The Surveillance and Management Toolkit Positions Parks and Recreation as a Public Health Provider

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Alliances

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SAFE ROUTES to School NATIONAL PARTNERSHIP

David M Compton, MPH, PhD
Kiboum Kim, PhD
Debra Jordan, PhD

RRC ASSOCIATES An STR Company

East Carolina University

IMBA

GREENPLAY LLC The Leading Edge In Parks, Recreation And Open Space Consulting

Bloomington and South Bend, IN
Liberty, MO, Lakewood, CO,
Prince Georges County, MD,
upcoming new beta sites
And YOU?

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Why are we concerned ?

- Moral concern for the health of others – obesity and reduced physical activity impacts
- 16% of the total US budget spent on health care – huge economic impact
- Public parks and recreation agencies play an underappreciated role in US healthcare
- Now we must go beyond simply documenting physical resources and assets in communities

Overall Systematic Analysis for the community vs. just another Program Approach

Why Parks and Recreation As a Solution?

- Provide access to parks and recreation facilities for 80% of Americans
- Facilitate opportunities to participate in active recreation (75% within two miles)
- Inform and educate public about healthy lifestyle choices
- Provide leadership to mobilize community and state wide initiatives

Continued testing and alliances (Interested?)

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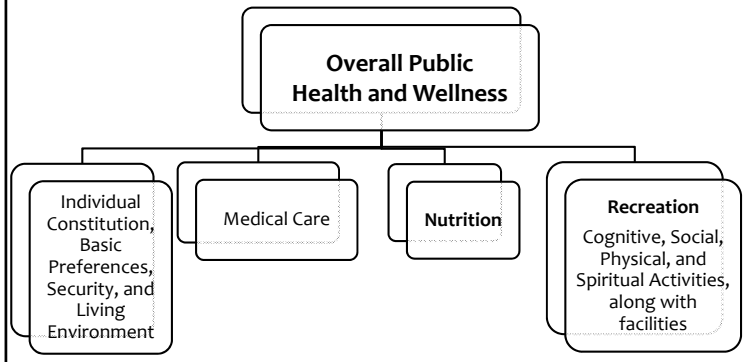
Our Fit in Overall Public Health



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Parks and Recreation play a strong community role for those items in green, and can work with the others

Learning from HIAs, SOPARC, and other Available Assessment Tools

- Geographic Site or Topic Specific Assessments
- Food Availability – Deserts / Swamps / Local
- Physical Activity and Social Ecology Indicators – design, activity, or emotional components
- Safe Routes to School
- Walk Audits
- Prescriptions for Play
- Let's Move, Achieve, It Starts in Parks, and other programs designed to evoke change

How does an agency know what to do?

NOW: The HCRG Surveillance and Management Toolkit (SMT)

- A series of facilitated steps and digital and print-ready templates to help communities
- Focus on ages 10 – 14 for HCRG, but scalable to include all ages for ongoing management
- Convening and collection of qualitative and quantitative data
- Reports and Action Plans for Years 1 – 3
- Evidence-based but implementation focused
- What steps does this community need to do?

Systematic Assessment Five Elements for Systems Analysis

Warrant for Action	Community Systems	Policies, Laws & Procedures	Fiscal Resources & Distribution	Inventory of Assets & Affordances

• Start inquiry
• Input information
• Create documents
• Start database
• Data transmission
• Warrant for intervention
• Proposal for action
	• Convene Stakeholders
	• Intersections
	  • Collaborations
	  • Partnerships
	  • Agreements
	  • Shared assets
	• Negative Markers
		• Laws (Fed, State, County, City)
		• Ordinances
		• Agency regulations
		• Agency policies & practices
			• Identify funding paths
			• Determine allocation patterns/%
			• Identify sources of $$
			• Document use of $$$
			• Identify ROI
				• Assets
				  • Built
				  • Natural
				• Affordances
				  • Formal programs
				  • Services

Why? Who? Impact?	How Is our community working?	What influence on HEAL?	What funds? For what?	What do we have?

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Convening Community Partners and Key Stakeholders

- **Schools** – Involvement and collection of youth specific nutrition, activity, and BMI data through provided customizable survey templates and education.
- **Alternative providers** – alignment with non-profit, faith-based, for profit, and other governmental.
- **Public health and medical/hospitals** – Involvement and any related information that can be collected,
- **Other related community departments** - Police, Transportation, Planning, Finance, and Administration.

Community Profile and Youth Survey

- National and Local Data
- Local Demographics and Relevant Trends
- A Youth Survey through Schools hosted by East Carolina University.

MAUT Policy Analysis

Multi-Attribute Utilities Technique to determine the key factors and indicators in this community

Factors may reduce obesogenic behaviors of children age 8-14 years.

Utilities of each factor — Round 1

Participants	Nutrition regimen	Social interaction	Transportation services	Physical activity	Safety	Sum
1	30	20	20	20	10	100
2	20	20	30	15	15	100
3	20	30	10	25	15	100
4	20	30				
5	30	20				
6	25	15				
7	25	20				
8	20	30				
9	10	50				
10	30	15				

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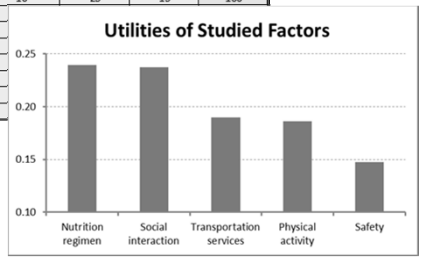

Composite-Values Methodology (CVM) Inventory and LOS Analysis of Assets (including walkability)

- Components
- Access

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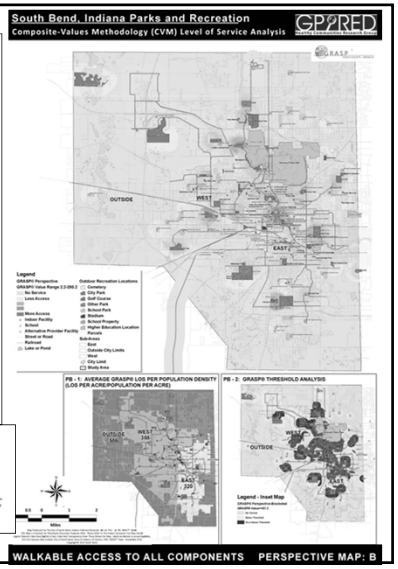

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Safe Routes To Play

A Child-Centered Transportation Initiative

What if all children had the opportunity to safely bicycle, ski, skate, scoot, or walk to their play destinations?

Safe Routes To Play Objectives

Community Assessment Tool – determine a community's level of 'active access'

Funding Mechanisms – implement Safe Routes To Play initiatives

Promote Awareness – the value of a child-centered active transportation model

Accepted Planning Practices – for transportation, community, and trails planners

Partnerships – with key government, academic, non-profit and business entities

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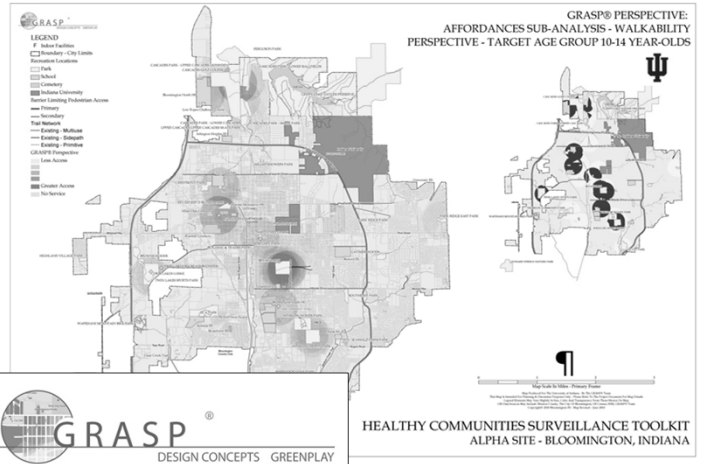
For more information, contact
Cindy Heath, cindyh@gpred.org, 303-501-7697

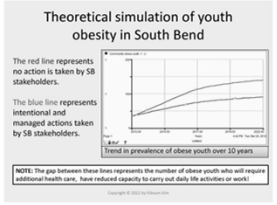
Measuring Affordances

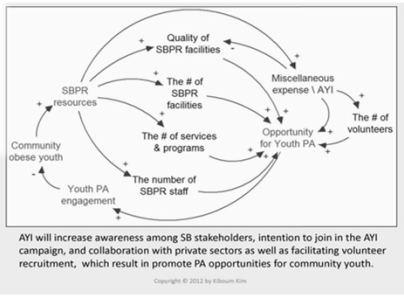
- Digital Inventory of Programs and Services
- Characteristics such as:
  - Location
  - quartile
  - Frequency and Duration
  - Participation and Adherence
  - Target Market
  - Provider vs. Facilitator
  - Geographic location
  - Benefits
  - Financial Performance

Affordances Analysis



STELLA® Modeling System





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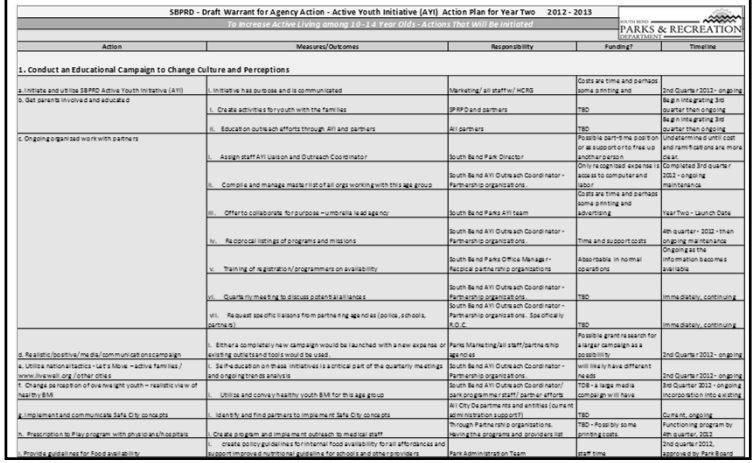
Action Plan Summary



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

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

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

Strong Community Outcomes

- Toolkit Templates creation and utilization for tracking capabilities and awareness
- Identification of key Community-Specific Factors
- Partnerships for P&R with Public Health, Schools, Transportation, Public Safety, and alternative community providers
- Funding of new positions, programs, and assets
- Decision-maker and public buy-in

Community-Specific Action Plans

Upcoming Tools and Work for the RED HCRG

- Working with the Institute of Public Health Innovation and Prince George's County, MD to test the Safe Routes to Play process.
- Exploring work with The Academy of Parks and Recreation on a On-Line Agency "Healthy Communities Online Assessment Tool" (HCOAT)
- Creating a National "Healthy Communities Certification Program".
- Working with NCSU for publications
- Continued recruitment and testing of Community Beta Sites and Funding – Interested?

Healthy Communities Research Group

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Teresa Penbrooke, CPRE
PhD student, North Carolina State University
HCRG Director, GP RED
TeresaP@GPRED.org 303-870-3884
Cindy Heath, CPRP
CindyH@GPRED.org 303-501-7697
Jessica Osborne, MURP, MUD
JessicaO@GPRED.org 303-880-4916
www.GPRED.org

Questions? Thanks!

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Healthy Communities Research Group

Healthy Communities Surveillance and Management Project

Background

Since 2009, the Healthy Communities Research Group – (GP RED, Indiana University – Bloomington, along with Indiana Parks and Recreation Association, Bloomington Parks and Recreation Department, GreenPlay, Design Concepts, East Carolina University and Beta Site communities), have been working together to develop and test the **Healthy Communities Surveillance and Management Project.** The project targets the community aspects that influence obesity and active living. The initial "alpha project" in Bloomington, IN, and the subsequent ***Beta Sites*** in South Bend, Indiana, and Liberty, MO, have been successful. The methods have been integrated into a training process and toolkit that is under refinement, testing, and implementation. Apply now to be one of **only 10** Beta Site communities selected to participate.

What is the Project about?

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

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

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

Opportunities for Public Parks and Recreation Agencies

- Become a Beta Site for Assessment, Surveillance, and Strategic Portfolio Development in your community – **Become a Healthy Community!**
- Position Parks and Recreation as a Community Health Provider

In order to make this project manageable for application, we are asking the communities involved to focus initially on ages 10-14, as access to this age range is generally more achievable, and this time of life is crucial for development of healthy habits and adherence to healthy lifestyles. All templates are dynamic, and other age groups can be addressed if desired.

Allied HCRG Organizations:

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Becoming a Healthy Communities "Beta– Site"

The Healthy Communities Research Group (HCRG) is now recruiting a limited number of "beta site" communities for additional testing, involvement, and benefits in 2014 - 2016.

What does "Becoming a Beta-Site" mean?

The HCRG will work directly with you and your community to assess, analyze, document, and evaluate five elements related to the repositioning your parks and recreation department as a community public health provider.

To do so, we utilize the **Healthy Communities Surveillance and Management Toolkit** over a **three-year period**. You will be assigned a HCRG Project Manager, that will work directly with your agency to train you and your staff, convene relevant stakeholders, collect information on pre-provided templates and questionnaires, and compile that information into the Toolkit Portfolio. After collection, the HCRG will work to create reports, recommendations, and key management modeling scenarios for you to implement, and then work with your agency on evaluation over time. This will be done with your staff, and can be presented to your decision makers to help align your department as leaders in facilitating a "healthy community".

What does my agency need to have in place to start?

While we are continually supplementing the research funding and benefits for Beta Sites and the Toolkit implementation process, there is a necessary agency investment for the chosen Beta Sites – in time, staffing, and a financial investment to help cover some of the costs for funding for the project. You'll need to provide:

- A **staff person** with the background and authority to be assigned as your "**Healthy Communities Project Manager**"
    - This person will need to allocate an average of approximately 5-20 hours per month during the Beta Site involvement (higher hours during Year One). They will be trained throughout the process, with a focus on assessment, setting desired outcomes, and future implementation strategies.
- **The agency will need to invest $25 to $100,000** (depending on size and complexity) in **annual financial support** via a contract to partially offset the project costs. We strongly encourage a three year commitment to insure your community realizes the full benefit of the affiliation and documented impact. If funding is an issue, we can partner with you for grant applications or other alternative methods.
- **Basic inventory and assessment reports and materials***
    - Gathering of materials that outline your agencies policies, laws, and procedures as currently adopted
    - Completion of templates related to partnerships and alternative providers
    - A digital composite-values method (CVM) inventory and GIS of your agency's assets and programs that are affecting the target age group
    - Programming reports to complete the Affordances Inventory Template
    - Financial reports to help assess the allocation of resources going to these activities.

**NOTE: if your agency does not have these items easily available, the HCRG can recommend separate trainings and/or consulting services to help you gather and create the basic levels needed for the Healthy Communities Toolkit work.*

Steps for Healthy Communities "Beta Site" Involvement Sample Year One Project Timeline	Months								
Tasks and Key Meetings	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
A. Initial Discussions and Agreements	X								
B. HC Workshop / Workbook Overview	X								
C. Convening of stakeholder / Collection of inventory and assessment materials		X			X				
D. Additional Info collection with HCRG		X			X				
E. Creation of HC Portfolio / Strategies					X				
F. Modeling of Future Strategies					X		X		
G. Presentations / Implementation Kick-Off							X		X

This timeline will be customized with you for your agency.

As a Healthy Communities Beta-Site, What Do We Get?

- Alignment, recognition, certification, and national celebration of your involvement as a **HCRG Surveillance and Management Beta Site for a Healthy Community!**
- Drafted community-specific templates and questionnaires for information gathering, assessment, and monitoring over time.
- Assessment, tools, and strategies for future implementation – Results from the **Healthy Communities Surveillance Toolkit Portfolio™**:
    - Baseline summary of the need, warrants for action, and demographics from your community – What do you need?
    - Rationale to present to decision makers outlining the potential for repositioning as a catalyst for healthy people in your community.
    - Analysis tools and summaries related to your community's systems, policies, and funding.
    - Analysis and analytical mapping of your community's assets and affordances as relevant for this initiative.
    - Relevant comparative analysis to show how your agency compares to others involved around the U.S.*
    - Results of the Stella® Modeling System for key factors that can affect change.
    - Recommendations for immediate, short-term, and long-term strategies that will help your community become a better Healthy Community.
    - Identification of key elements that may be most appropriate for alternative funding options and partnerships.

*Note, this list of communities involved is growing over time. An ongoing tracking, networking, and comparison service is anticipated in future years.

Become a "Beta Site" now!

Contact Teresa Penbrooke, MAOM, CPRE, HCRG Director
GP RED Healthy Communities Research Group
P: 303-870-3884 E: teresap@gpred.org www.gpred.org