increase the retention of children (5-9 years of age) in programs, services, and groups that provide the opportunity to be physically active, socially engaged, and developing positive habits. The challenge to the parks and recreation agency, and the coalition of agencies interested in creating and sustaining a health community is the following:

1. *A clear plan of action*
2. *Current policies and practices*
3. *Consequential/non-consequential program offerings*
4. *Surveillance of youth behavior and engagement*
5. *System analytics*



Image credit: Bloomington, IN
Parks and Recreation Department

Systems modeling for South Bend: Creating a path forward to increased youth participation

There appears to be additional rationale to increase the retention of youth in an active, positive, and nurturing environment. More specifically, there is an opportunity for South Bend to lead the nation in creating public policy that drives a turn-around in dropout rates among youth. There is compelling evidence that our youth today are sedentary, often isolated from positive social structures, and consuming far more calories than they are expending. Building a systems model for planning, managing, and appraising the impact of change is the best method for documenting change over time.

H. Safety and Perception of Safety Analysis

Safety and/or the Perception of Safety

In South Bend, the findings indicate that safety and the perception of safety can be issues, especially in some parts of the City. Evidence-based research from criminology, social science, institutes of medicine, and public health recognizes the “perception of safety” as a growing barrier nationally to physical activity engagement specifically in parks and recreation activities. In Year Two, this process included conversations with the Police Department. A good relationship between the Departments helps minimize crime and perception of safety issues. The City can focus on methods for action that help to increase addressing ways to minimize opportunities for crime, along with handling media coverage containing messages that may exacerbate fears. The following section identifies general strategies to incorporate to address these issues.

If people feel unsafe, they are less apt to use an area for physical activity. The concern and stigma of crime is threatening to the use of park and recreation areas, especially in more urban environments. Research has shown that the kind of experience park-goers receive is a psychological imperative for relaxation and happiness. It is a resource for physical activity – an important element in the reduction of obesity and sedentary behavior which can accelerate other numerous negative health conditions. Professionals in the provision of parks and recreation services need to understand that fear and perceptions of safety have several different meanings to individuals within the community.

Regardless of whether or not perceptions are accurate, they have the power to affect individual actions and motivations, because **“What is perceived as important is important.”** Details related to taking a **Safety Inventory** of the community to help uncover areas of priority and action were covered in the Year Two Report.

I. Continuation of South Bend as a “Healthy Community”

South Bend has been involved with many efforts over the years to try and start to address these challenges. The battle is not over, and in fact, there is a lot more to do. As mentioned, the key issue is identification of community-specific measures along with the other Strategic Action Items. Through use of this Surveillance and Management Toolkit (SMT) protocols and processes, and continued work with GP RED and the other Beta Sites, it is encouraged that the South Bend Parks and Recreation Department continue to be involved in a progressive group of early-adopting innovators who are among the world’s leaders in helping to address these issues through new tools and protocols as they are developed and validated.

The SMT has been designed by years of work by experienced and knowledgeable researchers at Indiana University (Compton et al., 2011), through GP RED (Penbrooke et al., 2014), working with communities like South Bend, and now continues with professors at North Carolina State University (NCSU). While the SMT has been created and tested with South Bend and other different communities, another Beta Site study is starting soon, (Arlington Heights, IL), and a pending Robert Woods Johnson grant that would allow for attention four additional Beta Sites will be determined in Fall 2014. The goal is to test the SMT in up to 10 communities, and publish the SMT and findings for broad public application. The templates appear to be working, but we want to ensure that the dynamic templates and protocols will work for communities of all sizes and types prior to broad public release. The team members involved will continue to assist with refinement with each of these additional communities, along with celebration of South Bend’s efforts, and dissemination of this information through comparative analysis and continued refinement. **We encourage South Bend staff and community leaders to continue to articulate the needs for this important work, and share the results of their dedication.**

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Appendix A: Liberty, Missouri Youth Survey Instrument

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LIBERTY MIDDLE SCHOOLS OUT-OF-SCHOOL ACTIVITY SURVEY



Intro

Thank you for filling out this survey. It should take only 15 minutes or so to complete and will help us to learn more about young people and the activities they participate in when not in school. While all the questions are voluntary, we will get the most useful information if you answer all the questions. Be assured that when you hit SUBMIT at the end of the survey, all your answers are totally anonymous. The data are saved in a computer in North Carolina and only the researchers will be able to see the scores. You, your parents, teachers, and friends (and even the researchers) will not know who answered any of the questions. That is why we are not asking for your name or any other identifying information.

Once we have all the data, we will analyze all the answers and then write reports based on ALL the scores--not just yours. So, your honest answers are needed. Please be thoughtful and answer each question to the best of your knowledge. There are no right or wrong answers... everyone has their own levels of participation, eating habits, and family.

If you have any questions, be sure to ask your teacher or other adult who is in the room with you. They can help if you don't understand a word or question.

Ready? Click **NEXT** to get started with the survey -- and, thank you again!

Part I Demographics

PART I. First, we want to know a little bit about you...

We are comparing height and weight to the rest of the questions on this survey... you were recently measured so you should know how tall you are... We know this is personal information, so please remember that NO ONE can see your answers, and when you hit SUBMIT at the end of the survey your answers will go into a spreadsheet and no one can track who you are.

FIRST, tell us how many feet tall you are (we'll ask about the inches in the next question).

3 feet

☐

4 feet

☐

5 feet

☐

6 feet

☐

And now, tell us how many inches you are in addition to the feet you just marked in the previous question. So, if you are 4 feet 5 inches tall, you would have marked 4 feet in the previous question and now you will choose 5 inches from this list. If you are 4 feet, 5 and one half inches, just round up -- you will be 4 feet, 6 inches.

1 inch

☐

2 inches

☐

3 inches

☐

4 inches

☐

5 inches

☐

6 inches

☐

7 inches

☐

8 inches

☐

9 inches

☐

10 inches

☐

11 inches

☐

Just like height, we would like to know how much you weigh... Again, we know this is personal information, so remember that NO ONE can see your answers, and when you hit SUBMIT at the end of the survey your answers will go into a spreadsheet and no one can track who you are.

So, please write in the number of pounds you weigh (the number should be something like 68 or 82 or 105...--no letters)

What is your zip code?

☐ 64024

☐ 64080

☐ 64116

☐ 64151

☐ 64060

☐ 64081

☐ 64118

☐ 64156

☐ 64068

☐ 64089

☐ 64119

☐ 64157

☐ 64072

☐ 64106

☐ 64150

☐ 64158

How do you usually get to school?

- ☐ I walk to school on most days
- ☐ I ride my bike to school on most days
- ☐ Someone drives me to school on most days
- ☐ I ride the bus to school on most days

Are you a ...

- ☐ Girl
- ☐ Boy

When were you born?

Year
Month

What grade are you in?

- ☐ 6th
- ☐ 7th
- ☐ 8th

How would you describe your racial/ethnic background? (Choose all that apply)

- ☐ African American/Black
- ☐ Asian
- ☐ Latino/Hispanic
- ☐ Native American
- ☐ White/Caucasian

These next set of questions are about your eating for THIS PAST WEEK. There are two questions for each meal. You will write in the number of days for each item--the total for each question must add up to 7.

Think about this PAST WEEK and tell us the number of times you ate the types of foods listed below for BREAKFAST. Since there are seven days in the week, **the total must add up to 7.**

I did not eat breakfast	<input type="text" value="0"/> days this past week
I ate snack foods for breakfast, like poptarts	<input type="text" value="0"/> days this past week
I ate a cold breakfast like cereal	<input type="text" value="0"/> days this past week
I ate fast food for breakfast, like pizza	<input type="text" value="0"/> days this past week
I ate a hot breakfast, like eggs, oatmeal, or waffles	<input type="text" value="0"/> days this past week
I ate something else for breakfast	<input type="text" value="0"/> days this past week
Total	<input type="text" value="0"/> days this past week

Okay, we're still asking about BREAKFAST... tell us the number of times you ate at each type of place listed below. Since there are seven days in the week, the total must add up to 7.

I did not eat breakfast	<input type="text" value="0"/>	days this past week
I ate breakfast at home	<input type="text" value="0"/>	days this past week
I ate breakfast at a friend's or relative's house	<input type="text" value="0"/>	days this past week
I ate breakfast at school	<input type="text" value="0"/>	days this past week
I ate breakfast at a restaurant	<input type="text" value="0"/>	days this past week
I ate breakfast elsewhere	<input type="text" value="0"/>	days this past week
Total	<input type="text" value="0"/>	days this past week

Now about LUNCH...Think about this PAST WEEK and tell us the number of times you did each thing mentioned below. Since there are seven days in a week, the total must add up to 7.

I did not eat lunch	<input type="text" value="0"/>	days this past week
I ate a lunch at school that I brought from home	<input type="text" value="0"/>	days this past week
I ate a lunch at school that I bought at school	<input type="text" value="0"/>	days this past week
I ate lunch at school that a friend, teacher, or other person gave me	<input type="text" value="0"/>	days this past week
Total	<input type="text" value="0"/>	days this past week

Still thinking about LUNCH...during this PAST WEEK tell us the number of times you ate lunch at each type of place listed below. Since there are seven days in a week, the total must add up to 7.

I ate lunch at home	<input type="text" value="0"/>	days this past week
I ate lunch at school	<input type="text" value="0"/>	days this past week
I ate lunch at a friend's or relative's house	<input type="text" value="0"/>	days this past week
I ate lunch at a restaurant	<input type="text" value="0"/>	days this past week
I ate lunch elsewhere	<input type="text" value="0"/>	days this past week
Total	<input type="text" value="0"/>	days this past week

And... two questions about DINNER... during this PAST WEEK at dinner or supper time tell us the number of times you did each thing listed below. Since there are seven days in a week, **the total must add up to 7.**

I did not eat dinner/supper	<input type="text" value="0"/>	days this past week
I ate snacks for dinner/supper	<input type="text" value="0"/>	days this past week
I ate fast food like chicken nuggets, pizza, or burgers for dinner/supper	<input type="text" value="0"/>	days this past week
I ate a full dinner/supper prepared by an adult	<input type="text" value="0"/>	days this past week
Total	<input type="text" value="0"/>	days this past week

For the second question about DINNER... think about this PAST WEEK and tell us the number of times you ate at each place listed below. Since there are seven days in the week, **the total must add up to 7.**

I did not eat dinner/supper	<input type="text" value="0"/>	days this past week
I ate dinner/supper at home	<input type="text" value="0"/>	days this past week
I ate at a friend's or relative's house	<input type="text" value="0"/>	days this past week
I ate dinner/supper at a restaurant	<input type="text" value="0"/>	days this past week
I ate dinner/supper elsewhere	<input type="text" value="0"/>	days this past week
Total	<input type="text" value="0"/>	days this past week

Now we want to know about the kinds of foods you ate this past week. So, during this PAST WEEK how many days did you eat the following foods? **Be sure to click one button for each item...**

	Number of days LAST week that you ate...							
	Never	Once	Twice	Three times	Four times	Five times	Six times	Every day
Fresh vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast food (chicken nuggets, pizza, hot dogs, burgers, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Still thinking about this PAST WEEK how many TIMES EACH WEEK or DAY did you drink the following beverages? **Be sure to click one button for each kind of drink.**

	Number of Times You Drank... This Past Week						
	Never	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	1 to 2 times a day	3 to 4 times a day	5 to 6 times a day
100% fruit juices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet soft drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugary drinks (lemonade, flavored milk, koolaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glass or bottle of water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy drinks (Gatorade, Powerade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other types of drinks like soy milk, hot chocolate, ice tea, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Participation

PART II. Next, we want to know about your involvement in out-of-school activities...

Be sure to read the instructions--sometimes you can check several options and sometimes you check only one.

Think about when you are **NOT in school** -- check the boxes for ALL the following kinds of activities you participate in. **Check all the activities that apply to you.**

- ☐ Organized physical activities like sports, gymnastics, dance, swimming, weight lifting...
- ☐ Outdoor activities like playing in a park, skateboarding, walking, running, hiking, biking, climbing, hunting, fishing, and so on
- ☐ Youth group activities like Girl or Boy Scouts, church youth groups, Boys/Girls Clubs, 4H activities, and so on
- ☐ Hobbies and science activities like gaming clubs, chess club, reading group, debate team, computer club, science club, rocketry, and so on
- ☐ Music and art activities like music lessons, band, orchestra, chorus, theater/drama, photography, stepping, wood working, ceramics, and so on
- ☐ Any others not listed above? Please write in the activity here...

Think about THIS PAST WEEK **when you were NOT in school (after school, weekends)**... In the first column, tell us how many hours you participated in the activities AND in the second column tell us how many friends participated with you in that activity. The activity categories are the same as in the previous question.

	HOURS I participated when not in school						Number of friends participated with me				
	None	1	2	3	4	5+	Was alone	1	2	3	4 or more
Organized physical activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth group activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hobbies and science activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music and art activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any others not listed above? Please write in the activity here...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about the activities you participate in **when you are NOT in school**. Then RANK the reasons you choose to participate in those activities. Rank the reasons by sliding (click and hold) the most important reason to the top of the list, then the next most important, and so on. Be sure your least important reason is the last one in the list.

To be with my friends

To learn new skills

Because it's fun

To reduce my stress

My parents/guardians or other adults want me to participate

Now think about the **reasons you DO NOT participate** in activities when you are not in school. Then rank the reasons why you DO NOT participate... Just like the question before this, slide (click and hold) the biggest reason you do NOT participate to the top of the list. The reason that matters the least will be at the bottom of the list.

I'm not allowed to participate (no money, no way to get to the activity, too dangerous)

I'm too busy (have chores, have to work or babysit, take private lessons)

I have no interest in participating (it's not cool to do the activities, I'd rather stay home after school)

Social reasons (friends don't participate, I'd rather be alone, I don't feel comfortable with others)

No skills or have health issues (no skills to participate, health conditions limit me, my fitness level is too low)

Think about the following kinds of activities and tell us how many HOURS you participate in each... The **first column** is the time you spend in that activity **during a typical school week**. The **second column** asks about amount of time you typically do that activity **during the WEEKEND**. Please be sure to click a circle in each column for each activity.

	Weekday Total Hours						Weekend Total Hours					
	None	1	2	3	4	5+	None	1	2	3	4	5+
Academic kinds of activities like reading, practicing music, or homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged in social media, texting, or on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now we would like to **choose ONE of the activity categories you participate in** when you are NOT in school. The next question will be about the reasons you participate in that type of activity.

- ☐ Organized physical activities like sports, gymnastics, dance, swimming, weight lifting...
- ☐ Outdoor activities like playing in a park, skateboarding, walking, running, hiking, biking, climbing, hunting, fishing, and so on
- ☐ Youth group activities like Girl or Boy Scouts, church youth groups, Boys/Girls Clubs, 4H activities, and so on
- ☐ Hobbies and science activities like gaming clubs, chess club, reading group, debate team, computer club, science club, rocketry, and so on
- ☐ Music and art activities like music lessons, band, orchestra, chorus, theater/drama, photography, stepping, wood working, ceramics, and so on
- ☐ Any others not listed above? Please write in the activity here...

So, think about the activity category you selected in the previous question... Now, for each of the following statements, choose one number that BEST describes the reason you participate in that activity category. Remember to answer for each statement.

	Reasons You Participate in the Selected Activity (above)				
	Not a reason	A weak reason	Neutral	Somewhat important reason	Very important reason
I can meet new people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The activities are exciting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happiest when doing the activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The activity is a good break from school and other responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can hang out with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to improve my skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A teacher or some other adult really encouraged me to participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The activities are fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends want me to participate; they pressure me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to learn something new	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This activity helps reduce my stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/guardians make me attend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The activity helps to relax me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can develop new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like being with other people who share my interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think of the opportunities in your town to participate in **organized** sport leagues, camps, lessons, and so on. We would like to know at what ages you participated in those formal sports programs. So, for each sport listed below, check the boxes that indicate how old you were when you participated. If you participated when you were 6 years old, 7 years old, and 8 years old, then check both of those age boxes (yrs) for that activity.

	Mark ALL the Ages When you Participated in the Sports Listed													
	Never	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs
Baseball/Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flag football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track/cross country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents

PART III. Lastly, we want to know a little bit about your parents or guardians...

This last section is about your PARENTS/GUARDIANS. So, the following questions ask about what your parents or guardians do -- answer the best you can even if you do not know for sure.

Now we want you to think **about your parents or guardians**... for each of the following items tell us how much you agree or disagree. For each question "They" means your parents or guardians.

	Things Your Parents/Guardians Do...				
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
They set limits on the amount of time I can be on the computer, video games, and/or watch TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They encourage me to participate in physical activities when I am not in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They pay attention to or keep track of what I eat and drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They tend to drink mostly water with meals (rather than soft drinks or wine, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They like to do physical activities with me when I am not in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They ask me about what activities I have done and how much time I spent doing them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They monitor and keep track of my physical activities when I am out of school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They have a nutrition plan that we all follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They prepare homemade meals rather than pre-packaged or frozen meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are willing to pay for me to be in physical activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are physically active in their jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They encourage me to play outside and be active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They use nutrition facts when grocery shopping to choose the most nutritious foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They control how many snack and 'junk' foods we have in the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They exercise more 3 or more times a week on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exit

Thank you for helping us with this survey! When you click SUBMIT your answers will go to a computer in North Carolina and no one will know who you are or how you

answered.

Have a great school year!