CDPH
California Department of
PublicHealth

PHYSICAL ACTIVITY
RESOURCE GUIDE

Implementing Physical Activity Programming for SNAP-Ed Eligible Populations

CHAMPIONS for CHANGE™

About This Resource

This resource provides practical "how-to" information about physical activity programming. This guide is intended to assist public health professionals, community leaders, community based and similar organizations assess, plan, implement and evaluate evidence-based physical education and physical activity programing in early child care, elementary school, middle school, high school, parks and the work-site environment. With this guide, you will find information on the sequential steps to successful physical activity program outcomes. This guide contains selective tools and techniques such as the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) Model, how to write Specific, Measurable, Achievable, Realistic, Time-based (SMART) Objectives and the program evaluation process. Each section features links to outside resources intended to support and assist in the programing planning process. This resource guide also provides information on "Evidence-based" and Supplemental Nutrition Assistance Program Education (SNAP-Ed) approved programing. However, not all of the referenced curriculums, interventions, activities and programs fully meet United States Department of Agriculture (USDA) criteria as "Evidence-based". Yet, portions of referenced curricula, interventions, activities and programs can be used to develop curricula programing than can be effective at the local level and considered by USDA as promising practice if submitted for review. Example success stories are also included to provide practical insight for successful program implementation.

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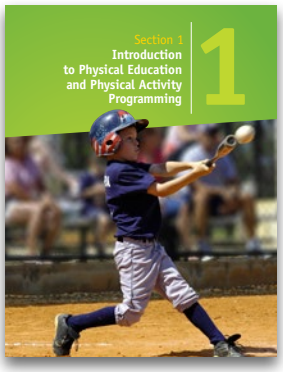

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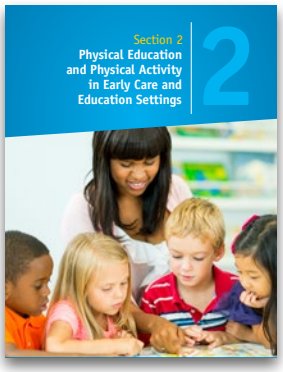

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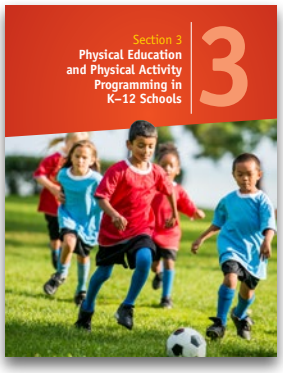

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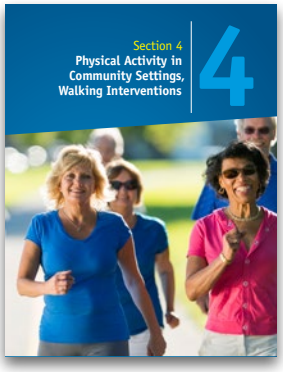

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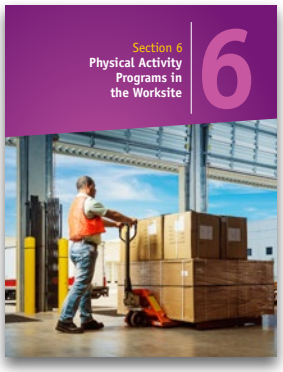

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Section 1

Introduction to Physical Education and Physical Activity Programming

1

Introduction to Physical Education and Physical Activity Programming

Being physically active is one of the most important steps that Americans of all ages can take to improve their health. Studies such as the Behavior Risk Factor Surveillance System (BRFSS) published by the Centers for Disease Control and Prevention (CDC) and the United States Department of Health and Human Services (USHHS) show that regular physical activity (PA) reduces the risk for depression, diabetes, heart disease, high blood pressure, obesity, stroke, and certain kinds of cancer. Additional information shows too many adults and youth in the U.S. do not meet current PA recommendations. According to the CDC, 51.6% of adults and 27.1% of youth say they attain the recommended amounts of moderate PA (1). Results from the California Health Interview Survey (CHIS) indicate the problem is severe in California with 72.7% of adults in the state not meeting the CDC recommendation of being moderately physically active a minimum of five days a week for 30 minutes (2). The same study indicates 30.4% of children in California ages 6–12 meet the recommendation of being physically active for one hour a day every day of the week and 16.3% of teens (ages 13–17) meet the recommendation of being physically active for one hour a day seven days a week (3, 4).

In 2008, the United States Health and Human Services (USHHS) issued *The 2008 Physical Activity Guidelines for Americans*, which provides science-based guidance to help Americans age six years and older improve their health through appropriate PA. The Guidelines emphasize regular PA can produce health benefits over a lifetime and realizing these benefits requires PA on a regular basis (5).

Using This Resource Guide

This Physical Activity Resource Guide is designed to help public health professionals and leaders assess, plan, implement and evaluate evidence-based PA strategies and interventions leading to more active lifestyles and improved health outcomes among SNAP-Ed targeted populations. First, read the Introduction section to gain an understanding of the necessary components of a sound PA program. The introduction contains sections on building the intervention from the ground up by advising who to include in the planning process, planning techniques and tools including the RE-AIM process, how to write program objectives, creating a Logic Model to use the objectives, how to implement the program and how to measure the success of the program

through evaluation. Review and use the sequential steps in planning a PA program provided in this section. The steps outlined in the introduction are the common building blocks for health programming. This Resource Guide information is divided into five sections that reflect the priority PA strategies issue by the CDC:

1. **Early Care and Education**
2. **Physical Education and Physical Activity Programing in K–12 Schools**
3. **Physical Activity in the Community Setting: Walking Interventions**
4. **Physical Activity in the Community setting: Access to Parks and Recreational opportunities**
5. **Physical Activity in the Worksite**

Each section contains links to valuable resources that contain information and examples of specific components on the PA programming process. Be aware not all resources will meet USDA criteria as "Best Practice" or "Evidence-based"; however they do provide insight and examples which may be useful when planning your PA program intervention.

Designing a Physical Activity Intervention

To design a sustainable and relevant PA intervention, begin by forming a group that can work collaboratively on local PA issues and goals. This group should be comprised of individuals who have an interest in promoting PA. The group should have at least one individual with some PA experience or training. Include internal partners who can bring specific skills, experiences, perspectives, beneficial relationships and resources to the table, preferably individuals who are experts or have experience in the individual components of health programming (planning, developing objectives, logic models, funding, plan writing, policy, curriculum and other components). Also, recruit community members who can help drive and support the planning and implementation of PA interventions in their homes, schools, workplaces and/or neighborhoods. These individuals should be well respected in the community and have access to key decision makers

who have positions in local governing bodies or worksite environments. Members of the program target population should also be included and participate in this group. Input from target participants is crucial for local implementation process and subtleties that can make a program successful.

Sustainability and Physical Activity Programming Intervention

"Sustainability" is the capacity to maintain programming and its benefits over time. In planning the PA intervention, sustainability is the key.

To help ensure program sustainability remember to consider:

- Environmental Support
- Funding Stability
- Communications
- Sound Program Evaluation
- Organizational Capacity
- Strategic Planning
- Program Adaptation
- Strategic Partnerships

It takes more than just money to sustain programs. Actions that effect policies, systems and environmental (PSE) change are also needed. For more information on PSE programing components see the evaluate section.

The Physical Activity Program Process

The *process* of developing a PA Intervention that meets the targeted population's needs includes **four steps:**

Step 1: Assess

"Assessment" is the process of collecting information in order to determine which interventions will be most effective for the specific target community or workplace and the individuals who live or work there.

Interventions should be based on the identified needs for a specific population in a particular environment. Assessing both needs and assets (resources) in a community will help gain a sense of what leaders *can and should* do, versus what they *would like* to do. The focus of an assessment can begin at the individual level, build to address group needs and expand to the entire community or work environment. The completed assessment will help determine overall program goals. Some questions to ask when assessing needs are:

- What is the main health issue?
- Who is affected and how?
- What resources do we have?
- What resources do we need?
- What information do we need?

Collecting the correct information during an assessment is vital to program success. There are two principal types of information used to determine the main issues to be addressed in program development, quantitative and qualitative. Quantitative information is about quantities or the number of times something happens. Quantitative information can be measured and expressed with numbers, rates or percentages. Some examples of quantitative data are a person's height, weight, blood pressure and the number of miles a person commutes to work or school. An example assessment item could be counting the number of minutes students are physical active in P.E. class during the week. Qualitative data is about descriptive summaries of what people think, say or do and is often subjective. A qualitative assessment item may be how the students feel when they regularly have P.E. class as opposed to when they don't have P.E. class.

- Quantitative information is: population demographics or characteristics, vital statistic records, hospital records, morbidity and mortality reports.

- Qualitative information represents: people's perceptions, attitudes, motivations and beliefs as observed through focus groups, semi-structured interviews or public meetings.
- Qualitative information can be collected by: in-depth interviews with community leaders or program planners.
- Both quantitative and qualitative information can be obtained from journals, magazines, web sites, editorial boards, online databases and other sources.

After the assessment is complete, work together with PA team members (co-workers, coalition, collaborators, partners, community or organization leaders and others) and identify what key stakeholders see as the most important concerns and then determine program priorities based on what key stakeholders view as important issues. Consider feasibility, effectiveness, and measurability when determining priorities. The data collected during the assessment phase will serve as baseline data. Baseline data is information gathered before starting a program or intervention. Baseline data is also essential in measuring the program's success, determining program goals and measuring objectives. Most importantly baseline data acts as the foundation for the planning process.

Step 2: Plan

"Planning" is the process of conceptualizing the type of programming that will be optimal for the target group or community based on the assessed needs. The RE-AIM planning process is a highly effective and one of the commonly used techniques used to identify key factors and steps to be addressed when determining the appropriate best-practice programing for the intended outcomes.

USING THE RE-AIM MODEL (REACH EFFECTIVENESS, ADOPTION, IMPLEMENTATION, MAINTENANCE)

A program that is effective but impractical to implement or sustain is of little value. The "RE-AIM model" helps structure program design and evaluation to answer practical questions about program implementation and sustainability. From a program planning perspective, RE-AIM can be used to focus attention to the information necessary for educators and organizations to make informed program and implementation decisions based on the degree to which a program can reach the target audience, effectively generate change and sustain the desired outcomes. RE-AIM can also be used to adopt and implemented existing programs in a variety of settings. Components of the RE-AIM model include:

- **Reach**: reaching the intended population including those at greatest risk.
  - Who is intended to benefit from the program?
  - How will the target population be reached?
  - Does the program reach those most in need?
- **Effectiveness:** the impact on nutrition, physical activity, obesity, and health.
  - Is the program achieving the set outcomes?
  - How will the effectiveness of the program be improved?
  - How will the impact of the program be tracked and measured?
- **Adoption:** the ability and willingness of organizations (e.g., child care, schools, and worksites) to initiate the intervention.
  - How will organizational support be generated?
- **Implementation:** the ability to deliver an evidence-based intervention as designed.
  - Are program components delivered as intended?
  - What parts of the program are flexible or adaptable without decreasing program efficiency?
- **Maintenance:** the long-term enforcement and sustainability of the intervention (6)
  - Does the program produce lasting effects (1–2 years and more)?
  - Will the organization be able to sustain the program over time? If not, what needs to be done to ensure sustainability?

See the RE-AIM links in the resource section for more detailed information on the RE-AIM model and the Planning and Evaluation Resources section for additional information on how RE-AIM can be used to evaluate a PA program.

When developing your intervention use clearly stated research goals and measurable objectives for the program. Well written goals and objectives help to establish the overall direction for and focus of a program and define what the program should achieve. There are two specific steps to writing a good goal:

1. Specify an expected program effect in reducing a health problem; and
2. Identify the target population to be affected. A program goal:
   * Is a broad statement in a complete sentence that describes a program outcome.
   * Gets the complete idea of your program across as simply and briefly as possible.
   * Uses language that most people in the field outside your own agency are likely to understand.
   * Frames the outcomes in positive terms or in terms of a decrease in health risk behaviors or health outcome.

To distinguish a goal from an objective it is important to note, a goal or goal statement is a broad, brief statement of intent. Goals provide a focus or vision for planning. Goals are non-measurable. An example goal statement is: Decrease the number of obese students in Gore Springs Elementary School using the *Fit for Life* physical education curriculum.

SMART OBJECTIVES

Once the program goal has been defined, achievable short-term and long-term outcomes should be identified. To reach short and long-term outcomes it is best to create well written objectives using the "**SMART Objective**" format.

- **Specific:** the objective is written in a precise clear manner and tells the reader what's expected, who's involved, what will be accomplished and where it will happen.
- **Measurable:** state what will be changed, by how much and when the change will occur. Change can be expressed in numbers or percentages, a learned skill, knowledge or attitude change.
- **Achievable:** the objective must be realistic and attainable neither out of reach nor below standard performance. An achievable objective will usually answer the question; "How will it be accomplished?"
- **Realistic:** the objective must be appropriate and related to the program at hand. The objective should be worthwhile and correspond to the other components of the program and consider the social and economic environment.
- **Time specific:** the objective is written within a specific time-frame using a target date of completion.

Example objective: *By June 2018, 80% of the 100 student participants in the Fit for Life Physical Education program at Gore Springs Elementary school, who show signs of overweight or obesity (per Body Mass Index BMI), will be able to explain the difference between moderate and vigorous physical activity and demonstrate an example of each.*

The PA work group members can design and document the plan or "roadmap" based on these SMART objectives. Sound program design allows one to attribute the successful evaluation findings to the intervention. A planning process that is often used is a Logic Model. Logic Models are useful tools in designing the program "road map" and are useful in measuring program success. Logic models can be used to deliver program content in a concentrated or narrow scope such as the use of a specific curriculum or activity while the RE-AIM process is broad perspective planning.

CHOOSING A PA CURRICULUM FOR THE IDENTIFIED PROGRAM NEEDS

Curricula that have been determined to meet USDA criteria for Best Practice classification have been through a peer review and evaluation process that shows effective outcomes in specific target populations. Best practice strategies:

- Are reviewed by experts in the public health field using predetermined standards.
- Are replicable and produce desirable results in a variety of settings.

- Clearly link positive effects to the program/ practice being evaluated and not to other external factors.

The USDA has identified three levels of best-practice curriculum and programing for SNAP-Ed recipients:

1. **Evidence–Based Research Tested**
   This approach is based upon relevant rigorous public health research including systematically reviewed scientific evidence, and other published studies and evaluation reports that demonstrate significant effects on individual behaviors, PA environments or policies across multiple populations, settings, or locales.
2. **Practice–Based/Practice Tested**
   This approach is based on published or unpublished evaluation reports and case studies by practitioners working in the field with programs that have shown positive effects on individual behaviors, PA environments or policies.
3. **Emerging/Newly developed intervention/ curriculum**
   This approach includes community or practitioner-driven activities that have the potential for obesity prevention, but have not yet been formally evaluated with a recognized scientific method and replicated results.

An evidence-based approach may include a mix of strategies, curricula and program interventions. The USDA has identified specific criteria for curricula to be used in SNAP-Ed programming. These criteria can be used to evaluated curricula content and compare to USDA requirements found in Appendix E. Best-Practice programing interventions can be found in the *SNAP-Ed Strategies and Interventions: An Obesity Prevention Toolkit for States*.

LOGIC MODELS

Logic models are highly useful visual tools for planning, describing, managing, communicating, and evaluating a program or intervention. While the RE-AIM process can be used to plan out the PA program in a large scope, the Logic Model is used to outline the detailed sequence of steps that will generate the desired changes in the target population. Logic models graphically represent the program activities and the intended short-term and long-term outcomes as well as the overall program goal. A well written logic model will include; the current situation or status of the stated problem, resources available to address the problem, barriers to program success, and specific activities or objectives to address the problem as well as desired outcomes. Logic models can be created for an entire plan and/or for a single objective in the plan.

Example Logic Format				
Inputs/ Resources	**Activities**	**Short-Term Outcomes**	**Intermediate Outcomes**	**Program Goals/ Long-Term Outcomes**
Certain resources needed to operate the program: • Selected Curriculum • Activity times/dates/ frequency • Activity equipment required • Venue • Number of available trained staff	With access to resources (example curriculum) used to accomplish planned activities 1, 2, 3, and 4 inclusive of evaluation method	Outcomes from curriculum actives may address an increase in: • Knowledge • Specific skills • Participants attitude • Participants behaviors	Additional knowledge leads to positive measurable change in participants. • Attitudes • Skills • Behaviors practiced by participants	Decrease of specific signs, behaviors in a population that lead to heath issue(s) and increase in positive skills and behaviors that lead to decreasing the level of the identified problem(s).
External Factors: Current situation, aspects external to the program that may positively or negatively affect/influence the intended program.			**Assumptions:** Beliefs about people involved, levels of participation, available resources, how the program will work and related thoughts.	

More information and additional examples on logic models can be found at:

- CDC website
  http://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf
- Kellogg Foundation site
  http://www.wkkf.org/

EXAMPLE: USING A LOGIC MODEL IN A CURRICULUM

Implementing lesson one objective one of the "P.E. in Your School" Physical Education Curriculum at Acorn Elementary School using a logic model format

Lesson one: Basics of Physical Education activities

Goal: Increased understanding of the benefits of physical activity among participants in the Acorn Elementary

School Physical Education program: P.E. in Your School.

Objective one: At the end of the session participants will be able to:

- Describe the importance of regular physical activity.
- Explain and define "Aerobic" and "Anaerobic" exercises.
- Demonstrate at least one of each "Aerobic" and "Anaerobic" exercises.
- Draft a weekly schedule that includes 60 minutes of daily physical activity.
- Complete 60 minutes of daily physical activity and record activities for one week.

Example Logic Format				
Inputs/ Resources (In order to accomplish our stated activities we will need the following)	**Activities** (In order to address our problem we will accomplish the following activities)	**Short-Term** Outcomes (Expected changes to occur after the activity)	**Intermediate Outcomes** (Longer term changes as a result of the activities)	**Program Goals/ Long-Term Outcomes** (The expected changes over an extended time)
Resources needed to operate the program: • Location on campus • Curriculum • Equipment • P.E. Instructor • Participation from staff and support from stakeholders • Support from parents • Ongoing support	Complete lesson one of "P.E. in Your School" curriculum that emphasizes: • Relevance of being physically active on a regular basis • Understanding Aerobic and Anaerobic PA • Planning recommended time of PA into a daily schedule • Demonstrate and express one or more examples of each Aerobic and Anaerobic activities	Outcomes from curriculum actives: • Increase in knowledge of the value of regular PA • Increase in knowledge of aerobic and anaerobic PA • Increase in skill of each aerobic and anaerobic PA • Ability to develop and complete planned activities on a daily basis	Outcome effects from the curriculum activities: 1. Increase in knowledge and or positive attitude regarding physical activity 2. Increase in frequency of preforming recommended frequency of aerobic and anaerobic activities 3. Increase of selected PA skills	Decrease in sedentary behaviors in population that lead to overweight: 1. Increase regular physical activity by students 2. Decrease in sedentary behavior 3. Decrease in population BMI 4. Increase in students' academic performance
External Factors: 1) PA will be incorporated into regular school day activities as a mandatory Physical education Program: 2) Program is supported by school Principal; 3) Teachers may have difficulty implementing program prior to hiring of a physical education teacher; 4) Teachers will require training on curriculum; 5) Increase funding from the school district will be sustained.			**Assumptions:** 1) Survey indicates staff to be on-board with P.E. program; 2) Any inconvenience to teachers will be temporary and tolerated; 3) Incentive to teachers will help teachers review curriculum, attend training and launch program.	

Planning and evaluation go hand in hand. Planning the program starts with identifying the primary changes to be made in an institution or community. Once the goals are in place it is important to collect baseline data to document the current status of the environment or policies to be changed, and the level of community and institutional support and readiness for change. Then, as changes are made, those changes can be tracked and recorded over time. Documenting changes to an individuals' physical activity behaviors that will prevent overweight or obesity is also valuable. Changes that take place over time can be observed at the individual, interpersonal, environmental, and systems levels (Social Ecological Model). When monitoring program outcomes and progress (process evaluation), choosing the right outcome measures from the stated objectives in the logic model to assess is important as it provides information on the program implementation process and how well the information is being received by the participants at the Individual and Interpersonal levels. If the PA program includes environmental or systems change milestones, progress can be observed and documented by the actual degree of physical changes in the environment and new or changed policies that will lead to changed behaviors (examples are from the Social Ecological Model).

Individual: increase in knowledge, change in an individual's attitude or personal beliefs, and adoption of new behaviors.

Interpersonal: changes in social support system (family and friends), that support and encourage the adoption of new behaviors.

Environmental: changes in physical characteristics that support new behaviors. Systems: formal and informal rules, regulations and policy supporting the implemented changes and program.

PHYSICAL ACTIVITY AND POLICIES, SYSTEMS AND ENVIRONMENTAL CHANGE (PSE)

A PA policy is a written document, which includes a statement of intent about how an organization proposes to address PA. A policy offers the opportunity for leaders to demonstrate a formal commitment to the health of its constituents, public or private. It will outline PA goals with clear direction and methods for achieving the goals and offer a structured and coordinated approach to improving the PA status of school students, community members or workforce. A PA policy will be complementary to any existing policies within the organization such as tobacco or alcohol use.

Policy focused on PA makes a very positive statement about the value an organization places on the health and well-being of its students, employees or general population. Adopting a PA policy is a very practical way of improving employee morale in the work place, increasing use of recreation facilities in public places and establishing required PA time in public schools (7).

Why PSE?

For years, PA initiatives have focused on individual behavioral change. A different approach to advocating and creating change is through policies, systems and environmental (PSE) changes. Programs that have a profound impact on individual health behavior include methods and or techniques which make the healthy choice the easy choice. Creating policies that support an environment which promotes healthy behaviors exposes an entire selected population to healthier options.

PSE EXAMPLES

Policy: Adopting a written statement of intent supported at all levels of an organization:

- Staff will have an opportunity to stretch periodically during working hours or walk while meeting.
- Acorn Elementary school students will receive 30 minutes of Physical Education instruction and have 30 minutes of moderate Physical Education activity every school day

Systems: offering annual health programs:

- Acme Glass will conduct an employee health fair with health risk assessments and screenings for employees. This allows for employees to get a baseline on their personal health and reaffirm or make healthy lifestyle changes.
- Acorn Elementary will conduct one sports assembly each semester featuring a local professional athlete and inspire students to be more physically active at home and after school.

Environmental Change: changing the local environment to make PA more assessable

- Acme Glass management makes healthy vending machines available for employees who want healthy snacks.
- Acorn Elementary adds bike racks so students who want to ride their bicycles to school find it an easy option.

THE PHYSICAL ACTIVITY PLANNING WORKSHEET

The Physical Activity Planning Worksheet, found in Appendix A, is a user-friendly tool designed to assist local health department (LHD) professionals, school administrators, community leaders and worksite leaders through the process of planning a sustainable physical activity intervention with; assembling a PA Health or Wellness Team, framing SMART objectives, assigning tasks and corresponding time lines. While examples used in this resource focus on SNAP-Ed specific populations or environments, these principles apply across the board. Following the assessment, planning, implementation and evaluation processes will yield program results that make a positive difference in communities, schools, the workplace and other sectors (8). Click on the link to see the example *Physical Activity Planning Worksheet*.

Step 3: Implement

PA program implementation depends in large part on the program the team has planned. Use the RE-AIM process to develop the plan. To implement the program, follow the logic model roadmap. Employ best practice methods for rolling out every stage of the plan using the methodologies designed using the RE-AIM and logic model processes. The Physical Activity Planning Worksheet will help walk the team through the implementation process (see Resources: *Physical Activity Planning Worksheet*).

When developing an implementation plan be sure to include:

- The tasks required to roll out the program
- The person or people responsible for completing each task and
- The timeline for completion of each task/phase.

Step 4: Evaluate

Evaluation is key to demonstrating program success! Evaluation involves assessing the program to inform planning and documenting the results. Use existing evaluation tools (see Program Planning and Evaluation resources), observation and anecdotal information to document your progress. Evaluating a program on an ongoing basis builds sustainability and capacity in two key ways:

1. First, it helps keep the program on track with its goal(s) and outcomes. If evaluation data show an activity or strategy isn't working, the team can correct the program's course to become more effective. Evaluation or performance improvement measures can also influence strategic planning.
2. Second, collecting data about the program's successes and impact is a powerful tool for gaining support and funding. If the evaluation data show the program is making an important (or irreplaceable) impact, the team can make a strong case for why the program should continue. Even in times of decreased funding, evaluation and monitoring data are important for the pursuit of new funding sources.

There are three types of evaluation to consider when developing an evaluation component for a health program; process evaluation, outcome evaluation and impact evaluation.

1. **Process evaluation:** looks at the overall project progression at key points or indicated milestones to determine if the program is on course. It can be used to determine if adjustments are needed or whether to stop or continue the program. There can be overlap with the three types of evaluation when using the RE-AIM method. Process evaluation can be used with the reach (exposure of the program to the target population), effectiveness (positive and negative effects of the program), adoption (number of participants in the program and attrition if any), and implementation (is the program being delivered as intended?).
2. **Outcome evaluation:** measures the actual change that has occurred as a result of a program. An outcome evaluation provides information such as how many of the participants demonstrated an increase in knowledge, changed behaviors, or developed and used new skills. Most importantly, were the outcomes of the program the desired outcomes? If not, what will need to be changed to ensure the desired outcomes are obtained? Were there any negative consequences of the program? If so, what needs to be done to ensure they are not repeated?
3. **Impact evaluation:** considers the outcomes of the program and looks at how they affect the participants/target population on a broad scale and over a long-term basis. Are the desired outcomes sustainable over time, if not what will need to be done to ensure they are?

Elements of a Sound Evaluation:

1. Provide practical information that is useful for decision making, such as whether to keep, expand, modify, or drop a program.
2. Are planned at the outset of the program or as early as possible in the process.
3. Provide timely information for decision-making.
4. Include outcome data that is closely tied to the program and measures outcomes that are realistic given the written objectives.
5. Measure characteristics that are associated with the practical implementation of the program (process evaluation) not just the program outcomes.
6. Use validated data collection instruments or conducts formative research when developing new data collection tools for the intervention.
7. Predetermine the sample size needed to measure the expected effect(s) of the intervention and is informed by or builds on previous research.
8. Makes use, when possible, of multiple data sources such as surveys, interviews, observations, and administrative data, if available.

It is important to determine costs for evaluation and evaluation expertise.

Some experts recommend spending 7–10% of the program budget on evaluation. There are evaluation experts with experience in community-based

evaluation programs like SNAP-Ed in most states who can help evaluate SNAP-Ed interventions. Also consider other resources such as, State University extension services, local college and university staff, local nonprofit agencies and California Department of Public Health SNAP-Ed staff. CDC Prevention Research Centers are well positioned to assist with community-based evaluation for programs like SNAP-Ed. Please see "Selecting an evaluation consultant" in Program Planning and Evaluation Resources.

Using Evaluation as a Tool

- Collect practical baseline evaluation data that will help the team make informed and timely decisions about interventions. Select realistic outcomes: don't expect too much and measure at the appropriate points in the implementation process.
- Plan and implement the evaluation at the onset or as early in the program as possible and identify a skilled evaluator to assist in the process.
- Give evaluation the same importance as all other aspects of the program...it will serve the organization well (9).

Summary

STEP 1: ASSESS

Collect all relevant information on the specific population and the issue(s) to be addressed in the proposed PA program. The assessment should include information that identifies the needs of specific population in a specific environment. Assessing both needs and assets (resources) will help in program planning and implementation. Remember to collect both quantitative and qualitative information to develop an implementation plan; see the Assess section for additional information.

STEP 2: PLAN

Using the Physical Activity Planning Worksheet

In planning PA interventions, forming a workgroup of stakeholders that can work collaboratively on PA issues and goals is the key. Individuals inside and outside of the immediate organization as well as target population representatives should participate in the workgroup. The entire PA Planning worksheet is located in Appendix A. The following example is broken into sections for demonstration purposes.

Physical Activity Workgroup			
Name	**Title**	**Organization**	**Contact Information**
Jill Smith	Assistant Principal	Acorn Elementary School	Jsmith@AES.com
Bill Drake	6th Grade P.E. Teacher	Acorn Elementary School	Bdrake@AES.com
Mrs. Jones	Parent	Acorn Elementary School, PTA Member	Mjones@parent.com
Amy Nance	5th Grade Student	Acorn Elementary School, Student	AN@student.com

In the example below, assess and describe the PA challenge, concern or symptom. Make sure to include the population that will be addressed in the intervention:

Example: *After reviewing the Physical Fitness Testing scores, the Physical Activity Workgroup found that 67.5% of 5th graders at Acorn Elementary School were not in the Healthy Fitness Zone for aerobic capacity.*

State a program goal. Work with the group to plan your intervention. How are you going to address this challenge, concern, or symptom? Describe your PA program or intervention in your own words.

Example: Program Goal: 5th graders at Acorn Elementary School will place in the "Healthy Fitness Zone" for aerobic capacity after participating in *P.E.* (3) and PA activities from the Fit for Life program.

Example: Program Plan: *We will provide intensive teacher training and resources to increase P.E.* (3)*/PA practices and opportunities (i.e., curriculum, physical activity equipment and allocated time), as well as ensure these efforts are sustained through the local school wellness policy committee at Acorn Elementary School.*

What specific results or outcomes are you seeking? Review the RE-AIM process to outline a plan. State your SMART objectives for your intervention. Develop a logic model for the process to use as a road map to implement the program.

Example: Objective: *1) At the end of the Fit for Life Instructor Training, each teacher who completes the Instructor Training at Acorn Elementary School will be able to fully demonstrate the skills necessary to implement each component of the Fit for Life curriculum for 5th grade students; 2) By September 30, 2018, every student at Acorn Elementary school will receive 200 minutes of vigorous P.E* (3) *instruction and be able to perform vigorous activities during school days (see How to Write SMART Objectives) on an ongoing basis.*

STEP 3: IMPLEMENT

Identify the tasks required, personnel responsible for completing tasks, and the timeline for completion. Insert the completed tasks into the logic model activities section or use the table below as a guide.

Tasks		
What needs to be done?	**Who will do it?**	**When must the task be completed?**
Example: Train teachers using approved NEOPB PA Resources	*LHD Program Coordinator*	*January 25, 20 _____*

STEP 4: EVALUATE

How will you monitor and evaluate your efforts? Work within the group to **establish checkpoints** to determine if the stated goals are being met (process evaluation). It is very important that you include evaluation measures during the planning stage, as well as monitor success throughout the intervention. Sometimes it is necessary to revisit methodologies to ensure you are using the most effective approaches to best serve the target population.

Evaluation Check Points				
What needs to be done?	**How will it be done?**	**Who will do it?**	**How often? (e.g., monthly, quarterly, annually)**	**Who will you report your results to?**
Example: survey teachers practices on P.E. (3) and PA instruction	*use online PASS tool (see school instruction)*	*LHD staff will distribute to teachers*	*Before and after intervention*	*School Wellness Policy Committee, staff and School Board*

Planning and Evaluation Resources

- **Needs Assessments: Getting to Know Your Audiences Better**
  This site provides information on conducting a Needs Assessment and tailoring it for a specific population.
  http://cancercontrol.cancer.gov/use_what_works/mod2/start.htm
- **Western Region's Outcome Framework (USDA)**
  This site provides outcome indicators that align with the Supplemental Nutrition and Assistance Program Education (SNAP-Ed) guiding principles of SNAP-Ed. These approaches include individual, family, and group-based nutrition education, physical activity and health promotion. http://snap.nal.usda.gov/snap/WesternRegionEvaluationFramework.pdf
- **Center Training and Research Translation (TRT) strategies and interventions**
  This site provides a frame-work for evaluation based on three principles. Evaluations will (1) address the entire intervention/policy planning process over time; (2) be guided by a program theory that takes a systems approach to addressing interactions across contexts, processes, outputs, and outcomes, and (3) not address the entire process at once, but rather focus evaluation on factors relevant to the current stage of the planning process.
  http://centertrt.org/
- **The Guide to Community Preventive Services (Community Guide), Physical Activity planning principles and best practices**
  This guide provides information on program planning based on; 1) behavioral and social approaches, 2) campaigns and informational approaches and 3) environmental and policy approaches. www.thecommunityguide.org/pa/
- **The RE-AIM Model National Cancer Institute and Virginia Tech**
  This site provides a power-point on the RE-AIM process and impact evaluation
  www.ncoa.org/resources/re-aim-issue-brief/

- **RE-AIM for Program Planning: Overview and Applications**
  This document, from the National Council on Aging, provides an overview and sequential steps for using the RE-AIM process in health programing. www.ncoa.org/improve-health/center-for-healthy-aging/content-library/IssueBrief_ReAim_Final-2.pdf
- **Developing a Logic Model**
  This site provides practical assistance in developing a logic model. It explains the underlying principles of the logic model and its uses to enhance program planning, implementation and evaluation.
  http://www.wkkf.org/

- **SNAP—Ed Strategies and Interventions (USDA)**
  This toolkit identifies evidence-based and emerging policy systems and environmental change strategies to help reach low-income households that are most impacted by health disparities. http://snap.nal.usda.gov/snap/SNAP-EdInterventionsToolkit.pdf
- **Program Evaluation**
  This site explains the evaluation process and the importance of program evaluation. It also provides useful tips and hints for evaluating a program. https://sustaintool.org/understand/Program-Evaluation
- **Formative vs. Process Evaluation**
  This site provides a useful step-by-step process for developing a formative program evaluation. http://centertrt.org/content/docs/Evaluation_Materials/Evaluation_Framework_Questions.pdf
- **The National Cancer Institute's Research Tested Intervention Programs**
  This site proves a catalog of Research-Tested programs. Keep in mind "Research-Tested" may not equate to a "Best-Practice" program. http://rtips.cancer.gov/rtips/index.do
- **Selecting an Evaluation Consultant**
  This issue brief from the CDC provides information on how to identify a qualified evaluation consultant. www.cdc.gov/healthyyouth/evaluation/pdf/brief1.pdf
- **Writing SMART Objectives**
  This issue brief from the CDC describes the criteria for writing program objectives in the SMART (Specific, Measurable, Achievable, Realistic and Time-based) format. www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf
- **Physical Activity Evaluation Handbook**
  This handbook provides tools for state agencies, local agencies and community-based organizations that are evaluating physical activity programs using the following principals: 1) engage stakeholders, 2) describe the program, 3) focus of the evaluation, 4) gather credible evidence, 5) justify conclusions and 6) ensure use and share lessons learned. www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf

Free Physical Activity Resources

Not all of the resources listed below will meet USDA requirements as Best Practice. Activities in these resources can be adapted to fit the needs of many programs.

- **North Carolina ENERGIZERS**
  Energizers are classroom-based physical activities that integrate physical activity with academic concepts. These are short (about 10 minute) activities that teachers can use to incorporate PA into the classroom. www.eatsmartmovemorenc.com/School.html
- **Bam! Body and Mind**
  This website is geared for kids and features a physical activity section that includes free activity cards explaining a variety of sports and games. www.cdc.gov/bam/
- **CANFIT (California Adolescent Nutrition and Fitness Program)**
  The CANFIT Program's mission is to engage communities and build their capacity to improve the nutrition and physical activity status of California's low-income African American, American Indian, Latino, Asian American, and Pacific Islander youth 10–14 years old. Free nutrition and physical activity resources are downloadable. www.canfit.org/
- **Disney Try It! Activities**
  This site promotes a youth fitness initiative that empowers kids ages 7 to 12 to get fit and remain physically active. Try It! encourages youth to develop games that can be played with traditional and non-traditional materials, and in a wide range of settings. This site features kid-created games and innovative

low-cost equipment ideas. It also provides information on conventional activities such as stretching, yoga and jump rope. Information can be downloaded for free. http://citizenship.disney.com/try-it/activities

- **P.E. Central**
  P.E. Central has an extensive database of physical activity lessons and games. The ability to search activities by age group and type makes the site particularly useful. www.pecentral.org/
- **After School Physical Activity**
  Sponsored by the San Diego County Office of Education, this website has a wealth of free physical activity ideas specifically for after school programs. www.afterschoolpa.com/
- **SPARK (Sports, Play and Active Recreation for Kids)**
  SPARK features Evidence Based and Best Practices physical education curricula for all ages. www.sparkpe.org/
- **Sports4Kids.**
  The Sports4Kids Community Training Program provides customized staff trainings to schools, after school programs, summer camps, recreation centers, and various other youth service organizations. www.afterschoolnetwork.org/report/organized-sports-and-health-children-and-youth
- **VERB—Youth Media Campaign**
  This Web site from the CDC includes resources and information that promotes regular physical activity as "cool" and "fun" for tweens. The website includes teen and parent pages in addition to downloadable materials. www.cdc.gov/youthcampaign/index.htm
- **Get Up and Do Something**
  This website highlights hundreds of tips on how to "Get Up and Do Something" physically active. http://www.getupanddosomething.org/
- **California Active Communities**
  The California Active Communities creates opportunities for everyday activity by connecting partners to active living resources and helping develop more walkable and bikeable communities. The website also contains information on Safe Routes to School and active transportation. www.caactivecommunities.org/
- **American Council on Exercise (ACE)**
  ACE is a non-profit fitness certification and education provider. The website contains a wealth of information and with downloadable "Fit Facts" to promote physical activity in any setting. www.acefitness.org/
- **Additional Resources can be found on the CDPH website**
  www.cdph.ca.gov/programs/neopb/Pages/FreePhysicalActivityResource.aspx

END NOTES:

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3. UCLA Center for Health Policy Research. Ask CHIS: Number of days physically active at least one hour children 2011-2012. http://healthpolicy.ucla.edu/Pages/home.aspx
4. UCLA Center for Health Policy Research. Ask CHIS: Number of days physically active at least one hour teens. http://healthpolicy.ucla.edu/Pages/home.aspx
5. U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans: United States Department of Health and Human Services www.health.gov/paguidelines/pdf/paguide.pdf
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8. Kohl, Harold W., and Tinker Dan Murray. *Foundations of Physical Activity and Public Health*. (Champaign, IL: Human Kinetics, 2012). Print.15: 240–253
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3. U.S. Department of Health and Human Services, 2002 Physical Activity Evaluation Handbook. Atlanta, GA: US Department of Health and Human Services, Center for Disease Control and Prevention. www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf
4. U.S. Department of Health and Human Services, Physical Activity Guidelines for Adults: 1600 Clifton Rd., Atlanta GA June 4, 2015 www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
5. U.S. Department of Health and Human Services, Benefits of Physical Activity: 1600 Clifton Rd., Atlanta GA June 4, 2015 www.cdc.gov/physicalactivity/everyone/health/index.html
6. U.S. Department of Health and Human Services, Adding Physical Activity to Your Life: 1600 Clifton Rd., Atlanta GA December 1, 2011 www.cdc.gov/physicalactivity/everyone/getactive/index.html

Section 2

Physical Education and Physical Activity in Early Care and Education Settings

2

Physical Education and Physical Activity in Early Care and Education Settings

Early care and education (ECE) settings such as, child care centers, family child care homes and preschools are ideal venues for engaging young children in PA because the children in these settings are often there on a daily basis for several hours at a time and in many cases for full days. Additionally, it is during the early years, from birth to age five, when many future habits are developed, including nutrition and PA habits. Beyond the numerous health benefits for this age, PA provides social benefits by developing communication and interpersonal skills. Physical activity also enhances learning by developing fine and gross motor skills.

Physical Activity Program Design in ECE Settings

As with PA planning in other sectors, creating effective PA programs in ECE first involves identifying and recruiting Health Champions and PA team members such as child care providers, preschool teachers, center directors, parents, and other adults participating in ECE settings. Champions should follow the four essential steps outlined in the introduction: ***Assess, Plan, Implement, and Evaluate*** *(see Section I: Designing a Physical Activity Intervention for a complete description).*

Step 1: Assess

The first step when working to enhance the quality and quantity of PA in the ECE setting is to assess the current needs, practices, resources, knowledge, attitudes, and environment of the child care provider. It is ideal to have all ECE staff, teachers and providers, participate in the assessment since they may have different philosophies and behaviors regarding PA. It can be beneficial to have input from parents and legal guardians as well. One option is to have staff complete the assessment individually at a staff meeting. Staff can then discuss the assessment outcomes and come to a consensus on plan development. Discussions should be focused to develop a formulated plan of action.

PHYSICAL ACTIVITY AND POLICY ASSESSMENT TOOLS FOR EARLY CHILD EDUCATION SETTINGS

The following resources contain sample assessments and are based on best practice approaches. When completed, they help provide a snapshot of current policies and procedures. Assessments are a part of a comprehensive set of tools that may be included later in program implementation. Assessments can inform the development of a plan that address areas of need and serve as a post assessment comparison to capture any changes being implemented in the PA program.

- **Let's Move Child Care (LMCC) Checklist**
  This site provides a checklist of requirements to address five goals for ECE sites:

* Provide 1–2 hours of physical activity a day.
* No screen time for children under age two. For children two and up, limit screen time to 30 minutes/week during child care.
* Serve fruits or vegetables at every meal.
* Provide water during meals and all day.
* Provide breast milk to infants of mothers who wish to breastfeed. http://www.healthykidshealthyfuture.org/home/startearly/quiz.html

- **Nutrition and Physical Activity Self-Assessment for Child-Care (NAP SACC)**
  This resource contains a self-assessment, goal setting, and action planning tools combined with workshops and technical assistance tools. The tools are designed to be used together to enhance policies, practices, and environments in the child care setting.
  http://gonapsacc.org/about-nap-sacc

- **NAP SACC Instruments**
  This resource provides an Infant & Child Physical Activity Self-Assessment, an Outdoor Play & Learning Self-Assessment and a Screen Time Self-Assessment for the child care setting
  http://gonapsacc.org/resources/nap-sacc-materials

- **Creating Healthy Opportunities in Child Care Environments (CHOICE)-Best Practices for Child Care Nutrition and Physical Activity Environments Handbook**
  CHOICE is a Self-Assessment Questionnaire (SAQ) and Best Practices Manual to help with developing and implementing comprehensive written nutrition and physical activity policies for child care centers and homes. The SAQ is a list of 35 best practices for child care nutrition and physical activity environments. The four sections address child feeding practices, food served, physical activity, and staff and parent training.
  http://www.cocokids.org/child-health-nutrition/c-h-o-i-c-e-toolkit-self-assessment-questionnnaire/

- **Yale Rudd Action Guide for Child Care Nutrition and Physical Activity Policies**
  This guide is intended to help local and community child care, early education and afterschool programs establish and implement policies and practices that encourage healthy lifestyles in children. http://www.uconnruddcenter.org/resources/upload/docs/what/communities/WellnessChildCareAssessmentToolForResearch.pdf

Preschools have learning standards similar to schools. The following resources will help LHDs understand the criteria that preschools are accountable for and how physical activity interventions can complement them.

- **California Preschool Curriculum Framework Volume 2**
  This framework takes an integrated approach to early learning and describes how curriculum planning considers the connections between the domains of visual and performing arts, physical development and health as children engage in teacher-guided learning activities (see Chapter 3-Physical Development and Chapter 4-Health). http://www.cde.ca.gov/sp/cd/re/documents/psframeworkvol2.pdf

- **California Preschool Learning Foundations Volume 2**
  The foundations outline key knowledge and skills that most children can achieve when provided with the kinds of interactions, instruction, and environments shown by research to promote early learning and development in the visual and performing arts, physical development, and health domains.
  http://www.cde.ca.gov/sp/cd/re/documents/psfoundationsvol2.pdf

Step 2: Plan

To create healthy changes in early care environments, LHDs can work with ECE staff to create an action plan. The plan should develop or strengthen site policies to support long term, sustainable changes to the site environment that increase PA and enhance nutrition practices. An action plan should be created based on the areas of improvement identified in the assessment, refer to the Physical Activity Planning Worksheet and logic model examples for details. Many of the assessment tools identified previously can be combined with tools and recommendations to assist with developing action plans. Action plans should focus on improving the quality and quantity of PA provided in the ECE and should consider the following:

Structured Adult-led PA	Unstructured PA (Free Play)
Infants: should be engaged in a total of one hour of structured play on a daily basis (1). The American Academy of Pediatrics recommends infants should reach a total of one hour of structured play or "tummy-time" each day by age three months. Structured play for infants is face-to-face with and adult who encourages the use or interest of toys by the infant. Structured play segments should be no longer than five minutes to start and build in duration.	**Infants:** In addition to structured PA, unstructured play for infants allows them to move freely by limiting the use of equipment and toys that restricts movement. Unstructured play should be done with adult supervision and be done in periods of up to 20 minute or as tolerated by the infant.
Toddlers: should engage in a total of at least 30 minutes of structured PA each day (2). **Preschoolers** should accumulate at least 60 minutes of structured PA each day (2).	**Toddlers** and **Preschoolers** should accumulate at least 60 minutes of unstructured PA a day (1). Unstructured play for toddlers and preschoolers involves letting the child explore their environment with little or no direction from a supervising adult or care giver. Activities such as sandbox time, playing tag, house or other play activity. Unstructured play can be alone or with other children.

Additional considerations for ECE are to:

- Enhance the environment to increase opportunities for moderate or vigorous physical activity (MVPA [examples running, jumping, dancing, etc.]).
- Set limits for screen time: no screen time for children under two years of age. For children two years and older in early care or early education settings, total media time should be limited to 30 minutes once a week. The 30 minutes of screen time should be reserved for educational or physical activity use only (1).
- Decrease sedentary time: toddlers and preschoolers should not be sedentary for more than 60 minutes at a time, except when sleeping (1).
- Increase visual displays and images of PA (posters, bulletin boards, photos, etc.).
- Increase parent education regarding the importance of PA (take home brochures, child assessments, newsletters, parent handbooks, etc.).
- Assure children are dressed for active play (appropriate shoes, dress in layers, keep a jacket or coat in cubby, etc.).
- Adopt and implement written policies and standards that promote PA.

PROGRAM PLANNING TOOLS AND STRATEGIES

The following resources outline effective intervention strategies for ECE environments and can be used to plan interventions that respond to identified needs. The programs identified in the assessment section also provide helpful examples and references for planning. Consider these resources when using the RE-AIM process to frame your PA program plan. Specifically, the SNAP-Ed Strategies and Interventions Toolkit provides USDA approved best practice level curriculums and programs to initiate PA programing strategies that address the introduction of PA at an early age.

- **Preventing Childhood Obesity in Early Care and Education Programs 2012**
  This document is the most recent set of national standards describing evidence-based best practices in nutrition, physical activity, and screen time for ECE programs. The standards are for ALL types of ECE settings, centers and family child care homes. The physical activity chapter addresses: Active opportunities for PA, playing outdoors, addressing air pollution while outside, caregiver/teacher encouragement, and policies and practices that promote PA.
  http://cfoc.nrckids.org/StandardView/SpcCol/Preventing_Childhood_Obesity
- **SNAP-Ed Strategies and Interventions: An Obesity Prevention Toolkit for States 2014 Update**
  This toolkit contains specific child care strategies for nutrition and physical activity, such as:
  * Development, implementation, and evaluation of physical activity policies that meet USDA, CDC, LMCC (Lets Move Child Care), or AAP (American Academy of Pediatrics) standards.
  * Limited screen time for children.
  * Development, implementation and evaluation of active transport programs.
  * Establishment of strong child care wellness educational programs and policies consistent with LMCC.
  * Improved capacity of child care providers to provide children with opportunities for physical activity throughout the day, including outside play whenever possible.

  * Support the development of child care wellness councils.
  * Provide parent education through the child care setting.
  * Encouragement of partnerships with community organizations (e.g. YMCAs, Boys and Girls Clubs) to bring more structured and unstructured physical activities into the environment.
  * Organized family activity days or celebrations that encourage physical activity.
  * Support child care providers to become more active through staff wellness policies and activities. http://snap.nal.usda.gov/
- **National Physical Activity Plan 2010**
  This document contains child care recommendations in the schools section.
  * Ensure that early childhood education settings for children ages birth to 5 promote and facilitate PA.
  * Develop policies that clearly define PA components for Head Start and other early childhood program providers.

* Develop and institute state-level (SNAP-Ed) standards for early childhood education programs that require the delivery of safe and appropriate PA programming.
* Work with community college systems to include PA training as part of child care certification and early childhood training programs.
* Advocate for PA policies at child care facilities that address the developmental needs of all children, including children with disabilities, those classified as obese, or children at high risk of inactivity. http://www.physicalactivityplan.org/index.php

- **Active Start: A Statement of Physical Activity Guidelines for Children From Birth to Age 5, 2nd Edition (2009)**
  This document contains specific guidelines for the physical activity of children from birth to age 5 to support its position statement and to address the developing child's unique characteristics and needs. The guidelines reflect the best thinking of specialists in motor development, movement, exercise and the physical activity needs of young children during the first years of life. http://www.shapeamerica.org/standards/guidelines/activestart.cfm

Step 3: Implement

After working with a partnering ECE program to develop a plan to address areas for improvement, LHDs can move forward by providing training, technical assistance and resources (many of the resources below also inform plan development process). Suggested steps include:

Review the needs assessment findings with ECE staff and determine priority areas to be addressed.

- **Identify Best Practices and Evidence Based PA Curricula** to increase minutes of structured (adult-led) physical activity which supports preschool learning foundations.

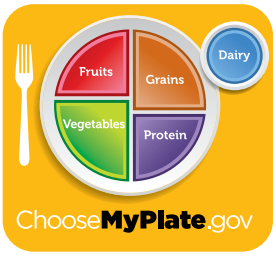
- **Train ECE staff on PA Best Practices/ Evidence Based Curriculum**. It can be challenging to free-up teacher time for trainings. Work with directors to determine the best way to reach teachers. Suggested strategies include:
  * Provide on-site train-the-trainer sessions by leading activities with children and mentoring teachers/providers at the same time.
  * Provide training at staff meetings.
  * Provide online training.
  * Connect with partnering organizations. First 5 commissions and Child Care Resource and Referral Networks often provide trainings to providers for continuing education.
- **Help staff identify opportunities for structured PA.**
  Physical Activity can be accumulated throughout the day. Examples include active transitions (lining up, transition to outside free-play), PA during circle time, teaching through movement, etc.
- **Modify play spaces to encourage movement (inside and outside).**
  A designated space can be created for indoor PA, playgrounds can be painted to encourage movement, make PA equipment easily accessible, etc.

- **Check in regularly with ECE staff during program implementation.**
  Discuss the best time for check-ins beforehand. During check-ins:
  * Discuss any barriers or obstacles that have been identified and talk about ways to address them
  * Discuss the status of the plan; as well as successes, accomplishments and next steps
- **Provide additional information and materials for:**
  * Parents
  * Newsletters
  * Family nights
  * Bulletin boards/visual displays
- Assist with the development of a policy to enhance PA practices and assure sustainability.

NEOP Approved Resources

The following NEOP approved resources can be used for your PA intervention.

- **SPARK—Sports Play Active Recreation for Kids**
  The SPARK organization provides instructional strategies to increase the amount of time devoted to Moderate to Vigorous Physical Activity (MVPA). Selected curricula require a NEOP approved Nutrition Education component to be allowable for use. www.sparkpe.org
- **CATCH—Coordinated Approach to Child Health**
  The CATCH program is aimed at improving children's health through improvements in school nutrition, PA and food service. The CATCH program incorporates the school staff and parents of students to help deliver this message. The program is designed for preschool through 8th grade and afterschool. http://catchusa.org/cec.htm
- **Eat Well Play Hard in Child Care Settings**
  This site provides a Multi-component intervention that focuses on improving the nutrition and PA behaviors of preschool age children and their parents/caregivers. The program focuses on influencing nutrition and increasing physical activity in child care settings.
  http://centertrt.org/?p=intervention&id=1105
- **Be an active family**
  This is one of the 10 Tip Sheets in the Nutrition Education series from Choose My Plate. This tip sheet focuses on ways to be more physically active as a family. http://www.choosemyplate.gov/healthy-eating-tips/ten-tips.html



- **Nutrition and Wellness Tips for Young Children**
  This handbook was developed by USDA to help child care providers. It presents wellness recommendations for children 2 through 5 years of age. It contains a series of tip sheets which include ideas for hands-on activities and practical application.
  http://www.fns.usda.gov/tn/nutrition-and-wellness-tips-young-children-provider-handbook-child-and-adult-care-food-program

- **Sesame Street Healthy Habits for Life—we have the moves!**
  This resource was developed for children 2 to 5 years of age and provides fun ways to boost children's physical activity during every day routines. It includes physical activities that require minimal time and equipment; activities for both large and small spaces and groups; fun and easy ways to add more active play into everyday routines; and ways to link movement to different curriculum areas.
  http://www.sesamestreet.org/parents/topicsandactivities/toolkits/healthyhabits#
- **Hip Hop to Health Jr.**
  This is an Evidence-based healthy eating and exercise curriculum developed for children ages 3-5 years of age. This community based program consists of 14 interventions lasting approximately 45 minutes each that are conducted three times a week. Each intervention includes a nutrition and physical activity component.
  http://www.hiphoptohealth.com/

POTENTIAL PARTNERSHIPS

LHDs can leverage resources and access a wealth of knowledge by creating partnerships within the early childhood sector. Current partners with access to resources that can help with any portion of the PA program implementation process should be considered as a potential partner when planning the PA program. Consider the PA program needs that have been identified and solicit partners based on those needs. A program such as WIC would be beneficial in a nutrition component of a PA program. A local gym may be able to supply equipment for PA activities. Other potential partners could include the following:

- **State Funded Preschools**
  State funded preschools are typically administered by Offices of Education to provide subsidized preschool opportunities for low-income families.
  www.cde.ca.gov/sp/cd/op/cdprograms.asp
- **Head Start Program**
  The Head Start/Early Head Start program is a federally funded program offering subsidized preschool and early care. The program is based on the premise that all children share certain needs, and that children from low-income families, in particular, can benefit from a comprehensive developmental program to meet those needs.
  http://caheadstart.org/about_head_start.html
- **First 5 Children and Family Commission**
  Each County in California has a First 5 commission. Each commission develops a county-specific strategic plan based on the county's needs. Commissions fund priority areas in the strategic plan that serve children from birth to age five and their families. www.ccfc.ca.gov/
- **Child and Adult Care Food Program (CACFP)**
  The CACFP program is responsible for food reimbursement in child care settings. These organizations are well connected with both family child care providers and youth serving organizations that provide PA programs. To find the CACFP program for your region go to http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program
- **Local University/Community College**
  Faculty and students can be tremendous allies. Faculty can assist with best practices and students are often eager to gain experience leading activities with children. A partnership can be developed to incorporate an internship program to provide structured PA, create newsletters, and host community outreach events around PA. For information on the University of California Campuses go to http://www.universityofcalifornia.edu/uc-system/parts-of-uc

  For information on the California State University Campuses go to http://www.calstate.edu/search_find/campus.shtml
- **Child Care Resource and Referral Networks**
  These networks often provide training for child care providers. They are instrumental in understanding the child care system.
  http://www.rrnetwork.org/

- **Women, Infants and Children (WIC) Program** WIC is a federally-funded health and nutrition program for women, infants, and children under age five. WIC programs have a plethora of educational materials and staff is experienced with the needs of young children. http://www.cdph.ca.gov/programs/wicworks/Pages/default.aspx

Step 4: Evaluate

The tools identified in the "Assess" section can be used to re-assess overall practices after the intervention as a post assessment. For example, if improving PA opportunities was determined as a goal, the same assessment can be used as the pre/post evaluation. This will capture the changes or outcomes of the PA program. If a logic model was used to help implement the program, review the specific SMART Objectives to identify stated program outcomes. The overall program goal can be used to measure program impact. The case study below describes the implementation of PA programing in the ECE setting and the significant outcomes.

Case Study Success Story: California State University Chico Research Foundation (CSUCRF) Project—Butte County

Intent of the intervention

The intent of this intervention was to work with State-funded preschools to help them increase the quality and quantity of PA in preschool settings through staff training, technical assistance, resources (PA equipment, outdoor improvements, etc.) and assistance with site policy development.

STEP 1: ASSESS

The NAP-SACC Physical Activity Assessment was conducted with teachers and supervisors and staff at each preschool site to determine barriers to daily PA, opportunities, current practices, and self-efficacy. The assessment determined a need for staff training, PA equipment, and a policy to sustain improvements in PA. The assessment also served as a teaching tool and allowed staff an opportunity to brainstorm solutions.

STEP 2: PLAN

After conducting the assessment, discussions between the Health Champions and Wellness team members (CSUCRF NEOPB representatives and County Office of Education representatives); decided it was best to increase the preschool staff's overall capacity. The project group decided to implement the best practices identified in "Preventing Childhood Obesity in Early Care and Education Programs 2nd Edition 2008". This resource was selected from several that were considered as it best fit the project circumstances identified in the RE-AIM process. Using the NAP-SACC tools, trainings would be focused on issues identified in the assessment; structured opportunities for PA, playing outdoors, teachers' encouragement of PA, and how to develop policies and practices that promote PA. In the assessment, freeing up teachers for trainings was an identified barrier; therefore, attendance at trainings was to be incentivized for the teachers. After the trainings were complete, LHD staff was to work with the preschools to help them create a PA policy. The Sports Play and Active Recreation for Kids (SPARK) Kindergarten through 2nd grade curriculum was selected and adapted to assure the

daily recommended minutes of free and adult-led PA were conducted. The Early Childhood Head Start, Body Start Teachers Toolbox was used for periodic teacher trainings that would continue to be provided throughout the program. Parents would receive information about the importance of physical activity along with recommendations for seasonal clothing that would be conducive for physical activity.

STEP 3: IMPLEMENT

Partnerships

To implement PA policies for the preschool program, a partnership was made with the County Office of Education. Additional collaborative partners, WIC, CDPH and Fit Thru % (percent) members also participated. There are numerous state preschools in each county and there is a tremendous opportunity to impact many children and teachers while working with one umbrella organization.

Resources Used in this Intervention

- **Recommendations/Best Practices:**
  Preventing Childhood Obesity in Early Care and Education Programs National Association for Sports and Physical Education (NASPE) Active Start.
- **Curriculum:**
  Sports Play and Active Recreation for Kids (SPARK) Early Childhood Head Start Body Start Teachers Toolbox
- **Teacher Trainings:**
  Developed teacher trainings to increase quality and quantity of PA by using resources identified above.
- **Policy Development:**
  Policies were created using the physical activity sections and sample policies from Nutrition and Physical Activity Self-Assessment in Child Care (NAP-SACC), recommendations in NASPE's Active Start and feedback from teachers and supervisors.

STEP 4: EVALUATE

The outcome of this intervention was captured using the same NAP SACC assessment. One example of the success of the project showed up in the pre and post studies done with teachers. Prior to the training less than 30% of teachers reported children participating in at least 90 minutes of physical activity per day while nearly 86% of teachers reported this amount of physical activity after the trainings and passage of the policy. All of the participating centers developed PA policies that promote PA time and improve playground environments. See the full case study at: http://www.cdph.ca.gov/programs/COPP/Pages/CommunityGrantsforObesityPrevention.aspx.

END NOTES:

1. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. *"Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition."* 2012 http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf
2. National Association for Sport and Physical Education. "Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years 2nd Edition." (Reston, VA: NASPE, 2009).
3. Institute of Medicine of the National Academies, Report Brief "Early Childhood Obesity prevention Policies, 2011." 500 Fifth St. NW Washington, DC http://iom.nationalacademies.org/~/media/Files/Report%20Files/2011/Early-Childhood-Obesity-Prevention-Policies/Young%20Child%20Obesity%202011%20Report%20Brief.pdf

Section 3

Physical Education and Physical Activity Programming in K–12 Schools

3

Physical Education and Physical Activity Programming in K–12 Schools

Physical Activity and P.E. interventions in schools should aim to increase a school's capacity to provide ample opportunities for moderate to vigorous physical activity (MVPA) for both PA and P.E. Possible strategies can include:

- Providing opportunities for supervised recess before school.
- Enhancing opportunities for MVPA during recess.
- Incorporating PA breaks in the classroom.
- Adopting a standardized P.E. curriculum if one doesn't exist and appropriate training in the curriculum for staff.
- Promoting walking and biking to school and help to create safe routes to school.
- Creating PA clubs on campuses.
- Creating joint use agreements that open school playgrounds after hours and utilize campuses as community hubs for recreation.
- Adopting accountability measures to assure school wellness policies are being implemented.

Physical activity and P.E. both contribute to the development of healthy, active children. However, there is a distinct difference between PA and P.E. Physical activity is activity that includes the bodily movement of any type and may include recreational play, fitness, and sport activities. In fact, PA is almost anything that involves the muscular and skeletal systems. Physical activity should be part of a P.E. class; it should also be incorporated into other academic subject areas, including recess, and before and after school PA programs. Physical education programs offer the best opportunity to provide PA to all school age children. Physical education is usually curriculum based and deliberate; it provides the opportunity to teach school age children the health benefits of an active lifestyle. It also provides the skills and knowledge needed to establish and sustain an active lifestyle. Quality P.E. programs offer learning opportunities, appropriate instruction, and meaningful and challenging academic experiences for all participants.

Physical Activity Recommendations

Physical Activity can be defined as both structured and unstructured routines at home, school, work, transport (such as walking/biking to school), leisure, and recreation. In 2008, the U.S. Department of Health and Human Services (HHS) issued the *Physical Activity Guidelines for Americans*. These Guidelines recommend young people (ages 6–19) engage in at least 60 minutes of PA on most, and preferably all days of the week. Fewer than 25 percent of children in the U.S. currently accumulate 30 minutes of PA per day, according to the guidelines (1).

CALIFORNIA DEPARTMENT OF EDUCATION P.E. REQUIREMENTS

Physical Education is planned instruction that builds motor skills, teaches movement concepts and the health benefits of regular physical activity. Evidence has consistently shown that physically fit students perform better in school (2–5, 7, 8). The *Physical Education Model Content Standards for California Public Schools, Kindergarten through grade twelve, 2008*, list P.E. requirements for elementary school students as including 200 minutes of P.E per 10-day period. The standards for Middle and High School students are 400 minutes of P.E. per 10-day period.

PHYSICAL ACTIVITY PROGRAM DESIGN AT THE SCHOOL SITE

As with physical activity planning in other sectors, creating effective physical activity programs for schools first involves identifying and recruiting the Health Leadership Team or Health Champions. Once the team is recruited and oriented, they can begin to engage in the process of physical activity programming for the school site. The team should follow the four essential steps outlined in the introduction: ***Assess, Plan, Implement, and Evaluate*** (see Section I Introduction: *Designing a Physical Activity Intervention*).

Step 1: Assess

PA AND P.E. ASSESSMENT TOOLS

The main purpose of the assessment is to determine the present status of a school's overall needs, describe the factors that affect the health of the student and staff population, and factors that determine the availability of resources within the school and surrounding community to adequately address health concerns. After a review of the following assessment tools, consider which will fit into your RE-AIM PA program. Use the tools to guide the planning process in school PA programing. Some may even be used in a pre/post comparison method to evaluate the outcomes of an intervention.

- **Let's Move! Active Schools**
  This web site provides a simple, five-step process to help build a team and make a plan. This site provides free access to resources and tools and also provides suggestions for including in-person trainings, program materials and activation grants. http://www.letsmove.gov/active-schools

- **Physical Activity School Score (PASS)**
  The PASS tools are a free, user-friendly, web-based, eight-item tool that assesses and increases awareness of evidence-based physical activity practices at elementary schools (e.g., P.E., recess, activity breaks, and active transport). Individuals (especially parents, teachers, school administrators, and school board members) interested in learning about and assessing physical activity opportunities at their local elementary school are invited to use PASS. It takes about five minutes to complete a single PASS tool. Upon completing each of the eight tools, respondents receive a numerical score with feedback and evidence-based recommendations on how the school can improve.
  http://activelivingresearch.org/physical-activity-school-score-pass
- **School Health Index, Nutrition Environment Measures Survey (NEMS)**
  This instrument is designed to assist LHD staff and others assess community/consumer food environments regarding the type and location of food outlets, availability of healthful choices, pricing, and placement of healthier foods.
  http://www.med.upenn.edu/nems/index.shtml
- **The Healthy Afterschool Activity and Nutrition Documentation (HAAND)**
  This instrument consists of three sections. The first section collects basic information about the current program and is designed to be collected via direct observation, a brief interview with the afterschool program leader/site director and written document review during a single day visit to an afterschool program. The HAAND instruments assess the extent to which the afterschool environment meets current physical activity and nutrition policies.
  http://activelivingresearch.org/healthy-afterschool-activity-and-nutrition-documentation-haand
- **Physical Education Program Assessments**
  Physical Education Curriculum Analysis Tool (PECAT)—(CDC)
  The PECAT is a self-assessment and planning guide developed by the CDC. It is designed to help school districts and schools conduct clear, complete and consistent analyses of physical

education curricula, based upon national physical education standards.
http://www.cdc.gov/healthyyouth/pecat/

- **Recess Assessment**
  Recess is an important time during the school day as it provides an opportunity for students to achieve part of the recommended 60 minutes of structured and/or unstructured moderate to vigorous active play for the day.
  http://www.playworks.org/blog/assess-your-recess
- **Playworks Recess Assessment Tool**
  This check list provides reviews of the playground environment, student conduct during play time, staff knowledge of playground management, proper PA time for all children during the week and other useful information.
  http://www.playworks.org/playbook/what-is-a-great-recess/recess-assessment-tool

WALK AND BIKE TO SCHOOL ASSESSMENTS

To assess Walk and Bike to School Programs, using an evidence-based checklist, youth or community residents should identify needs in qualifying communities and based on those needs, make recommendations, gain support, and shape an ongoing campaign for active transport to and from school. The assessment may consider access to and promotion of healthy food and beverages on those routes.

- **Walk-ability Checklist—Safe Routes to School**
  This tool helps give insight into the walk-ability of a neighborhood. It contains insightful questions, allowing the user to evaluate a neighborhood's

walk-ability and provides both immediate answers and long-term solutions to a neighborhood's potential problems.
http://www.saferoutesinfo.org/program-tools/education-walkability-checklist

- **Bike-ability Checklist—Safe Routes to School**
  This tool helps give insight into the bike-ability of a neighborhood. It contains insightful questions, allowing the user to evaluate a neighborhood's bike-ability and providing both immediate answers and long-term solutions to a neighborhood's potential problems.
  http://www.walkbiketoschool.org/get-set/event-ideas/walkability-bikeability-checklists#download

- **Joint Use Agreement Assessment**
  Joint use is a technique to increase opportunities for children and adults to be more physically active using existing resources. It refers to two or more entities, usually a school and a city or private organization, sharing spaces designed for physical activity. These spaces can include indoor and outdoor spaces like gymnasiums, athletic fields and playgrounds. This simple concept of sharing existing resources keeps costs down and communities healthy.
  http://citiesandschools.berkeley.edu/reports/Partnerships_JU_Aug2010.pdf

- **Joint Use Agreement (JUA) Checklist (ChangeLab Solutions, 2009)**
  This checklist is designed to identify items to be discussed and possible issues for the parties involved in a joint use venture to consider when developing a JUA to share existing facilities.
  http://www.changelabsolutions.org/publications/model-JUAs-national

- **Joint Use Calculator**
  One obstacle to sharing public school facilities is recovering the cost of joint use programs. The joint use cost calculator for schools will help:

1. Identify the elements of a school district's facility related costs.
2. Calculate full cost of ownership on a per square foot and per hour basis.
3. Determine policy decisions school districts need to make about which users to subsidize.
4. Create fee structure options for various non-school users based on the real cost of ownership.
   http://citiesandschools.berkeley.edu/joint-use.html

SCHOOL WELLNESS POLICIES ASSESSMENT

A school wellness policy is simply a written document, kept on file in the school or district office, which guides a local school or school district's efforts to create supportive school nutrition and physical activity environments. The development and use of school wellness policies are required by the Child Nutrition and WIC Reauthorization Act of 2004, and the Healthy, Hunger-Free Kids Act of 2012. Each school or school district that participates in the National School Lunch Program or the School Breakfast Program is required to develop and implement a school wellness policy.

- **School PA Policy Assessment (S-PAPA)**
  The S-PAPA assesses an elementary school's PA policy related to P.E., recess, and other PA opportunities. Designed as an inventory compiler, it uses open-ended and survey questions in a checklist format. The survey has three modules: (1) Physical Education, (2) Recess and (3) Other: Before/During and After School Programs.
  http://www.midss.ie/sites/www.midss.ie/files/s-papa_instrument_0.pdf

Step 2: Plan

Findings from the needs assessment will drive the RE-AIM or other planning process. The best time to develop a project logic model is when analysis of the data from the assessment is complete. A well written logic model will include; the current situation or status of the stated problems, resources available to address the problems, barriers to program success, and activities to address the problems as well as desired outcomes. This information should be readily available from a completed assessment. After assessing and identifying the needs of schools, the Health and Wellness team, program partners and public health practitioners can work with their school partners to create strategies to create systems change. Below are strategies, related assessment tools and evidence-based programs for specific priority areas for school PA programing.

SCHOOL-BASED WALKING AND BIKING STRATEGIES

Low-resource schools and school districts can develop Safe Routes to School programs and policies that include plans for program promotion, bike racks, safety education workshops, parent education, and on-site walking or biking programs for students. Best practices found in evidence–based programs such as Safe Routes to School toolkits are used to promote participation, attract volunteer support, or find other funds to support ongoing costs in low-resource settings.

- **Walking to School**
  A list of recommendations and resources from Tufts University provides suggestions to initiate walk to school programing. The additional resources, planning guides and toolkits assist parents, teachers, pediatricians and community leaders in creating an environment that promotes healthy eating and active living.
  www.childreninbalance.org/
- **California Safe Routes to School (SRTS) Technical Assistance Resource Center (TARC)**
  The soon to be released toolkits assist local communities with creating Safe Routes to School programs. Toolkits will be available for rural and tribal areas. The SRTS TARC can provide trainings, technical assistance, and resources to implement safe and successful SRTS strategies throughout California.
  www.casaferoutestoschool.org/
- **How to Build and Sustain a SRTS Program**
  This resource has information to improve walking and bicycling conditions near a school and spread interest into other parts of the community. Neighborhood groups, school PTAs and local coalitions that continue in their efforts and make measurable improvements based on their evaluation will be rewarded with safer places for children to walk and bicycle and more children choosing safe routes to school.
  http://guide.saferoutesinfo.org/steps/index.cfm
- **Implementing SRTS in Low-income Communities and Schools:**
  A Resource Guide for Volunteers and Professionals
  The intent of this guide is to inspire nonprofit organizations, schools and community residents to come together to implement and sustain successful, culturally sensitive and inclusive SRTS initiatives.
  http://www.saferoutespartnership.org/sites/default/files/pdf/LowIncomeGuide.pdf
- **Safe Routes to School: Steps to Create a Safe Routes to School Program**
  The steps outlined in this material are meant to provide guidance by providing a framework for establishing a SRTS program. The information is based on successful implementation of the eight-step SRTS program plan in other communities.
  http://guide.saferoutesinfo.org/pdf/SRTS-Guide_Steps.pdf

QUALITY PHYSICAL EDUCATION PROGRAMMING

To maximize the potential benefits of student participation in P.E. class, schools and P.E. teachers can consider increasing the amount of time students spend in P.E. (current recommendations are 200 min/10 days for elementary school students and 400min/10 days for secondary school students) or adding components to increase the quality of physical education. P.E. Teachers should choose from "Evidence-Based" curriculums. Evidence-Based curriculums have been scientifically tested. The results of the program are a direct result of the program intervention activities. Evidence-based programs are peer-reviewed, endorsed by a federal agency and included in the agencies list of effective programing. Following are evidence based P.E. programs:

- **Sports Play Active Recreation for Kids (SPARK)**
  This organization provides interventions that use P.E. specialists to implement instructional strategies to increase the amount of time students spend in MVPA during physical education. http://www.sparkpe.org/
- **Coordinated Approach To Child Health (CATCH)**
  The CATCH program is comprehensive and evidence based. The program incorporates multiple aspects of the school environment: the classroom, Child Nutrition Services, physical education, parents, and the broader school community. There are several distinct components focused specifically on Pre-Kindergarten, Kindergarten-fifth grade, sixth grade through eighth grade and an after school component. http://catchusa.org/

RECESS PROGRAMMING

Providing recess to students on a regular basis may benefit academic behaviors, while also facilitating creative, social and emotional development. A growing body of research has focused on the association between school-based PA and academic performance among school-aged youth. Studies found one or more positive associations between recess and indicators of cognitive skills, attitudes, and academic behavior (5).

- **PlayWorks Playbook**
  The Playbook contains the following tools; playground check list, developing student coaches, playground strategies and problem solving techniques for playground disagreements. The philosophy is to create a fun and safe place to play for all children. Programing includes school staff and student lead activities with a focus on school day and after school programs. Playworks offers an optional service where PlayWorks staff leads recess and playtime programing. http://www.playworks.org/playbook

CLASSROOM-BASED PHYSICAL ACTIVITY PROGRAMMING

Classroom teachers can incorporate movement activities and short PA breaks (5-20 minutes) into the classroom setting that may improve student performance and the classroom environment. The following are evidence-based classroom programs:

- **North Carolina Energizers**
  This document provides a list of classroom-based physical activities designed to integrate with academic lessons and concepts. The activities are designed to help teachers to create a positive atmosphere that enhances the self-esteem for all students and interject PA into the classroom. www.eatsmartmovemorenc.com/School.html

- **Active Academics**
  This website catalogs academic lessons that include PA aspects. The academic lessons address pre-kindergarten through fifth grade. Activity areas include; movement integrated in active learning, classroom energizers, recess and unstructured outdoor play and activities for large and small areas. Activities are designed around Common Core Standards.
  http://www.activeacademics.org/?pid=48&tips-for-using
- **Take 10!**
  This program is designed to help children understand the importance of fun PA and other healthful behaviors. The Take 10 program integrates grade-specific academic learning objectives in the content areas of language arts, math, science, social studies, and general health with short periods of structured physical activity in the K–5 classroom. http://www.take10.net/
- **Instant Recess—Interactive**
  This resource offers physical activity breaks for the classroom or playground on a DVD format.
  http://www.journeyworks.com/Instant-Recess/products/255/

AFTER SCHOOL PHYSICAL ACTIVITY PROGRAM PLANNING

The evidence suggests that superintendents of education, school principals, and athletic directors can develop or continue school-based sports programs without concern that these activities have a detrimental impact on students' academic performance (6). School administrators and teachers also can encourage after-school organizations, clubs, student groups, and parent groups to incorporate physical activities into their programs and events.

JOINT USE AGREEMENT PLANNING

- **Playing Smart—A Joint Use Toolkit—(ChangeLab Solutions)**
  This nuts-and-bolts evidence-based joint use planning tool is designed to help school staff and other community leaders craft and implement joint use agreements.
  http://changelabsolutions.org/publications/playing-smart

Step 3: Implement

Tactics for implementing quality P.E. and PA in K–12 Schools involve the following:

- Establish a PA committee or team that includes PA champions, school and school district personnel, students, their parents and interested community members.
- Develop a PA implementation plan including an evaluation component.
- Communicate school plans to the school board, school staff, students, parents and community partners.
- Identify evidence based and appropriate curriculum resources.
- Provide training for staff on curriculum and other resources.
- Organize and coordinate the use of PA equipment and facilities.

- Plan school-wide PA promotional events (e.g., Walk and Bike to School event).
- Collaborate with schools and other organizations to improve the school PA environment, including providing PA in classes and serving on school wellness committees.
- Provide recruitment strategies for parent and student volunteers.
- Engage champion moms, dads, grandparents and students to serve on a school wellness committee.
- **Remember, SNAP-Ed-funded contractors are allowed to participate *but not lead* the development or implementation of school wellness committees or school health councils at SNAP-Ed eligible school sites.**
- Assist in the development of wellness policies in schools and after-school settings that address increasing access to PA opportunities.
- Assist schools and/or districts with establishing partnerships with government or nonprofit organizations for joint use agreements to share recreational facilities.
- Collaborate with local youth-serving organizations working with low-income populations (such as parks and recreation, sports leagues, booster clubs, etc.) to ensure healthy foods and beverages are available for purchase at community events. Encourage organizations to seek healthy food and beverage sponsorships.
- Evaluate your program along the way in order to share the outcomes with all those involved in the program.

Step 4: Evaluate

The tools identified in the "assess"section can be used to re-asses a schools' overall PA/P.E. practices before and after the intervention. To evaluate components of the intervention more specifically, there are assessment tools in the "plan" section which can be used to assess specific components of the PA program. For example, if improving PA opportunities at recess was determined as a strategy, the recess assessment can be used as a pre and post assessment tool. If Safe Routes to School was a strategy, a walk-ability audit can be performed before and after program implementation.

Additionally, the school wellness policy itself can be used to assess PA/P.E. practices before and after implementing a program. For Example, if the policy mandates 200 minutes of P.E. every 10 days, a teacher survey can capture practices before and after the intervention.

Success Story: Joint Use Joint Development Success in Sacramento California

In 2002, River City High School in West Sacramento California was serving nearly twice the number of students it was designed to serve. Due to the lack of space the district decided to build a new campus. While seeking a potential partner in a possible joint use project for the new campus the school district heard West Sacramento Parks and Recreation was in planning stages to develop a new indoor community recreation facility in the area of the school. The two entities met to discuss joint use alternatives. When considering the needs of the students, soccer and baseball fields, gymnasium, and pool; and the needs of the general population in West Sacramento the concept of a $115 million joint use recreation center on school district land, adjacent to the campus; was proposed to the city by the planning team. After some negations the result was a public facility, built on school land, the city leases and manages with a membership based business plan.

The completed recreation center is comparable to a high-end health club with climbing wall, cardio center and weight room, gymnasiums, dance space, child care, water-park, swimming pool, tennis courts and playing fields."The new campus expands the services the high school can contribute to the community", says Richard Parks, project architect. Students have regular access to a small gym, playing fields, and pool through P.E. classes. The center has spurred the creation of water polo and rugby teams of which the majority of members are River City High students. The center also allows a school break dance group to use the dance space to practice. According to Vice Principal, Sandi Reese gang activity and vandalism have decreased while student academic performance has increased.

ADDITIONAL RESOURCES:

- **Comprehensive School Physical Activity Programs: A Guide for Schools (CDC)**
  Developed in collaboration with the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) and experts in the field of school-based PA, the guide includes steps to engage stakeholders in developing a Comprehensive School Physical Activity Program (CSPAP) that helps students meet the daily recommendation of 60 minutes or more of PA. A comprehensive school PA program includes P.E., PA during school, PA before and after school, staff involvement and family and community engagement. Schools can use the guide to develop an action plan, implement strategies and evaluate their CSPAP.
  http://www.cdc.gov/healthyyouth/physicalactivity/cspap.htm
- **Educating the Student Body: Taking Physical Activity and Physical Education to School**
  This material provides recommendations for strengthening and improving programs and policies for PA and P.E. in the school environment including before, during and after school.
  http://www.iom.edu/Reports/2013/Educating-the-Student-Body-Taking-Physical-Activity-and-Physical-Education-to-School.aspx
- **Youth Physical Activity Guidelines Toolkit: Centers for Disease Control and Prevention (CDC)**
  The Youth Physical Activity Guidelines Toolkit highlights strategies that schools, families, and communities can use to support youth physical activity.
  http://www.cdc.gov/healthyyouth/physicalactivity/guidelines.htm

- **Children's Power Play Initiative (CA): Nutrition Education Obesity Prevention Branch (NEOPB) for Healthy California**
  Initiative to motivate and empower California children ages 9–11 years of age to eat 3 to 5 cups of fruits and vegetables and get at least 60 minutes of MVPA every day.
  www.cdph.ca.gov/programs/neopb/Pages/FreePhysicalActivityResource.aspx

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Section 4

Physical Activity in Community Settings, Walking Interventions

4

Physical Activity in Community Settings Walking Interventions

Physical activity in urban community settings calls for interventions that address a wide range of diversity. Whether it be based on age, culture, physical ability or other concern, diversity not only creates a challenge for public health departments seeking to promote active communities across differences, but it also presents opportunities to engage individuals in a way that can celebrate those differences, form bonds and build bridges.

Municipalities across the country have discovered the benefits of physically active communities. Through PA, local community leaders can build key partnerships to create more walkable streets, increase access to parks and open spaces, address neighborhood safety, improve educational outcomes for children, tap into underutilized facilities and attract outside funding. By introducing and promoting walking programs, civic leaders can address major public health concerns, such as chronic diseases associated with sedentary lifestyles.

Why Walking?

According to the 2009 California Health Interview Survey, 77.2 percent of adults in California walked for transportation, exercise or fun (1). The U.S. Surgeon General's office states, walking is currently the most commonly reported form of physical activity among U.S. adults. Walking is a simple form of physical activity that can be done almost anywhere. Encouraging Americans to add walking to their daily routine has enormous long term health benefits and can help reach the physical activity goals outlined in the Physical Activity Guidelines (2).

The Benefits of Walking

Walking is accessible to individuals of all ages and socioeconomic backgrounds. It maintains and can increase the strength and endurance of individuals who have difficulty with movement, are seeking to be more active, as well as individuals already leading active lifestyles and want to challenge themselves. Walking is beneficial to individual and community health.

For individuals, walking:

- Decreases the risk of many chronic diseases and can help prevent certain health conditions such as coronary artery diseases, stroke, certain types of cancer, type 2 diabetes, and arthritis.
- Builds aerobic capacity for overall better health.
- Builds bone strength and helps fight osteoporosis.
- Lowers blood pressure.
- Increases positive outlook and decreases depression.

- Promotes balance and reduces the risk of falls.
- Helps combat obesity.
- Increases energy.
- Reduces stress.
- Lowers the risk of premature mortality.

For communities, walking:

- Helps individuals, groups and families enjoy outdoor spaces such as parks.
- Creates a presence on the streets to help combat crime and foster safety.
- Provides social interaction and support.
- Unites people around common goals.
- Makes physical activity and recreation easily accessible.
- Makes neighborhoods more "livable".
- Relieves traffic congestion due to the decrease in driving.
- Supports business by increasing "foot traffic".
- Fosters independence for individuals, youth and older adults who don't drive.
- Allows residents to advocate for streetscape improvements to decrease traffic-related injuries and fatalities (2).

How much walking is needed to be beneficial? *The 2008 Physical Activity Guidelines for Americans*, developed by the U.S. Department of Health and Human Services (USDHHS) recommends that all adults engage in at least 150 minutes a week of moderate-intensity aerobic physical activity. Individuals who walk briskly for about 30 minutes per day can easily meet that recommendation for better health. However, even a minimal amount of walking can provide significant health benefits for an individual who is otherwise sedentary (3).

PHYSICAL ACTIVITY RESOURCES

The resources listed below feature government guidelines for PA for adults and children. The American Heart Association and CDC walking programs provide information on the benefits of walking and how adults can maintain and lose weight through a comprehensive walking program. Consider these programs when using the RE-AIM process and developing logic model for your PA program.

- **Physical Activity Guidelines for Americans 2008**
  For information on the Recommended Physical Activity Guidelines for Americans visit http://www.health.gov/paguidelines/guidelines/
- **American Heart Association**
  This website provides information on the benefits of walking, how to join or start a walking club, staring a walking group at work and other walking related information. http://www.startwalkingnow.org/whystart_benefits_walking.jsp
- **Centers for Disease Control**
  For additional information about the benefits of walking go to the CDC website below. http://www.cdc.gov/vitalsigns/walking/

Step 1: Assess

ASSESSING COMMUNITY WALKABILITY

Every community is different; there is no "cookie-cutter" solution to increasing walking and walkability in all communities. The term "Walkable Communities" extends to urban design policies and practices such as creating environments that are more walkable, more bikeable, accommodate safe active transportation, as well as have inviting parks and other open spaces. A walkable neighborhood, where all people can safely and easily move about on foot and in which locations, can be easily accessed by walking, and has many benefits.

To develop walkable routes and pathways a "Walkability Audit" is required. A walkability audit tool is designed to assess pedestrian facilities, destinations, and surroundings along and near a walking route and identifies specific improvements that would make the route safe, more attractive and useful to pedestrians. The walkability audit can be conducted by a local health district, the leadership team, or as a community exercise as part of a walking group activity.

A community walkability audit will address some of the following questions:

Walkability Audit Questions

- Is the neighborhood/route safe?
- Is the walking path close to construction zones, fences, buildings, noise pollution?
- Is the traffic "calm" in that area?
- Can pedestrians get across the street safely?
- Are the sidewalks in repair?
- Is there cracking, buckling, overgrown vegetation, standing water, etc. on or near walking path?
- Is there enough walking space?
- Are the sidewalks level?
- Are there safe pathways for walking?
- Are sidewalks complete?
- Are street signs unobstructed?
- Is the walking area clear of debris?
- Is there continuous sidewalk on both sides of road, or is it completely away from roads?
- Is the route accessible for wheelchairs, people using walkers and other physically challenged individuals?
- Are there any other concerns?

Conducting a walkability audit provides an opportunity to raise awareness about the conditions in the area. Neighborhood strengths and assets can be highlighted, while challenges and concerns can be documented appropriately and improvements can be sought. Communities that seek to create opportunities for individuals to become more physically active through walking should also consider *Policies, Systems and Environmental* changes (PSE) that lead to these long-term, sustainable solutions (4).

THE ROLE OF THE LOCAL HEALTH DEPARTMENT

Local Health Departments (LHDs) can play a key role to increase walking and walkability in SNAP-Ed populations and other communities in many ways by:

- Taking the lead in identifying the major health challenges to be addressed in local communities.
- Serving as convener of key walking and walkability program partners such as city planners, traffic engineers and active transportation professionals and advocates.
- Collaborating with PA professionals to provide resources and technical assistance.
- Facilitating partnerships with schools, health and community organizations.
- They can convene a wide variety of other public and private partners dedicated to healthy environments and individuals such as state, regional and national parks as well as parks and recreation professionals (5).

COMMUNITY WALKABILITY AUDIT AND ACTIVE COMMUNITY TOOLS

The walkability audit can help plan and/or strengthen a walking program. Conducting this audit and even taking the next steps to advocate for improvements in the physical environment can be considered an integral part of the groups' goals. It is important to conduct this audit early in the group's planning process (6). Following are free, user-friendly tools for assessing a community's walkability and promoting active lifestyles.

- **Pedestrian and Bicycle Information Center**
  The center provides a variety of planning tools including audits, counts, surveys, inventories and information sources for making communities more walkable and bikeable.
  www.pedbikeinfo.org/planning/tools_audits.cfm
- **California Active Communities**
  California Active Communities is an office within the California Department of Public Health and provides information on community-wide opportunities for safe, everyday physical activity through PSE for Californians of all ages and abilities. Information on walking clubs, walkability audits, safe routes to school and other areas is available. www.caactivecommunities.org
- **Active Living By Design**
  Active Living by Design's vision is healthy communities, where routine physical activity and healthy eating are accessible, easy and affordable to everyone. The web site focuses on community led change by working with local, state and national partners to build a culture of active living and healthy eating. www.activelivingbydesign.org
- **Leadership for Healthy Communities (LHC)**
  A branch of the Robert Wood Johnson Foundation designed to support local and state government in their efforts to reduce childhood obesity through public policies that promote active living and healthy eating. The LHC produces a wide variety of resources, including fact sheets, issue briefs, reports, presentations and other materials regarding community walkability. www.activelivingleadership.org
- **Active Living Research**
  This organization conducts research and provides resources to prevent obesity and create active communities. The site provides information, tools resources, news, events, grants and research summaries on active living topics.
  www.activelivingresearch.org
- **U.S. Department of Transportation Federal Highway Administration**
  This site offers the *"Residents Guide to Creating Safe and Walkable Communities"*. The guide is designed to be used by anyone, novice to professional, looking for ways to improve

the safety and comfort of their neighborhood streets. The guide provides examples from other communities working to improve pedestrian and bicycle safety. The guide includes ideas and resources to help residents learn about issues that affect walking and bicycling conditions, find ways to address or prevent these problems, and promote safety for all road users. Also included are several audit tools that can help walking group leaders identify and document concerns, and better advocate for change. http://safety.fhwa.dot.gov/ped_bike/ped_cmnity/ped_walkguide/residents_guide2014_final.pdf

- **California Department of Public Health: Communities of Excellence Community Indicator's check list**
  This useful check list provides insight into issues regarding a comprehensive walk audit. www.cdph.ca.gov/programs/neopb/Pages/FreePhysicalActivityResource.aspx
- **Toolbox for Community Health Educators: Walkability Assessment**
  This tool is a part of a comprehensive toolkit for Community Health Educators to conduct a comprehensive walk audit in their neighborhoods and/or school routes. Scroll to section 5, page H-24 http://www.network-toolbox.cdph.ca.gov/en/pdf/AllHandouts.pdf

WALKING GROUP PARTICIPANT ASSESSMENT

In addition to assessing the physical environments (whether they are city streets or rural roads) walking group leaders will need to assess target group needs, and desires, as well as personal and group goals. The participant assessment involves answering the following questions:

Topics to Address When Assessing the Walking Group Participants

- Who will participate in the group?
- What are the core needs of the individuals who will participate in the group?
- Are there group health goals/concerns/risks to consider?
- What are the relationships that bind the individuals together?
- What are the physical abilities of the participants?
- How often do they meet?
- What are their health education needs?
- How do they communicate with each other?
- What are their interests?
- Where would they like to walk?
- How often would the group want to walk?
- Is there a specific time that the group likes/needs to walk?
- Do they have any specific concerns that should be addressed?
- Are there barriers to walking?
- Are there barriers to physical activity?
- What will be needed to address barriers?
- Are there individuals with special needs in the group?
- What are individual participant goals?
- What are individual participant concerns?
- What are participant differences? Similarities?
- Is there a preferred walking route?

Assessments to create walking groups can be conducted through interviews, surveys or focus groups. The assessment will help answer the following questions:

Populations/Participants

- How many participants will be involved?
- When will they walk?
- How long will they walk?
- Will the group walk together or break into groups by ability?
- Will the group be age specific?
- Other?

Logistics

- Where will the group walk? What is the route? Is the route marked?
- When will the group walk? Launch date? Before or after work?
- Will the route be predetermined or part a group walkability audit process?
- Will the group walk parks, streets, malls, school tracks, or other?
- Will the group participate in activities other than walking? For example, will there be a nutrition education component to the program?
- What will be the "home base" location or meeting point for the walks?
- How will the group communicate among themselves?
- How will success be measured? (Evaluation)
- Will incentives be involved?
- What resources are needed, if any?
- Will the group walk in areas other than local? If so, will transportation be needed?
- Who will be responsible for identified tasks?
- How will the group/program be sustained over time?

Step 2: Plan

PHYSICAL ACTIVITY PROGRAM DESIGN IN COMMUNITY SETTINGS

As with other PA planning, creating effective PA programs, such as walking interventions, begins by identifying and recruiting a *Health Leadership Team or Health Champion(s)* to lead the process. Leaders are critical to the success of programming. The Health Leadership Team provides group cohesion, spearheads the development of health advocates and promotes and ensures program sustainability. When planning the development of a leadership team, consider the following:

- Who will be the group leaders?
- What will be their role(s)?
- Does the team include members of the target population?
- Will there be community partners? If so, what can they bring to the table?

Once the team is recruited and oriented, they should begin with the four essential steps outlined in the introduction: ***Assess, Plan, Implement and Evaluate*** *(see Section I: Designing a Physical Activity Intervention for a complete description)*, to initiate the process of planning the walking activity intervention.

After leaders have assessed the participants' needs, desires and the walking environment they are ready to move on to the planning phase. Begin planning keeping the Social Ecological Model in mind. Consider the dynamic interrelations among the participants' wants and desires and environmental factors you will be working with; personal safety, participant support, city infrastructure and other city services. Consider issues at the individual level, build to address group needs and expand to the entire community.

Whether the walking group being developed is targeted toward a small group of individuals, such as parents of children in an before and after-school program, or larger groups such as employees in a work environment or members of a faith congregation, assessing participant needs is the key to effective programming. Planning is based on the information gained through the audit process.

Documentation of the responses from the audit questions provides the leadership team with the *Program Plan information*; which should identify details for the overall plan, demographic information of the group participants as well as the logistics of the walk route. This is a good point to revisit the RE-AIM process to address specific items found in the assessment. It is also an excellent opportunity to create a logic model to visually help plan out the program. A well written logic model will include; the overall goal of the program, current situation or status of the stated problems, resources available to address the problems, and other key components for program implementation. Program objectives should be written in the "*SMART*" format, Specific, Measurable, Achievable, Realistic and Time specific for easier implementation and post program assessment.

Step 3: Implement

IMPLEMENTING THE WALKING GROUP

Once the walking plan has been completed, marketing the activities is essential for a successful launch to the program. Advertise the walking group among all the community groups who have a member of the Leadership Team in the group. Also notify local community centers, PTA, faith based and other groups/organization in the area. To promote the walking group "piggy-back" or tag onto any social media already being used by the groups who

have a member on the leadership team. Include information about the group, the date, time and location of the preliminary group meeting. At the first meeting cover topics such as;

- A "meet and greet", introduce individual participants to each other. Give an overview of the walking group goals and concepts through a training/presentation.
- Explain the role of the leaders (provide support and direction to the group and individuals).
- Explain the health benefits, fitness facts and requirements related to walking such as; why walk, how to walk, nutrition (including hydration) stretching, growing through fitness levels, fun, shoes, walking safety, etc.
- Provide time for participants to set individual goals (e.g. increase frequency of walking or biking to school).
- Establish walking groups, locations to walk and set future meeting dates.
- Discuss expectations such as consistency and mutual support.
- Discuss the method of monitoring progress and meeting goals.
- See the Resource section for details on walking for fun and fitness.

Step 4: Evaluate

Evaluation methods should always be a part of the program planning stage and logic model development. Considering how and what components of the program will be evaluated at the onset will result in a concise and accurate evaluation of the program. Process evaluation can assess the reach of the program, were the participants from the target population, did they complete the program, if not why? Will the outcomes of the program measure the level of intended behavior change, frequency and duration of walking, number of miles walked, weight loss among participants? Impact evaluation will measure long term effects of the program, such as, will weight loss among participants influence the rate of chronic diseases. Consider all the possibilities in the evaluation process, each component of the evaluation can be done by partners with expertise in a specific area. Marketing can be done by parks and recreation, outcome and impact may be able to be completed by the LHD and their epidemiologist.

TYPES OF EVALUATION

Process evaluation measures actions taken in pursuit of program outcomes. Process evaluation provides the information needed to make adjustments to the strategies implemented in a program in order to strengthen program effectiveness (see Section I: Introduction Evaluation for more information and resources).

Outcome evaluation results tell you the significance and level of success of a program. Outcome Evaluation assesses program goals and objectives to determine if changes to behavior, attitude or knowledge have been achieved through the intervention. Outcome results can also be extremely useful in communications that help you respond to questions about your program.

EXAMPLE EVALUATION TOPICS:

- Recording how many walkers sign up and have consistent participation.
- Collect Walkability Checklists and chart environmental and/or policy changes made to the walk route and neighborhood once the group has started.
- Conduct satisfaction surveys for lead staff, members and participants.
- Distribute neighborhood questionnaires to collect area resident's perspectives.
- Record the number of collective or individual steps.
- Working with a certified fitness professional to record pre/post functional fitness assessments measuring;
  - Muscle strength and endurance
  - Aerobic endurance
  - Range of motion
  - Balance, gait, mobility
  - Fear of falling (seniors)
  - Other individual data measured by a licensed clinician including (blood pressure, weight, bone density, etc.)
- Did the information you collected tell you what you needed/wanted to know?
- Did you recruit the number of people you expected, if not why?
- Did advertising/marketing of the group reach the intended audience?
- Was follow up conducted to obtain the satisfaction level of group leaders and others involved in the program?

From: Walk Kit, A Guide for Local Program Coordinators, California Active Communities web site: www.caactivecommunities.org/wp-content/uploads/2011/03/walk_kit_v4.pdf

WALKING GROUP RESOURCES

- **Everybody Walks**
  This website provides a variety of resources on walking for individuals and groups. www.everybodywalk.org
- **The Walking Site**
  This site provides information on how to begin a fitness walking program and a forum for frequently asked questions about walking and other resources. www.thewalkingsite.com
- **American Heart Association**
  This site provides tips, tools, program design instruction and other information and resources on all levels of walking. The site also includes information on healthy eating and walking club logistics. www.startwalkingnow.org
- **America's Walking**
  This web site provides information and resources in achieving pedestrian friendly neighborhoods. It also provides walking tips and techniques. www.pbs.org/americaswalking
- **Safe Routes to School and Walk to School Sites.**
  This site provides information related to making the trip from home to school safer for children. The resources offered focus on safety, health, community health, and events. Information on training programs, technical assistance, and walkability tools are also provided.
  - **Safe Routes to School**
    www.saferoutesinfo.org
  - **California Safe Routes to School**
    www.casaferoutestoschool.org
- **Walking**
  This website is all about walking for individuals. It includes information on adopting a lifestyle that integrates walking. www.walking.org
- American Volkssporting Association
  This website provides information on Volkssporting, a sport started in Germany.

Volkssporting is an aerobic based personal fitness program preformed in a group environment. It includes noncompetitive walks, hikes, bike rides, swims and cross country skiing during the winter time. http://www.ava.org/What_We_Are_About/AVA_Fact_Sheet.pdf

- **Silver Sneakers**
  This site provides information on the SilverSneakers Fitness® program designed for older adults. The program promotes physical activity and fitness through fun energizing programs that help seniors take greater control of their health. More than 65 Medicare health plans offer the program as a benefit to members. Silver Sneakers partners with local fitness facilities and offer programs specifically designed for older adults. Facilities are handicapped accessible and include options such as gyms, YMCA's, Curves® and other programs.
  https://www.silversneakers.com/
- **Walk 4 Life**
  This site includes tools for individuals and groups who want to start walking or launch a walking group. It provides information on trails, walking tracker tools, apps, etc. www.walk4life.info
- **Map My Walk**
  Use this website to create a map of your walking routes, map a walking path and share it with friends electronically. The site also provides existing maps in your neighborhood. This free service also lets an individual record their total walking miles, the frequency of their walking activities and other walking statistics.
  www.mapmywalk.com
- **California Active Communities Walk Kit**
  This free guide provides local walking program coordinators with the instructions and steps needed to create a successful walking program for community groups. The guide provides basic information and resources that can be adapted to any community. http://www.caactivecommunities.org/resources/walk-kit/

Walking Group Success Stories

WEST OAKLAND HEALTH CENTER (WOHC)

Intent of the Intervention

The WOHC is a non-profit community health center providing primary care, mental health, and substance abuse recovery services to residents of West, North and East Oakland, Emeryville and Southwest Berkeley. Its mission is to improve the health and well-being of residents of these communities and to reduce morbidity, preventable disability and premature death. Services also include SNAP-Ed and WIC services and on-site support to enhance food security. The WOHC primarily serves low-income residents. It is located in a section of Oakland that has very few open spaces for physical activity. While there are parks in the area, many of them are considered unsafe and therefore are often underutilized.

Health professionals at the WOHC noticed negative trends in health data among individuals from the surrounding neighborhood who use the Center. Providers determined that by increasing PA awareness and behaviors among some of their clients, the center could see improvements in their client's health status. After a review of the clientele and PA options, the center chose to create a walking club. The *West Oakland Walking Club* was designed to improve client health by promoting active lifestyles through education, modeling healthy behaviors, increasing access to active spaces and providing social support to clients making this lifestyle change.

Step 1: Assess

The WOHC routinely maintains comprehensive client profiles targeting specific health challenges and outcomes. Based on those records, a team of providers consisting of the Medical Director, Health Education Director, Head Nutritionist, WIC Director and Outreach Coordinator determined that many of the health challenges their clients were experiencing could be improved by physical activity.

Step 2: Plan

A goal to positively influence the health of WOHC clients was established. Given the broad range of client profiles and needs, planning physical activity programming and evaluation WOHC staff began with identifying the following steps:

- Assemble a team of professionals who could support a health program including participants from a variety of perspectives.

The WOHC team recognized the need to engage outside partners such as:

- Physical activity specialist, parks and recreation partners, YMCA, faith organizations and others.

The WOHC established the program objectives to create a program that;

- Used a program approach that was proven effective for a wide variety of participants
- Included education elements
- Could be medically evaluated
- Helped to promote lifestyle changes
- Was motivating, affordable and enjoyable
- Allowed for social support
- Could be sustained.

Based on the desired outcomes, the team chose walking clubs as an effective intervention for their clients. The WOHC team and partners reviewed existing programs and selected the Center for Disease Control and Prevention (CDC), *"Promoting Physical Activity: A Guide to Community Action"* to help implement the program. The guide identifies walking as an effective intervention in community settings due to its strong social support component. "Interventions that use social support within community settings can create opportunities for physical activity by reducing or eliminating many of the barriers to physical activity (e.g., safety, motivation)." To plan the intervention, the team determined:

- Which clients would be included in the walking groups and how they would be partnered?
- How individual health progress would be monitored and by whom?
- How walking would be conducted (i.e. in groups, by collective miles, etc.)?
- How often participants would check in and how they would check in?
- How long the program would run?
- Whether there would be environmental elements to the program
- Program outcomes of health status, distances walked and new behaviors were to be evaluated

Step 3: Implement

To begin the program, the team designed outreach materials to announce the launch. Each team member targeted clients who could benefit from the Walking Program. All partners and team members were invited to the kickoff meeting where the program was explained and attendees were invited to participate. Individuals who chose to be a part of the program were given background materials on the benefits of physical activity, sheets to monitor their daily nutrition, a pedometer and a program schedule with projected benchmarks.

Five teams of about 10 participants each were organized. Teams were organized according to mode of evaluation. For example, individuals who were experiencing high blood pressure were assigned to clinical team leaders who could monitor their health and blood pressure. Teams were encouraged to compete with each other for steps and other benchmarks. Individuals were encouraged to select a buddy or two and over a ten-week period recorded their progress based on steps (pedometer readings), minutes of walking, or participating in a variety of physical activities. During walks, teams that participated in urban walking also assessed walkability of the selected route with particular attention to safety.

Step 4: Evaluate

Participants were evaluated on several levels. All of these were recognized at a final celebration event:

- Total number of steps recorded by the group.
- Total number of miles accumulated.
- Number of participants who created new habits (monitored and recorded by health educators).
- Total number who were consistent with physical activity and proper nutrition over the ten-week period.
- Individual health improvements: Monitored and recorded by clinicians (blood pressure/blood sugar/BMI/ cardiovascular/arthritis, etc.).

SACRAMENTO SENIORS "NEIGHBORHOOD WALK" PROGRAM

Intent of the Intervention

As the 'baby boom' generation ages, the number of Americans 65 years and older will double from 35 million to 70 million by the year 2030. Regular moderate physical activity can extend the lifespan and prevent or slow the development of chronic diseases, such as heart disease and diabetes, as well as decrease the likelihood of falls and depression (6). Since 2000, Sacramento's walking program, "Neighborhood Walk," has provided a social support network to increase physical activity among older adults.

Step 1: Assess

The City of Sacramento Parks and Recreation Department assessed older adults walking needs. Assessment results indicated seniors have specialized pedestrian needs, such as increased time to cross streets, access to shady trails with benches, clearly marked crosswalks and traffic calming engineering. Knowing the needs of seniors, the walk program should include assessments for:

- Identifying personal and environmental barriers to walking by older adults
- Identifying potential environmental policy solutions to reduce barriers to walking by older adults
- Identifying a course of action to advocate for solutions.

Step 2: Plan

Based on the assessment of seniors walking needs, the City of Sacramento Parks and Recreation Department identified the following Multi-Sector partners for collaboration in development of the walking clubs;

- Residents
- City government and policymakers
- Community and service groups, such as neighborhood associations
- Local businesses
- Local universities and colleges
- City Police

The leadership group planned to create ten walking groups in diverse geographic neighborhoods in greater Sacramento. With residents' support, city staff gathered information about local community needs of older adults. Based on this information leadership group members and city staff decided the primary method to promote the groups would be with print materials as seniors are most likely to use them for information. Print materials about the walking groups included ads in regional newspapers, and articles in community newsletters, while fliers were posted in local establishments. City staff decided a secondary method of door-to-door advertising would also be an effective way to recruit participants. The city also decided to provide small incentives such as "Neighborhood Walk" t-shirts and sun visors to motivate participants.

Step 3: Implement

Once the groups were established, city staff provided minimal oversight. The groups were self-paced, self-motivated, and self-directed. At the beginning of the program, staff helped groups establish a route with a neutral meeting place, such as a park or community center. The groups determined their own routes and meeting times. To recruit more members, groups distributed fliers as they walked. City staff encouraged groups to meet socially outside of the walking groups to strengthen group bonds.

Participation: Keeping Participants Motivated

Of the ten original groups, five remained after the first two years. However, through promotion of the "Neighborhood Walk" program city staff reestablished two of the groups that disbanded and created an additional six groups. In 2005, sixteen 'Neighborhood Walk" groups were active. City staff found motivational activities such as; a lecture series, which meets every six weeks on various health and aging issues and a newsletter profiling other senior walkers were key to sustaining the groups. Quarterly social functions, such as barbeques, are also held.

Select walking groups have been featured on television spots, which provide positive feedback for participants and establish new community norms. Older adults are inspired by newsletter testimonials from other older adult walkers and have joined walking groups after hearing about people's improved health from participation in the "Neighborhood Walk" program.

Step 4: Evaluate

Based on group records, at the end of the program, approximately 25% of the initial participants continued to walk in the walking groups, on their own, or with a neighbor. Reasons for the dissolution of groups vary; for example, one group lost momentum during the winter. Traditionally, about 50% of individuals drop out of an exercise program in the first 3–6 months. Relative to historic performance, the Sacramento program's retention rate after five years proved to be a success, especially given the reliance on one staff member, part-time employees, and unpaid interns.

Funding

For the first two years, the program and staff were partially funded by the State of California through the states Preventive Health and Health Services Block Grant from the CDC. Then the program was funded under a three-year grant from The California Wellness Foundation. The City of Sacramento absorbed residual expenses and used unpaid interns as recreation aides to minimize cost. The city continued to support the walking groups through internal resources.

Future Plans: Increasing Fitness Across Generations

City staff will expand "Neighborhood Walk" into an inter-generational walking program, an idea that originated in the walking groups. Although the groups were originally designed for those 50 years and older, a range of walkers joined the groups. Creating intergenerational groups has had several benefits:

- Promoting physical activity across the lifespan
- Helping older adults feel less threatened by youth in the neighborhood, a possible barrier to walking
- Expanding social networks through interaction between neighbors of different ages
- Reducing social isolation felt by some residents
- Helping make physical activity a social norm

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Section 5

Physical Activity in Community Settings, Access to Parks and Recreational Opportunities

5

Physical Activity in Community Settings, Access to Parks and Recreational Opportunities

According to the CDC, during the time period from 1980–2008, obesity rates doubled for adults and tripled for children. During the past several decades, obesity rates for all population groups—regardless of age, sex, race, ethnicity, socioeconomic status, education level, or geographic region have increased markedly (1). Overweight and obesity result from an energy imbalance. This involves eating too many calories and not performing enough physical activity. Behavior and environment play a large role in causing people to be overweight and obese. These are the greatest areas to initiate prevention and treatment actions (2). Recent estimates are that about 50 percent of women and more than 40 percent of men in the U.S. are sedentary (3). The epidemics of chronic conditions such as diabetes, high blood pressure, asthma and others that result from an indoor, sedentary lifestyle require action from all sectors of society. Parks and public lands are underutilized, low-cost healthcare resources that can and should be used to help solve the obesity problem.

Partnership is the key to successful health programming in parks. Whether programming involves working with youth, schools, senior groups or others, park partnerships can extend the programming reach and resources well beyond an organization's current capacity. There are many types of parks and therefore various partnerships opportunities. The types of partnerships that work best for programming depends on factors such as the availability of transportation, the desired program elements and a park's offerings etc. As with any effective partnership, each partner can contribute to a project's success. So, while city and county parks and recreation departments can bring many important resources to the table, the expertise and knowledge of public health professionals are critical to program success (4).

The Role of Local Health Departments (LHD)

The LHDs can play a key role to increase successful health programming in parks in many ways. LHDs can:

- Take the lead in identifying the major health challenges to be addressed in local communities.
- Serve as the organizer of key park and recreation program partners such as state, regional and national parks, city planners and active transportation professionals.
- Collaborate with physical activity professionals to provide resources and technical assistance.
- Facilitate partnerships with schools and community based organizations with a health focus.

- Announce a "Call to Action" targeting public health officials, as well as local, state and national park officials in the immediate area.

As with physical activity planning in other sectors, creating effective parks and recreational PA programs first involves identifying and recruiting a Health Leadership Team or PA Health Champion. Once the team is recruited and oriented, they can begin to engage in the process of physical activity programming. The team should follow the four essential steps outlined in the introduction: ***Assess, Plan, Implement, and Evaluate*** *(see Section 1 Introduction: Designing a Physical Activity Intervention).*

Step 1: Assess

Park environments provide important venues for adults, youth and children to be physically active. A park assessment will help determine the current status of the park and what is needed in the community to access quality park and recreation PA opportunities. For a better understanding of what attracts and encourages people to use parks and park-like settings a reliable method for auditing park environments should be used. At the same time, developing activity-friendly neighborhoods, including better parks, requires support from multiple constituencies, including those not directly responsible for parks or promoting PA. This can be accomplished by involving representatives from diverse groups in evaluating, advocating for, and promoting improved accessibility and design of community parks and open spaces. Example items to include in an assessment:

- Document and categorize the amount and type of physical activity that occurs in parks, including their intensity (sedentary, moderate, or strenuous) duration and frequency. Determine if frequent use is seasonal or consistent.
- Examine the level of physical activity that occurs in different areas of the park's environments.
- Determine if use conflicts exist (e.g. are hiking trails shared or also used by mountain bike riders and/or riders on horseback), which may lead to right of way issues.
- Verify if the park's operating hours are suitable for users.
- Determine whether the park's quality associated with specific physical activity participation is appropriate for use among children and adults.
- Verify if the context of the surrounding neighborhood (safety, connectivity, aesthetics, etc.) affects physical activity participation and park use among children and adults.
- Determine if there is ample parking for those who drive to the park.
- Verify proper access to all facilities (pools, restrooms, play equipment, picnic tables) and other features for handicapped individuals?
- Does the park incorporate "Universal Design" (environments that are accessible to older people, people with disabilities or physically challenged).
- Verify the park users' perspectives (e.g., motivations, constraints, visitation patterns, use behaviors, important site characteristics) in the role of the park's facilities in their physical activities.

Assessments: Best Practices

The following sample assessments are based on best practices and help provide a snapshot of a park's current conditions, assist with developing a plan of action to address areas of improvement and can serve as a post assessment to capture any changes being implemented.

- **Toolbox for Community Educators, PA Community Assessment**
  This resource provides assistance for community educators in teaching low-income adults how to increase their fruit and vegetable consumption and physical activity. The Toolbox consists of both a hard copy and an online guide created to assist community educators in leading lessons in nutrition education, physical activity, and community empowerment with groups of low-income adults. The Toolbox includes adaptable lesson plans with supporting handouts, videos, CDs, and evaluation tools and is available in Spanish and English.
  www.cdph.ca.gov/programs/neopb/Pages/FreePhysicalActivityResource.aspx
- **Community Audit Tool (Kansas City Parks and Physical Activity Project)**
  This park audit tool is comprehensive, user-friendly and contains lay terminology. It can be used by individuals or by a group to evaluate neighborhood parks for their potential to promote youth PA opportunities. Results from using the tool can help facilitate involvement in research by community stakeholders to capture the park's characteristics that are likely associated with youth physical activity.
  http://web.missouri.edu/~wilhelmstaniss/KCParksPA/Audit_Tool.html
- **Community Park Audit Tool (CPAT)**
  This audit tool enables diverse community stakeholders to audit local parks for their potential to promote physical activity. The tool is user-friendly and focuses on youth physical activity.
  http://www.activelivingresearch.org/node/12700
- **Recreation Facility Evaluation Tool**
  This instrument can be used to identify and evaluate parks, playgrounds, sport fields, aquatic facilities/pools and recreation centers. Each park and recreation center can be rated with respect to safety, condition, and maintenance of the facility. Be aware this evaluation tool was developed for facilities in a medium-sized county (population 104,237) in the southeastern United States.
  http://prevention.sph.sc.edu/tools/recfacilitytool.htm
- **California Law for Playgrounds (safety actions, rules, and code)**
  Per California Health and Safety Code (Section 115725–115735) all new playgrounds open to the public built by a public agency or any other entity shall conform to the playground-related standards listed in the American Society for Testing and Materials and the playground-related guidelines from the United States Consumer Product Safety Commission. These regulations also apply to the replacement or modification of existing equipment. Links to the law and the California Parks and Recreation Society can be found at the CDPH Playground Safety web-page.
  http://www.cdph.ca.gov/HealthInfo/injviosaf/Pages/PlaygroundSafety.aspx
- The BRAT-Direct Observation (BRAT-DO)
  This is a paper-and-pencil instrument used to visually identify and evaluate the physical characteristics of parks, including safety, condition and maintenance. It is very detailed and comprehensive. The website includes a manual, training presentation and training exercises.
  http://publichealth.lsuhsc.edu/Faculty_Pages/rung/index_files/page0004.htm

Step 2: Plan

Many of the assessments listed above have tools and recommendations to assist with planning. Findings from the park assessment will drive the planning process. An action plan should be created based on the needs identified in the park assessment and include strategies to increase access, opportunities and the quality of PA at parks. The results of the park assessment should include the current issues, status of the issues, resources available to address the issues, individuals, coalitions, and organizations that have a stake in the issues, any barriers that may exist and other pertinent information.

This point in the program is a good time to review the RE-AIM planning process to keep the implementation focused. The leadership team can then complete the logic model used to address the identified problems and achieve the desired program outcomes. The logic model acts as a visual road map to guide the implementation process. A well written logic model will include; a program goal or outcome, the current situation or status of the stated problems, resources available to address the problems, individuals and groups to be involved in the plan, barriers to program success and other related information. The leadership team will then discuss and create SMART objectives with associated activities to address the problems and obtain the desired outcomes and overall goal. Below are planning strategies and tools to assist in the planning process.

- **The National Physical Activity Plan**
  The plan has six strategies to incorporate increasing the amount of PA within parks.
  http://www.physicalactivityplan.org/

- **The USDA SNAP-Ed Strategies and Interventions Toolkit for States**
  This site provides evidence-based interventions and strategies to increase PA opportunities at the community level.
  http://snap.nal.usda.gov/snap/SNAP-EdInterventionsToolkit.pdf

- **Parks Prescription**
  Park Prescriptions is a movement to create a healthier population by strengthening the connection between healthcare and public land use by increasing the prescription of outdoor PA to prevent (or treat) health problems resulting from inactivity and poor diet. Park Prescriptions will allow visitors to public lands to increase their time spent enjoying PA and provide physicians/healthcare providers with tools to inspire patients to improve their health.
  http://www.parksconservancy.org/assets/about/pdfs/gateways-winter-2014.pdf

- **National Recreation and Parks Association (NRPA) and CDC's Park Prescription Initiative**
  This is a compilation of success stories from organizations that implemented the Park Prescription program. The report provides insight and ideas that can be easily replicated.
  http://www.nrpa.org/success-stories/

Step 3: Implement

During program implementation, include steps for how the program will roll out. Refer back to the RE-AIM process plan that was developed for an overview and consider which program partners may be best suited for specific tasks, or if need be seek out additional partners with specific skills, such as marketing (local newspaper, radio or television station). Identify evidence-based and best-practices programs and curriculum resources, policy, systems and environmental change opportunities, skills-based training if needed and other resources. If you developed a logic model for program implementation, review it for key points and the desired outcomes you want. Assign implementation tasks to partners with related skills and expertise to the tasks. Consider improving the quality and quantity of PA by implementing strategies that create partnerships involving youth serving and other community organizations. Also, recruit local, state and/or national parks, faith based organizations and other stake holders onto your team.

RESOURCES/CURRICULA

- **Parks and Recreation: 5 Key Trends in Parks and Public Health, Parks & Prescription.**
  This site contains information on the five trends occurring in parks across the United States that are related to PA. It also provides success stories on program implementation.
  http://parksandrecreation.org/2012/November/5-Key-Trends-in-Parks-and-Public-Health/
- **Healthy Communities Action Strategies Toolkit (Robert Wood Johnson Foundation)**
  This site features the *"Active Living and the Built Environment Kit",* which includes these subsections: active transportation, land use for active living, open spaces and parks and

recreation. Each subsection recommends targeted strategies based on the environmental setting, identifies key stakeholders, outlines policy and program options, provides concrete directions on how to start programs, describes resources to help inform the process and includes examples of how other states and localities have achieved progress.
http://www.leadershipforhealthycommunities.org/resources-mainmenu-40/toolkits/717-action-strategies-toolkit

- **The Strategic Alliance for Healthy Food and Activity Environments**
  This site's resources help local advocates maintain and develop physical activity programs and facilities in their communities. Resources include information on best-practices, the ENACT Local Policy Database, media advocacy tools, and steps for advancing local policy.
  http://eatbettermovemore.org/sa/enact/neighborhood/recreation_areas.php
- **Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults (CDC)**
  This is an action guide developed by Partnership for Prevention and provides information on the resources and key steps that will help facilitate the development of a community trail and promote its use among youth and adults. It is

designed primarily to assist public health officials and practitioners in implementing evidence-based practices, but additional audiences such as, local planners, advocates, policy makers, community and business leaders, community-based organizations, educators, healthcare providers, and others interested in improving the health in their communities may also benefit from using this resource. https://www.prevent.org/data/files/initiatives/communitytrail.pdf

- **Center for City Park Excellence: The Trust for Public Land**
  This site shares many examples of how public health departments are partnering with parks and recreation departments to offer free/low-cost exercise programs/classes.
  http://cityparksblog.org/category/health/

- **Rails to Trails Conservancy**
  This site provides numerous resources that address active transport and walking/biking infrastructure in various settings.
  http://www.railstotrails.org/index.html

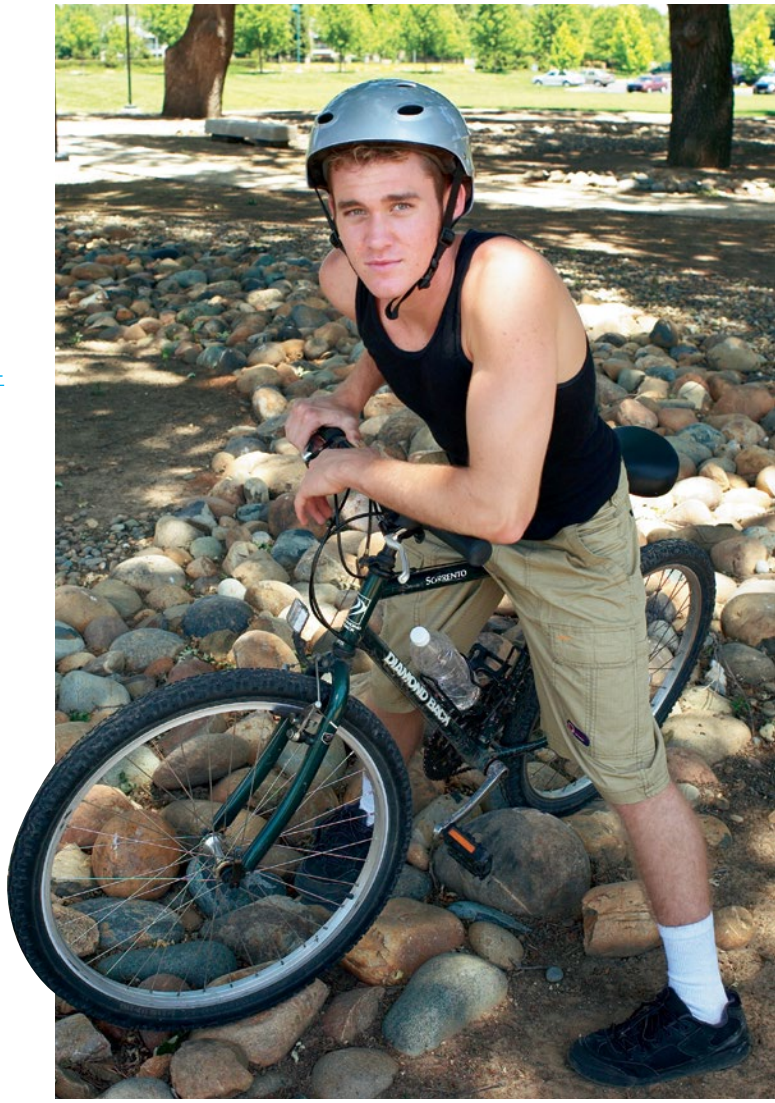
- **The U.S. National Physical Activity Plan**
  This document provides a comprehensive set of policies, programs, and initiatives that aim to increase physical activity in all segments of the American population. The Plan is the product of a private-public sector collaborative. The parks, recreation, fitness and sports sector has considerable capacity to encourage more people to be more active by pursuing five strategies; 1) Grassroots advocacy, 2) Developing a national physical activity education plan, 3) Use best practice physical activity models, 4) Create a national physical activity resource center and 5) Promote physical activity policy development.
  http://www.physicalactivityplan.org

- **Urban River Parkways: An Essential Tool for Public Health**
  This report from the UCLA School of Public Health investigates the influence urban river parkways have on improving community health.
  https://ehs.ph.ucla.edu/sites/default/files/downloads/Urban%20River%20Parkways%20Full%20Report_1.pdf
- **All Communities Deserve Safe Places To Play And Be Active (Prevention Institute/ Active Alliance)**
  This document offers a four point plan to make PA, safe play environments, active transportation and quality PA/P.E. activities a priority in California.
  http://preventioninstitute.org/action-center-sa/670-safe-places-to-play.html
- **Advocates for Youth (Community Mobilization)**
  This document summarizes 14 key strategies that are based on best practices in community mobilization, collaborative partnerships and coalition-building. Many of these strategies overlap with best practices for engaging key stakeholders and best practices for working in diverse communities. Based in Teen Pregnancy prevention, many techniques and strategies discussed are easily used in PA related issues.
  http://advocatesforyouth.org/publications/publications-a-z/2398-strategies-guided-by-best-practice-for-community-mobilization
- **Community Leader/Partnerships: Trailnet's Healthy, Active, & Vibrant Communities Initiative (HAVC)**
  This site provides a model that uses community engagement and community development principles to empower communities to support and promote healthy eating and active lifestyles. The intent of this intervention is to build a communities' capacity to implement policy and environmental changes and build healthy social networks to address obesity.
  http://c.ymcdn.com/sites/www.apbp.org/resource/collection/5DE92501-A2C5-485C-A537-428A1C913C93/Trailnet_Funding_case_study.pdf

YOUTH ENGAGEMENT

Seeking out youth to participate in PA programming has many benefits such as, instruction of the importance of PA throughout a lifetime, adoption of physically active behaviors, mentoring youth through active lifestyles, responsibility and others. The resources below provide details on methods and techniques to gain youth participation.

- **Incorporating Strategies for Engaging Young People**
  This document from the CDC explains the concept of youth engagement and provides three key points to effectively incorporate youth engagement strategies into a program.
  http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/youth-engagement-508.pdf



- **Engaging Youth in Partnership: A Resource Document for Youth Serving Agencies and Programs**
  This document identifies best practice techniques and national programs for youth engagement.
  http://smhp.psych.ucla.edu/pdfdocs/niiah/niiahyouthengagementresources.pdf
- **4-H Youth development and Work-based program**
  This site provides promising practices and other hints on working with City Government and City Parks and Recreation Departments.
  http://urban4hscience.rutgers.edu/practices/partnerships/city-government.html#promisingpractices

POTENTIAL PARTNERS

- **The Trust for Public Land**
  This site provides information on the use of conservation financing and research and education to conserve land for people to enjoy as parks, community gardens and play spaces.
  http://www.tpl.org/
- **YMCAs**
  The "YMCA" offers PA programs for youth, families and adults.
  http://www.ymca.net/
- **American Hiking Society**
  This organization provides information on the promotion and protection of foot trails, their surrounding natural areas, and the hiking experience through advocacy and policy. They also support local trail development days and outdoor safety.
  http://www.americanhiking.org/
- **National Recreation and Park Association (NRPA) affiliates**
  This site provides a nationwide list of societies and associations for groups affiliated with NRPA and representing park and recreation professionals.
  http://www.nrpa.org/stateassociations/
- **San Francisco Area Resources Parks / Trails—East Bay Regional Park District**
  This is a website resource for all the park activities in Alameda County and the East Bay area of Oakland, California. It provides a calendar of PA and non-PA events and activities, status of trails and park facilities.
  www.ebparks.org/parks
- **San Francisco Bay Trail**
  www.baytrail.org/links.html
- **Parks in the San Francisco Bay Area—Bay Area Kid Fun**
  This site provides information on parks with facilities designed specifically for family fun, including playgrounds, paved walking paths, boat rentals, train rides, and carousels.
  www.bayareakidfun.com/pages/parks.html
- **Healthy Parks Healthy People**
  The National Park Service offers advice, technical assistance, recognition, and grants to help communities across the country preserve their own history and create close-to-home recreation opportunities. The National Park Service can help local districts designate historic landmarks conserve rivers and open spaces.
  http://www.nps.gov/public_health/hp/hphp.htm
- **California State Parks Office of Community Involvement**
  The Office of Community Involvement (OCI) is the bridge that connects people to parks. Their mission is to promote the means and facilitate the methods by which California State Parks' services, facilities and parks become meaningful and relevant to all Californians. The OCI develops and implements programs that increase services to non-traditional park users and under-served communities.
  http://www.parks.ca.gov/?page_id=24510
- **American Volkssporting Association (AVA)**
  The AVA is an advocate for the promotion and organization of walking and other non-competitive sporting events that encourage physical fitness, fun and friendship for people of all ages and abilities. Events feature walking, hiking and snowshoeing on designated trails in local, state and national parks.
  http://www.ava.org/about.php

- **KaBOOM!**
  KaBoom is a national non-profit that empowers communities to build playgrounds and play spaces for youth. KaBOOM! focus on creating great places to play while activating community leaders, all with the goal of improving the health of children and the health of communities.
  http://www.kaboom.org/
- **Adopt a Park Organizations**
  Adopt a Park programs usually assist in protecting and enhancing city, county or state parks and open spaces by ongoing volunteer support and special events. Programs help with facility maintenance and fundraising. These programs also help to educate public policy makers and local organizations in the important role parks and open spaces serve in their respected communities. Adopt a park organizations can be found in each city and county in California. Conduct an on-line search for a park in your area you would like to support.

Step 4: Evaluate

Evaluation should always be considered in the planning stage of the PA program. Refer to the RE-AIM process to identify key points of the implementation process that are good for status check (also called process evaluation). Look at program components such as, is the program reaching the individuals in most need? Is the program achieving the projected short term and long term outcomes? What parts of the program are flexible to increase efficiency? Use the logic model you created to assess the SMART Objectives that were created. Has there been an increase in knowledge among participants, have participants learned new skills? Are the new skills leading to a change in behaviors, using the park more? Have there been improvements to the park's physical environment? Outcome and impact evaluation will determine the overall success of the program. Outcome will determine the results of the specific objectives from the logic models. Impact evaluation will project the long term results of the program. The tools identified in the "Assess" section can be used to re-asses a park's overall PA environment on a pre and post basis before and after the intervention.

To evaluate components of the intervention more specifically, there are assessment tools in the "Plan" section which can be used to assess specific areas of a park that may have been subject for improvement. The resources below can help in your evaluation.

- **Recreation Facility Evaluation Tool**
  This instrument can be used to identify and evaluate parks, playgrounds, sports fields, aquatic facilities/pools and recreation centers. Each facility can be rated with respect to safety, condition and maintenance.
  http://prevention.sph.sc.edu/tools/recfacilitytool.htm
- **The BRAT-Direct Observation (BRAT-DO)**
  The BRAT-DO is a paper-and-pencil instrument used to visually identify and evaluate the physical characteristics of a park's safety, condition and maintenance. It is very detailed and comprehensive. The website includes a manual, training presentation and training exercises.
  http://publichealth.lsuhsc.edu/Faculty_Pages/rung/index_files/page0004.htm
- **The Environmental Assessment of Public Recreation Spaces (EAPRS) Tool**
  This instrument provides a comprehensive direct observation assessment of the park's physical environments with an emphasis on evaluating the physical elements and qualities with respect to their functionality or potential functionality (e.g., how a park or playground element is used or could be used by adults and children). It includes more "nature" elements like trails, beaches and streams not found in other evaluation instruments. The site also includes an instruction manual and photos to help with scoring.
  http://activelivingresearch.org/node/10651
- **The Parks and Recreation Areas Self-Report Survey**
  This tool is survey developed to capture the presence and condition of features and amenities in a park environment frequently visited by local residents.
  http://activelivingresearch.org/parks-and-recreation-areas-self-report-survey

- **The Rural Active Living Assessment (RALA) Tools**
  The evidence-informed RALA tools were developed using substantial input from rural residents. The RALA includes three separate components: 1) Town-Wide, 2) Community Programs and Policies and 3) Street Segment Assessments. These three assessment instruments are designed to be used together to provide a comprehensive measurement addressing many of the unique factors believed to be important to active living in rural communities. They were designed to balance user-friendliness with reliable measures. The accompanying RALA Codebook provides users with a practical and simple guide for implementing the tool in rural communities across the U.S.
  http://activelivingresearch.org/rural-active-living-assessment-rala-tools

Park Success Story

KIDS in PARKS PROGRAM Intent of the Intervention

The Kids in Parks (KIP) program's focus is to increase the use of existing trail systems in local, regional, state and national parks by making trail systems youth friendly and incorporating and promoting physical activity through hiking, disc golf and other outdoor activities. The program rewards youth for continued participation with incentives. The KIP program is a practice-tested intervention. It is also a self-contained, packaged program (a trailhead sign, self-guided brochures and web site) available at low-cost to community partners with pre-existing hiking trails.

STEP 1: ASSESS

A community advisory committee in Ashville North Carolina noticed obesity trends in local school age children were rising. The group, made up of local stake holders included a pediatrician, an attorney, a few business owners, a local bank representative and local and national park representatives. After reviewing an assessment of the nearby Blue Ridge Parkway National Park, the group noticed park use by youth under 15 years of age had decreased significantly over the past several years. The group decided to launch an "unplugged" campaign to get

kids and teens away from electronic devices and increase the amount of daily PA. The PA would be channeled to occur in local parks.

STEP 2: PLAN

Review of Strategies

As the park settings were the designated places to have PA occur, the advisory community decided on an informational outreach type of strategy to reach its designated population. The *Guide to Community Preventive Services*, was used as a planning aide, according to the Guide, "creation of or enhanced access to places for physical activity combined with informational outreach activities" is an evidence-based strategy to increase physical activity.

The advisory committee, based in Ashville North Carolina, solicited additional members and grew into the "Kids in Parks" (KIP) advisory committee. The committee decided to focus their effort to increase the amount of PA among school age children and teens in the Ashville area of the Blue Ridge Parkway National Park as it was close by, accessible for families with school age children and was experiencing low visitation numbers. As funding was needed, the KIP committee applied for and received a grant from the Blue Shield, Blue Cross Foundation of North Carolina to fund the initial effort. The KIP advisory committee plan included:

- **Intended population:** Geared toward children and teens.
- **Activities:** Discovery Nature Trails for children; featuring scavenger hunts and backyard adventure games with Disc Golf Courses for teens.
- **Setting:** Parks located on lands under all types of jurisdictions: national, state, city/county, private, tribal.
- **Incentives:** Trail users are to register their hikes, making them eligible to receive prizes and join the online Trail TRACKer Team. The more hikes a youth tracks on the KIP website, the better the prizes.
- **Evaluation:** To collect participation data, kids and teens would have to answer survey questions about their adventure, their likes and dislikes, who they were with, date and time of visit, etc. on the KIP website.

STEP 3: IMPLEMENT

Additional Partnerships

To implement the KIP program on the ground, additional partners were needed to make the program work in the different trail localities (North Carolina, Virginia). The KIP partnerships included:

- Federal Land Management Agencies
  - National Park Service
  - The US Forest Service
  - The Army Corps of Engineers
- State land management agencies
  - State park systems (NC, VA)
- City and county land management agencies
  - City and county Parks and Recreation Departments
  - School systems
- Other Nations
  - Eastern Band of Cherokee Indians
- Private Land Owners
  - Two trails are located on private land

Resources

Program partners assisted the KIP staff in trail selection at each public land site, in the development of the brochure-led adventures, with the installation of the trailhead signage and with the ongoing maintenance of the trail and trailhead site. The KIP program provides the following materials to participating partners: park assessment tool, trailhead sign and trail kiosk, brochures regarding the type of trail and trail activities, a website page, data collection and prizes for participants.

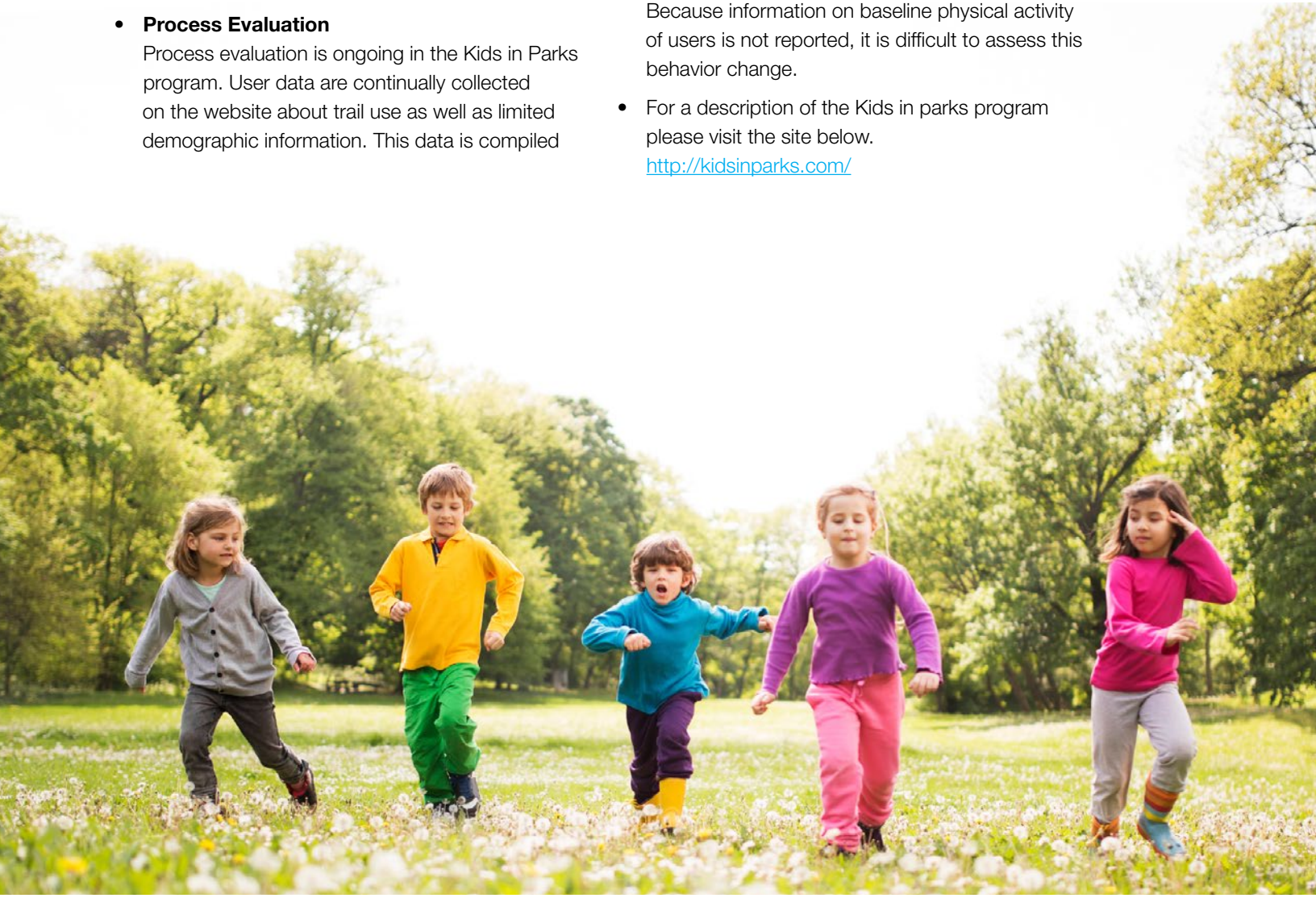
The KIP website has two main purposes:

- To incentivize physical activity behavior trail users register their hikes, making them eligible to receive prizes and join the online Trail TRACKer Team. The KIP program mails out prizes.
- To receive their prizes kids have to answer 12–15 questions about their adventure, their likes and dislikes, who they were with and the date and time of visit. KIP shares this information with its partners and uses it to evaluate the program.

STEP 4: EVALUATE

The KIP program focused on increasing the appeal of existing parks to kids and their families. The KIP program potentially increases outdoor physical activity. With an increase in outdoor activity, KIP programs indirectly targeted decreasing screen time among children and teens.

- **Process Evaluation**
  Process evaluation is ongoing in the Kids in Parks program. User data are continually collected on the website about trail use as well as limited demographic information. This data is compiled and sent back to the local TRACK Trail manager. Using the online data from approximately 600 registered users, over 40% stated that they came to the park specifically to hike the TRACK trails, 60% reported never having been to the park before and 25% had never been hiking before their hike on a TRACK Trail.
- **Outcome Evaluation**
  One of the outcome goals of KIP program is to modify and increase the appeal of existing parks with hiking trails to children and their families. As of 6/29/13, there were 56 TRACK Trails in 5 states and the District of Columbia (NC, VA, MD, SD, and WV), a website tracking and incentive program and a system of criteria for developing new trail sites. A secondary outcome goal is to increase outdoor physical activity and indirectly decrease screen time among children and teens. Because information on baseline physical activity of users is not reported, it is difficult to assess this behavior change.
- For a description of the Kids in parks program please visit the site below.
  http://kidsinparks.com/



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Section 6

Physical Activity Programs in the Worksite

6

THIS
SIDE
UP
FRAGILE
THIS
SIDE
UP

Physical Activity Programs in the Worksite

Many Americans spend much of their day in the workplace. Employers who create a culture of wellness at work will not only help improve the health of employees, employee's families and communities, but will realize financial and other benefits for the organization. Worksite wellness programs have been shown to increase work productivity, enhance and improve morale, reduce absenteeism, reduce injury and reduce overall costs for employers (1).

Physical activity is a key component of an individual's overall health and should be a major part of a healthy work environment. According to the CDC, increasing PA lowers the risk of many adverse health outcomes such as heart disease, stroke, high blood pressure and certain colon and breast cancers. Physical Activity can also help prevent weight gain, improve cardiovascular capacity, increase muscular fitness and strength, prevent falls, improve bone strength and reduce symptoms of depression (2). A worksite that encourages opportunities for PA throughout the day positively reflects an organization's culture of wellness.

Physical Activity Program Design at the Worksite

As with PA planning in other sectors, creating effective PA programs in the work environment first involves identifying and recruiting Health Champions or members of the Health Team. Champions should have access to worksite management and administration. This role is usually served well from an individual in the personnel or human resources department. Additional team members should have some experience with PA and be employees interested in PA programing. Also consider individuals from outside the organization such as staff from a local gym and city or county parks. These individuals will provide experience in developing a PA program, possibly provide discounts to employees in off-site programs and provide planning and logistics support. Champions should follow the four essential steps outlined in the introduction: **Assess, Plan, Implement, and Evaluate** *(see Section I: Designing a Physical Activity Intervention for additional information).*

Step 1: Assess

The first step to designing a healthy work environment is to assess whether the current workplace supports a culture where employees can put healthy behaviors into practice. To design effective programming, employers need to assess:

- The organization's existing culture of health, its policies and values
- Employee health risk factors

- Employees' nutritional and physical activity habits and practices
- Employee interests in the program and expected participation levels
- Organizational readiness for a sustainable wellness program
- The physical work environment
- Identified barriers to Worksite Wellness programing
- Any other items that may influence wellness programing

The NEOPB *Worksite Wellness Program* was established to encourage employees eligible for Supplemental Nutrition Assistance Program Education (SNAP-Ed) to eat more fruits and vegetables and to be physically active with the goal of reducing the incidence of chronic disease. To that end, the Program developed the California Fit Business Kit, a suite of tools and resources specifically designed to help employers develop workplace cultures that support healthy eating and physical activity among their employees. ***The California Fit Business Kit*** is available on the California Department of Public Health Web site. www.cdph.ca.gov/programs/neopb/Pages/FreePhysicalActivityResource.aspx

- **Healthier Worksite Initiative Toolkit**
  The CDC provides a comprehensive ***Healthier Worksite Initiative (HWI) Toolkit,*** which includes an extensive library of assessment and planning materials. http://www.cdc.gov/nccdphp/dnpao/hwi/index.htm
- **California Fit Business Kit, *Check for Health Workplace Environment Assessment***
  This workplace assessment tool helps employers determine the overall status of the health environment of the organization. It guides data collection about internal health promotion programming, the food environment, opportunities for PA throughout the day, policies, and health norms. The kit includes a variety of tools and resources to facilitate the assessment, program planning, implementation and evaluation processes. www.cdph.ca.gov/programs/neopb/Pages/FreePhysicalActivityResource.aspx
- **Swift Worksite Assessment and Translation (SWAT) Tool for Observing Worksite Environments**
  This worksite assessment tool from the CDC assesses worksite PA opportunities and nutrition services. This guide also has implementation instructions. http://www.cdc.gov/nccdphp/dnpao/hwi/downloads/swat/SWAT_observing_worksite_environment.pdf
- **Workplace Health Assessment Data Matrix**
  This instrument, developed by the CDC, is used to assess, categorize and catalog a worksites' baseline information prior to starting a worksite wellness program
  http://www.cdc.gov/workplacehealthpromotion/pdfs/AssessmentDataMatrix.pdf

SAMPLE EMPLOYEE INTEREST SURVEYS

Employee attitudes, preferences, habits and physical abilities are key components of designing a program that fits the organization and its workforce. See Appendix D Worksite Employee Needs and interest Survey as one example. The following are effective, free resources to help assess employee interests:

- **Free Resources—WELCOA, Wellness Council Of America.**
  This website provides a check-list of suggestions to consider when staring a worksite program. Questions are based on successful worksite wellness programs. Sample posters, assessments and surveys, are also available.
  https://www.welcoa.org/resources/

- **Tompkins County Wellness Interest Survey for all employees (Example-1)**
  This Likert-style survey is designed to get a basic understanding for where employee interests lie in regards to health and wellness activities at the worksite. It also gives employees a chance to better understand the concept of a wellness program. http://www.tompkinscountyny.gov/files/wellness/worksite/survey/surveyex1.html

CONDUCTING ORGANIZATIONAL HEALTH RISK APPRAISALS (HRA'S)

The HRA tools provide ways to collect information from the workforce environment and identify specific health risk factors of employees. These may include overweight, high body mass index (BMI), high blood pressure, elevated cholesterol, and other potentially adverse health conditions that may lead to chronic diseases. There are several types of HRAs that collect different types of information. The HRAs help the PA program planners select resources to address risk factors that are most prevalent in their workforce. Employers should specify the sort of information they want to collect, how it will be used and how the information collected will be kept confidential.

- **Developing a Health Risk Appraisal**
  This CDC website explains HRAs, how to develop them and how to use them in the work place. http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/health_risk_appraisals.htm
- **Ethical Considerations with the HRA**
  The Society of Prospective Medicine (SPM) advocates following seven guidelines to assist the developers and administrators of HRAs in making appropriate decisions in the development and use of survey instruments. http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/ethics_guidelines.htm
- **Prevention Partners: How to Organize an Employee Health Promotion Program**
  The handbook from the South Carolina Public Employee Benefit Authority is a step-by-step approach to planning, designing, implementing and evaluating a wellness program. It includes tips on gaining management's support, forming a wellness committee, conducting employee interest surveys and needs assessments and determining available resources. The handbook is designed for use by the workplace wellness committee, health champion(s) and administrators. http://www.eip.sc.gov/pp_resource_library/Coordinator%20Handbook.pdf

Step 2: Plan

Armed with the data from the assessment tools, the Health Leadership team members are ready to plan the Worksite Wellness Program (WWP). The results of the worksite assessments should include any current issues regarding PA programing; status of the issues, resources available to address the issues, individuals that have a stake or interest in the issues, any barriers that may exist in PA programing, employee interest and other pertinent information.

Frame the program using the RE-AIM model. If a logic model will be used to implement the program, the wellness committee will use results from the worksite assessments to compete the logic model. The logic model visualizes the identified problems and acts as a roadmap to achieve the desired program outcomes. A well written logic model will include; the overall goal of the wellness program, the current situation of the work environment, status of any identified problems and issues and the resources available to address the problems and issues. The wellness committee will then discuss how to implement the activities/objectives to address the problems to obtain the desired outcomes and overall goal. Program activities are based on SMART Objectives. SMART Objectives can be used with either the RE-AIM process or logic model development.

PA PROGRAM STANDARDS:

To be successful, the WWP needs to meet a variety of standards such as:

1. The commitment from senior management to create an organizational policy that establishes and sustains a WWP that has sufficient dedicated resources to support it, such as funding and personnel time. Equipment and facilities are important components to consider for program success.
2. A clear statement of philosophy, purpose and goals that declares the organization's commitment to motivate and assist a significant proportion of employees to practice healthier lifestyles. Ideally, management shows support by announcing and participating in the WWP. The WWP requires a process of assessing organizational and individual needs, health program interests, as well as program costs, risks and benefits.
3. Require leadership from well-qualified health/fitness professionals in the program's design, implementation and ongoing operations.
4. A design that addresses the most significant health risks within the employee population and needs of the organization.
5. High quality and convenient programs that motivate participants to achieve lasting behavior changes.
6. Effective marketing to achieve and maintain high participation rates.
7. Efficient systems for quality program operation and outcomes.
8. Procedures for evaluating the program's quality and outcomes.
9. The WWP should contain a system for communicating the program results to employees, staff and senior management.

PROGRAM ELEMENTS

It is unlikely that everyone in the workplace will have the same understanding of PA. They may not have the desire to be active or the confidence to start a PA program. They may not be ready to make the commitment to change or physical abilities to start. Therefore, strategies aimed at creating a culture that supports PA at multiple levels should include an approach that offers flexibility and variety. Program elements that include awareness activities, behavior activities, environmental activities and PA programming based on employee expressed interests can support employee program needs and desires at many levels.

AWARENESS ACTIVITIES

Many employees may not understand or will not know they need to change their current behaviors and lifestyles in order to improve their health. Awareness strategies are designed to support workers as they learn new skills and behaviors adapting to lifestyle changes.

Activity	Examples
Posters	Show active images that promote people using the stairs, conducting walking meetings, bicycling to work or other activities.
Brochures	Place information about fitness in brochure racks in high-traffic areas.
Displays	Encourage seasonal activity by placing a display featuring cold-weather, and warm-weather exercise apparel and activities at building entrances and lobbies.
Newsletters	Circulate employee health newsletters on a variety of topics such as, being active as a family, feature employee interests and individual success stories.
Bulletin boards and e-boards	Messaging should promote trying a new activity or sport. Provide demonstrations of low, moderate or high level physical activities.
E-mail messages	Encourage walking or some other physical activity for 30 minutes on a daily basis.
Web page	Provide seasonal or monthly awareness messages placed on the health promotion program home page. Provide links to other service agencies with similar messages.
Incentives	Talk to local gyms, sporting goods stores, bike shops, natural food stores and other fitness related business near the worksite to discuss the possibility of employee discounts and group rates on goods and services for employees.
Special events	Offer group activities on National Employee Health and Fitness Day (the 3rd Wednesday every May), to increase awareness of physical activity. Invite and host a local celebrity athlete or well-known athlete as a guest speaker. Conduct health fairs to promote the Worksite's programs.

BEHAVIOR ACTIVITIES:

Behavior change can be difficult. People are more successful with long-term change if they have a chance to practice the new behavior. There are multiple ways to provide those opportunities. Again, variety is the key!

Activity	Description
Classes	Classes that allow for active participation and social support can be effective in changing behavior. Classes can be activity based such as yoga or aerobic focused or education centered on diet such as Weight Watchers or similar programs.
Phone-based	These services can provide ongoing support and guidance for behavior change. They help to establish a connection between current unhealthy behaviors as an impediment to healthy ones.
Individual consultation	Health professionals such as dietitians, exercise physiologists or health educators meet periodically with employees on an individual basis to provide support and guidance for behavior change.

ENVIRONMENTAL ACTIVITIES:

Employees who are ready to change will be more successful if specific services and opportunities are available to support new behaviors. These strategies are aimed at producing long-term and sustainable changes by employees and can be the most effective way to assist larger numbers of people in changing their health risk behaviors if it is done in a supportive way that includes the other two strategies of awareness and behavior change.

Activity	Examples
Onsite facilities	• Make healthy foods (vending, cafeteria) and physical activity areas available at the worksite. • Inside areas can consist of a small gym or exercise room. • Outside areas can be a walking path, volleyball court or a half-court basketball area.
Policy change	• Establish and implement worksite wellness policies such as a healthy foods policy, tobacco free environments or flextime scheduling.
Sponsorship to off-site services	• Offer subsidized gym memberships and company sponsorships to after-hours/off-site activity leagues (co-ed softball, volleyball or other sport).

Activity	Examples
Specialized work related services	• Ergonomic assessments, protective gear or a reasonable accommodation for work related tasks must be offered by employers with 15 or more employees. For more specific information please refer to the Americans With Disabilities Act 1990 and amendment of 2009.
Chronic disease management	• Referral services to chronic disease (hypertension, diabetes, hyperlipidemia, asthma or other chronic disease) management counselors provide opportunities for employee education and to learn "self-management" skills which should include PA when possible. • Medical counselors can develop disease management plans based on an individual's specific needs.
Employee assistance support programs	• Employees can benefit from mental health/counseling services for such things as substance/alcohol abuse, marital or family issues, financial problems or legal counsel.
Adequate health care coverage	• Ensuring health care coverage is available for employees at a reasonable cost and educating employees how to enroll in insurance services is a positive value for employees.
Special events	• Offer group activities on National Employee Health and Fitness Day (the 3rd Wednesday every May), to increase awareness of physical activity. Invite and host a local celebrity athlete or well-known athlete as a guest speaker. Conduct health fairs to promote the Worksite's programs.

PROGRAM ACTIVITIES:

Using the PSE method, employers, wellness teams and health champions in the workplace can create new policies, modify the existing work environment to support favorable conditions for PA by offering opportunities and programs that fit the employees' expressed interests and provide social support to participate in featured worksite activities.

Activities	Examples
Environmental Changes	• Provide exercise areas for indoor group activities. • Provide showers and changing rooms. • Encourage walking programs by marking sidewalks around the worksite with arrows and distance markers. • Encourage bicycling by providing bike storage and lockers. • Provide vending machines with healthy snacks, fresh fruits and chilled water.
Provide interesting employee programming opportunities that encourage PA participation.	• Offer brown bag lunches that include discussion topics related to physical activity. • Organize exercise classes that demonstrate a selection of activities to help employees choose one that is right for them. Examples might include yoga, cardio-kickboxing, Zumba, or Pilates. • Find fitness partners who can support on-site PA before, during and after work. • Implement physical activity incentive programs. • Offer off-site organized physical activities. • Shift schedules or extend lunch periods to allow time for physical activity. • Encourage employees to use the stairs (up and down). • Encourage walking meetings. • Encourage stretch breaks throughout the day and during meetings. • Create walking clubs.

WORKSITE PROGRAM PLANNING TOOLS

The following tools and guides will help the wellness committee or the Health Champion implement a worksite wellness program.

- **Worksite Health Promotion**
  This CDC site offers a toolkit for workplace health promotion. Topic areas include; worksite assessment, wellness program governance, implementation and evaluation.
  http://www.cdc.gov/workplacehealthpromotion/

- **The California Fit Business Kit Tools sections for PA**
  This site offers useful tools to implement a worksite program
  * Check for Health
  * Starting a Wellness Committee
  * Improving Worksite Stairwells
  * Physical Activity Integration
  * Physical Activity Clubs
    http://www.cdph.ca.gov/programs/cpns/pages/worksitefitbusinesskit.aspx
- **CDC Healthier Worksite Initiative**
  This site provides links to worksite health programing and other related toolkits.
  http://www.cdc.gov/nccdphp/dnpao/hwi/
- **South Carolina's Worksite Wellness Toolkit and Resource Guide**
  This toolkit is a guide to creating a worksite wellness program. The toolkit includes the necessary tools, surveys and sample polices for a comprehensive worksite wellness program.
  http://www.scdhec.gov/library/CR-009551.pdf
- **The American Cancer Society's *Active for Life Program***
  The American Cancer Society offers this online, 10-week program that uses individual and group strategies to encourage people to increase the amount of their personal PA on a regular basis.
  https://www.activeforlife.org
- **The Centers for Disease Control and Prevention's (CDC) Physical Activity for Everyone**
  This website contains extensive educational material on physical activity. Topics include recommended activity levels, examples of exercise (moderate and vigorous-level) activities and recommended activities according to age. The site offers a link to the National Center on Physical Activity and Disability for disabled individuals who choose to exercise.
  http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html?s_cid=govD_dnpao_004
- **The President's Challenge for Corporations**
  This program offers a good approach to encouraging team physical activity competitions without penalizing employees who don't participate in sports. The corporate webpage offers tips to employers on using this program effectively.
  https://www.presidentschallenge.org/participate/gp-groups.shtml
- **The 2008 Physical Activity Guidelines for Americans**
  The guidelines are intended for use by health professionals and policymakers. They can also be used to determine the types of activities that are suitable for the workplace environment. The document describes the types and amounts of physical activity that offer health benefits for adults. The document also includes resources to help guide physical activity choices.
  http://www.health.gov/PAGuidelines/
- **Texas Department of State Health Services**
  This site by The Texas Department of State Health Services contains information which can be used to research and implement a worksite wellness program.
  * *Texas 5 a Day 5 a Week:* A four 4 week program to encourage eating five servings of fruits and vegetables each day and being physically active at least five days a week.
  * *Lighten Up Texas:* Offers an eight week team competition program to encourage safe weight loss through good nutrition and physical activity.
    https://www.dshs.state.tx.us/wellness/worksiteresources.shtm

- **Workwell North Carolina**
  This site contains several toolkits each focused on an individual aspect of a comprehensive worksite wellness program.
  http://www.eatsmartmovemorenc.com/Worksites/Worksites.html
- **Worksite Resource Kit (Colorado Physical Activity and Nutrition Program)**
  This worksite kit designed by the Colorado Physical Activity and Nutrition Program, is for worksites to bring awareness of certain resources and program ideas to be used to start or further worksite wellness initiatives. The kit focuses on improving physical activity and nutrition; however it is not designed to be a blueprint for a comprehensive program. It does provide an array of strategies and action steps that could be built into overall program efforts.
  http://wellnessproposals.com/pdfs/tool_kits/colorado_worksite_resource_kit.pdf
- **Blue Cross Employee Wellness Planning/Assessment Tools**
  The site provides examples for a health and wellness program cover letter, employee interest survey, bench marks for a successful program and a health and wellness observances calendar.
  http://www.bluecrossma.com/blue-iq/tools-and-resources/campaign-planning.html
- **The Cycle-Friendly Employer Guide**
  This resource offers information on planning and implementing bicycle-friendly programs in the work place. Resources include a checklist of facilities for cyclists (secured parking, changing area and other facilities) and a work place bicycle plan. It also offers information on starting an office Bicycle Users Group (BUG) program.
  http://www.gw.govt.nz/assets/Transport/Workplace-Travel-Plans/cycle-friendly-employer-guide.pdf

Step 3: Implement

Now that the organization has identified Wellness Team members or Health Champions and has justified reasons to initiate a WWP, the next step is to create PA programs in the workplace. Champions and other stakeholders have established a Wellness Committee that has assessed company policies, practices and have surveyed their colleagues on desired programing and program participation expectations. They have reviewed PA program standards and developed their plans, budgets and time lines. Now is the time to begin implementing a physical activity program in the workplace (see Section I Introduction: Implementation, PA Planning Worksheet).

It's important to remember that one of the primary aims of program implementation is to provide employees with the information and opportunities to identify and meet their recommended levels of physical activity in a way they will enjoy and sustain. Following are samples of two comprehensive programs; The *Take Action!* Employee Wellness Program and Steps to Wellness Employee Wellness Toolkit designed by the NEOPB and the Center for Disease Control:

- **The Take Action! Employee Wellness Program**
  This component of the California Fit Business Kit provides clear methodologies to plan and implement employee wellness programs. It is a free, 10-week, web-based program that encourages employees to set individual fruit and vegetable consumption and physical activity goals, and to work in teams to meet or exceed their goals. It provides an excellent program roadmap that is adaptable to individual worksites and includes a variety of tools to help design nutrition and physical activity programming in the workplace. Employers who want to focus on physical activity during the ten-week period can do so through this program.
  http://www.takeactionca.cdph.ca.gov/

- **Steps to Wellness Employee Wellness Toolkit**
  This is a guide to implementing the 2008 Physical Activity Guidelines for Americans in the workplace. It outlines seven steps in developing a worksite wellness program: 1) Building Support, 2) Planning and Assessing, 3) Promoting, 4) Implementing, 5) Evaluation, 6) Sharing results and 7) Sustainability. It is designed to help employers create or expand wellness programs by increasing the amount of physical activity of their employees. The tool kit provides:
  * An overview of the *Physical Activity Guidelines*
  * Suggestions on how to create a wellness culture
  * Examples of what other companies have done
  * Resources to establish or strengthen an existing wellness program

  http://www.cdc.gov/nccdphp/dnpao/hwi/downloads/Steps2Wellness_BROCH14_508_Tag508.pdf

Step 4: Evaluate

Health promotion program factors that contribute to successful implementation, results and sustainability involve tracking progress and documenting results (collecting data). In evaluating the program, worksite leaders and champions need only to compare stated goals with outcome results from activities and objectives listed in the RE-AIM process and logic model they developed to implement the program. Revisiting the stated program goals and objectives and comparing program progress; recruiting internal and external program partners, marketing the program, recruiting participants, and or results such as the number of participants, frequency of attendance, or improving the physical work site environment to encourage PA to baseline information is useful in measuring program results. Following are some evaluation factors to consider:

- Who actually participates?
- How many employees participate?
- What are the employee physical activities?
- How physical activity is measured?
- What are program completion rates?
- What is the frequency of employee participation?
- Are there many positive results from your program?
- Any physical changes in the worksite environment?
- Did participants' change health-related behaviors (e.g., diet, physical activity)?
- Any changes in employees' BMI numbers?
- Did employees drop out of the programs?
- Are there any new or improved organization policies to support wellness programing?

Increasing the physical activity of employees and evaluating several factors can help plan or strengthen the worksite PA program. It is important to look at this assessment early in the planning process if your company is new to the worksite program *(see Introduction: Evaluation for additional resources).*

POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE IN THE WORKPLACE

Worksites around the country are beginning to implement PSE changes to increase PA levels of employees. For years public health initiatives have focused on individual behavioral change. However, research indicates to have the most profound impact on individual health behaviors it is best to make the healthy choice the easy choice in all environments. The focus of the PSE change contains the genuine influence behind long-term sustainable behavioral change.

Physical Activity Policies: A physical activity policy is a written document, kept on file in the workplace, which includes a statement of intent about how a company proposes to address physical activity issues in the workplace. One of the most notable benefits of adopting a physical activity policy in a workplace is the way in which the workforce perceives the policy. Unlike many other policies that may appear restrictive to the employee, a physical activity policy makes a very positive statement about the value a company places on the health and well-being of its workforce. Adopting a worksite PA policy is also a very practical way of improving company public relations, both internally and externally.

Policy Example: A worksite wellness policy may contain a statement such as: "Reduce the cost of medical insurance premiums to employees".

A policy change might contain wording such as "Employees must be allowed to obtain 30 minutes of daily aerobic PA."

A systems change to implement the policy could be to provide each employee a paid 10 to 15 minute walking break every two hours to achieve 30 minutes of daily aerobic PA. A system like this allows employees to participate in daily aerobic PA at their convenience without punishment for noncompliance.

Systems change example: In order to implement a new policy as part of a worksite wellness program, a systems change an employer could offer would be to regularly scheduled health risk assessments for its employees in order to identify the number of employees who may be at risk of a chronic disease. This allows employees to get a baseline on their personal health and make healthy lifestyle changes or reaffirm current positive behaviors.

An environmental change: Involves some change in the physical environment that facilitates a positive healthy behavior change.

Environmental change example: providing secured areas for bike racks so employees can bicycle to work and safely park and lock their bicycles. This allows for increased support and opportunities for improved physical activity to and from work.

Programs that focus on individual behavior are often difficult and costly to continue over time. Whereas, implementing strategies that support making the healthy choice the easy choice through PSE change will result in greater impact and sustainability (4).

Success Story: Ruskin Manufacturing Company Gets Moving and has Fun!

BACKGROUND

Three years ago, Ruskin Manufacturing, an air conditioning manufacturer in Ontario California, was directed by its parent corporation to find ways to reduce employee work-related injuries and reduce health and insurance costs.

ASSESS

After deliberating the best methods to go about completing the directive, Ruskin management in collaboration with the LHD in San Bernardino decided on using the NEOPB—*California Fit Business Kit* to assess their work environment and improve the health of their 140 employees.

PLAN

Ruskin management decided on the following planning steps.

- Formation of a Wellness Committee who would:
  - Review the worksite environment assessment to identify how to adjust job specific tasks to reduce injuries and identify needed changes to the work site to accommodate wellness programing.
  - Survey employees to determine what types of actives would be of interest to employees and the likelihood of participation.
  - Develop partnerships with PA related local business.
  - Determine how to evaluate the successes of the wellness program.

IMPLEMENTATION

To reduce task-related injuries, Ruskin assessed job related tasks and instituted a mandatory 15-minute paid stretching period every morning for each employee. In the winter, this allows employees an opportunity to warm up before getting started at their work station, and in the summer early morning exercise beats the Southern California heat.

The wellness committee instituted lunch time wellness activity programing that included cardio-kickboxing, yoga and Zumba classes. The wellness committee members have been trained in leading these activity classes and take turns leading the rest of the employees.

Other activities for employees included informal volleyball or basketball tournaments during lunch breaks in an outdoor space behind the Ruskin building that's been outfitted with a basketball hoop and volleyball net. These tournaments are very popular and those who don't participate often watch as they eat lunch. With the implementation of the WWP, Ruskin's wellness committee has organized:

- An off-site manager vs. employees' soccer tournament.
- A company club that organizes group hiking and bicycling events.
- An employee health fair in the parking lot that featured a salsa making contest,
- Hypertension/diabetes screening, massage, and a bicycle-powered smoothie maker. Employees were able to leave in groups of ten to visit the health fair during their regularly paid time.
- A "Biggest Loser" competition among employees to see who could lose the most weight. They gave prizes and a paid day off to the winner, who lost 20 lbs. in three months.

Ruskin has also put PA stations throughout their site to help employees fit exercise into their daily work routine. They used the Fit Business Kit to create *Healthy Stairways,* as a way to encourage people to walk up and down the stairs and enable them to track their frequency. Other PA stations include a hula hoop station, a stretching station and informative stations throughout the site which offer encouraging words, such as, "*You could burn up to 544 calories per hour playing basketball*", or "*Twenty-four times around equals one mile!*" These low cost environmental changes are highly motivating for employees and set the tone for health all over the worksite.

EVALUATION

Although a formal evaluation of Ruskin's wellness program has not been completed. Participation in the wellness program is very popular. According to Ruskin's Human Resources Director, Julie Bellow, Ruskin sees fewer injuries as a result of the mandatory morning stretches and the other health education and wellness activities the company is implementing. Having employees sign up for individual activities, (health education session and stair climbing and team activities such as basketball and volleyball), help keep track of the number of employees participating in the program. She perceives that workers' compensation requests are down and that beyond the bottom line, by making employee health a priority and allowing the wellness committee to be creative and dynamic in their events and activities, Ruskin is showing that it cares about the well-being of its employees.

END NOTES:

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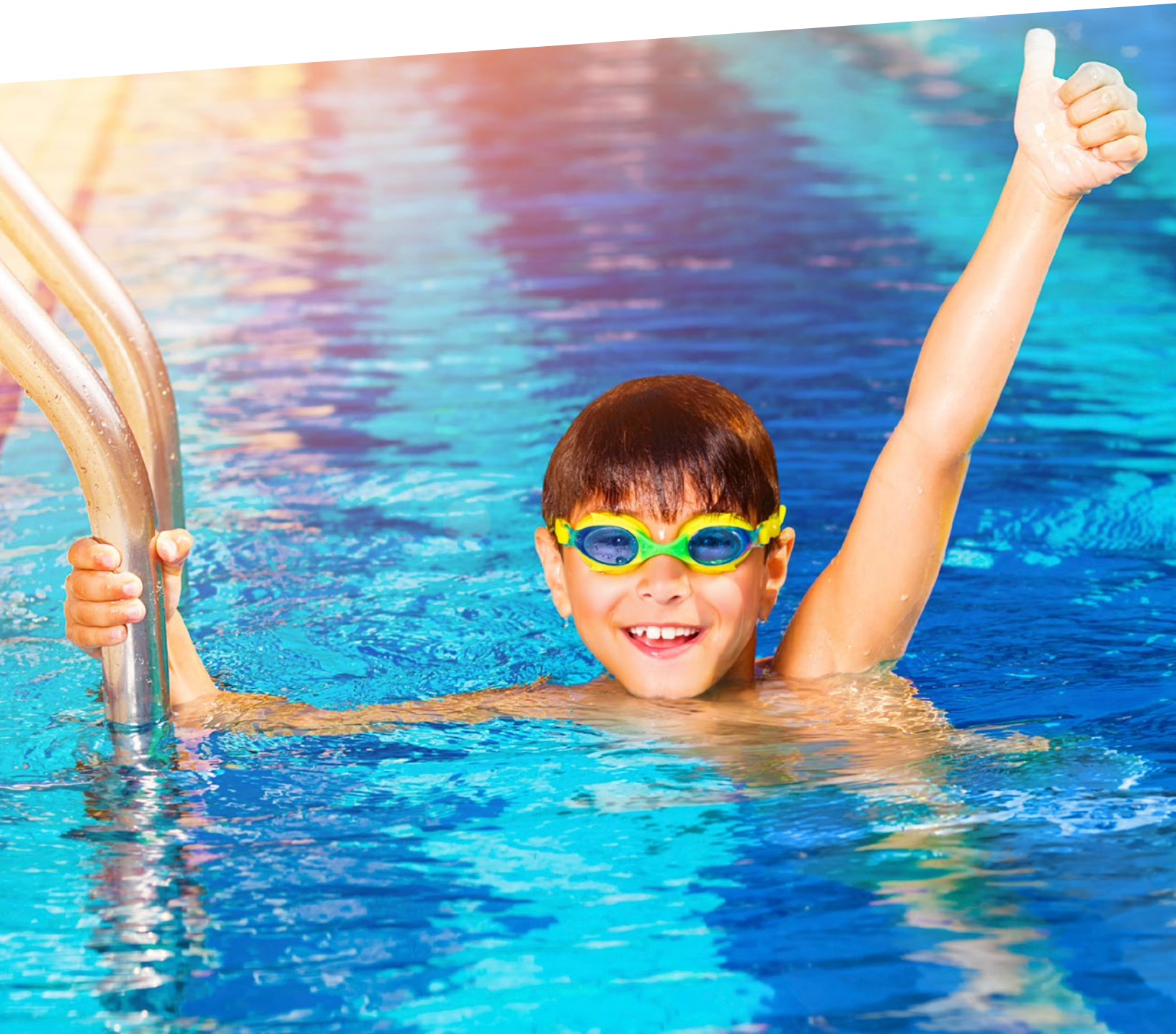
Appendices



Appendix A
Physical Activity Program Planning Worksheet

PHYSICAL ACTIVITY PLANNING TEAM

Physical Activity Workgroup			
Name	Title	Organization	Contact Information

Below, assess and describe the PA challenge concern or symptom. Make sure to include the population that you will address in the intervention (see Physical Activity Planning Worksheet process example for more information).

In the box below write a PA Program goal. Work with the group to plan your intervention. How are you going to address this challenge, concern, or sympton? Describe your PA program or intervention in your own words (See example page 21 for more information).

Program Goal:
Program Plan:

What specific results or outcomes are you seeking? State the SMART objectives for your intervention. Develop a logic model for the process to use as a road map to implement the program.

Objectives:

Before implementing the plan and identify the tasks required. List the personal responsible for completing tasks, and the timeline for completion. Insert the completed tasks into the logic model activities section.

What needs to be done?	**Who will do it?**	**When must a task be completed?**

Monitor and evaluate your progress with the program. Work within the group to **establish checkpoints** to determine if the stated goals are being met.

Evaluation Check Points				
What needs to be done?	How will it be done?	Who will do it?	How often? (e.g., monthly, quarterly, annually)	Who will you report your results to?

Appendix B

Worksite Workforce Characteristics Survey

(To be complete by worksite management)

1. What is the total number of full-time and part-time employees in all locations of the entire company as of the last payroll?

Please provide your best estimate of the total number of employees who are employed by the entire organization, not your particular worksite.	

2. How many full-and part-time employees are currently employed at your worksite? _____

Please provide your best estimate of the total number of employees who are employed by your particular worksite, not the entire organization.	

3. Approximately how many of the employees at your worksite are:

Full-time (35 hours or more per week)		Male	
Salaried (as opposed to hourly)		Female	
Under the age of 40		Preform manual labor (production, labor, unskilled work)	
Represented by a union		Non-manual labor (administrative, professional	

4. In the past 12 months, did your worksite downsize the workforce, increase the size of the workforce, or stay the same? **Check one only**

❑ Down-sized ❑ Stayed the same

❑ Increased in size ❑ Both down-side and increased in size

5. Does your worksite have a wellness committee?

❑ Yes ❑ No

6. Does your worksite/employer offer employees a health insurance plan?

❑ Yes ❑ No (if No, go to question 8)

7. What is your health insurance plan? Check all that apply

❑ Health maintenance insurance plan ❑ Preferred provider organization (ppo)

❑ Indemnity plan ❑ Other: _____

Health Promotion Programs and Services Survery
(To be complete by worksite management)

For question 8, give your best estimate for the number of times the health promotion program or service is offered or the classes meet. When indicating the number of class sessions in the past year, please indicate the total number of meeting times. For example, if a course is offered one time but has 12 class sessions, then the count would be 12 sessions. Or, if a class is offered all year long twice a week, then the total number of class sessions would be 104.

8. Does your worksite offer employees any health programs, services, or classes? ❑ Yes ❑ No

9. Please indicate if the following health promotion programs or services are currently offered at your worksite. Mark "Yes" or No."

		Answer only if Offered		
		Onsite or Offsite	Free to Employee	How often is this offered per year?
Heathy eating or nutrition classes	❑ Yes ❑ No	❑ Onsite ❑ Offsite	❑ Yes ❑ No	# of class sessions in past year _____
Individual nutrition or diet management counseling	❑ Yes ❑ No	❑ Onsite ❑ Offsite	❑ Yes ❑ No	# of counseling sessions in past year _____
Fitness assessments	❑ Yes ❑ No	❑ Onsite ❑ Offsite	❑ Yes ❑ No	# of class assessments in past year _____
Group physical activity	❑ Yes ❑ No	❑ Onsite ❑ Offsite	❑ Yes ❑ No	# of class sessions in past year _____
Health risk appraisals	❑ Yes ❑ No	❑ Onsite ❑ Offsite	❑ Yes ❑ No	# of appraisals in past year _____
Tobacco cessation classes	❑ Yes ❑ No	❑ Onsite ❑ Offsite	❑ Yes ❑ No	# of class sessions in past year _____
Other	❑ Yes ❑ No	❑ Onsite ❑ Offsite	❑ Yes ❑ No	# of other activities in past year _____
Other	❑ Yes ❑ No	❑ Onsite ❑ Offsite	❑ Yes ❑ No	# of other activities in past year _____

Appendix C

Worksite Environment Policies and Incentives

(To be complete by worksite management)

For question 10, material incentives* could include t-shirts, coffee mugs, cash payments or other items. Benefits and/or plan-related incentives could include improved benefit allowances, discounted health insurance, increased disability payments, additional life insurance, or added vacation "well days" off.

10. Please answer the following questions about policies at your worksite.

Does your worksite have a policy statement supporting employee physical activity (policies that allow workers to take walking breaks, do pre-heavy-labor stretching, and take additional time off during lunch to exercise)?	❑ None ❑ Written / Formal ❑ Informal
Is it company policy that health promotion programs are provided during company time (not lunch hour)?	❑ None ❑ Written / Formal ❑ Informal
Does your worksite subsidize membership to offsite recreation or fitness facilities?	❑ Yes ❑ No
Does your worksite provide physical activity or exercise messages to the general employee population, such as posters or brochures?	❑ Yes ❑ No
Does your worksite promote the availability of onsite health promotion programs through at least two communication channels (e.g. newsletters, bulletin boards)?	❑ Yes ❑ No

11. Please answer "Yes" or No" to the following questions about incentives for healthy behaviors.

		Answer only if incentive is provided	
		Material	Benefits Plan
Does your worksite provide any type of incentives for healthy eating?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Does your worksite provide any type of incentives for maintaining an ideal weight?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Does your worksite provide any type of incentives for engaging in physical activity?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

Adopted from the California Fit business Kit: May 2014

*For restrictions on the use of SNAP-Ed funds to purchase incentives or NERI see USDA SNAP-Ed guidelines for details: https://snaped.fns.usda.gov/snap/Guidance/FinalFY2016SNAP-EdGuidance.pdf

Appendix D

Worksite Environment Physical Activity Opportunities Survey

(To be complete by worksite management)

1. For the following questions, please answer "Yes" or "No" about the availability of items that enables people at your worksite to be physically active while at work.

Does the worksite environment offer any of the following facilities or opportunities to employees?		**Answer only if available onsite**	
		Free to employees	Approximate % of employees who use these facilities
A locker room with showers?	❑ Yes ❑ No	❑ Yes ❑ No	
An indoor area set aside specifically for exercise and physical activity?	❑ Yes ❑ No	❑ Yes ❑ No	
Aerobic exercise equipment, such as stationary bicycles or treadmills?	❑ Yes ❑ No	❑ Yes ❑ No	
Outdoor facilities, such as jogging trails or walking paths?	❑ Yes ❑ No	❑ Yes ❑ No	
A walking club or other physical activity club?	❑ Yes ❑ No	❑ Yes ❑ No	
Accessible stairwells that are safe and well lit?	❑ Yes ❑ No	❑ Yes ❑ No	
Well lit and secured bicycle parking?	❑ Yes ❑ No	❑ Yes ❑ No	

2. Please answer the following questions by placing a check (√) in the most appropriate box.

How many people at your worksite …	Almost no people	Some people	Half the people	All people	Don't know
are active as part of their job (i.e., doing manual labor or walking briskly, as opposed to mostly sedentary-tasks like computer work)?	❑	❑	❑	❑	❑
live within walking or biking distance from work?	❑	❑	❑	❑	❑
park several blocks away or further in order to walk a little extra as they come to/from work?	❑	❑	❑	❑	❑
feel safe walking or spending time outside in the surrounding community?	❑	❑	❑	❑	❑

Appendix D

Employee Needs and Interest Survey

(To be completed by employee)

Please indicate how likely you would be to participate in each of the following programs by placing a check (√) in the corresponding box indicating you would be "Extremely Likely", "Likely", "Somewhat Likely" or "Unlikely" to participate in any of the listed activities. (Adopted from Wellness Council of America, 2005).

	Extremely Likely	Likely	Somewhat Likely	Unlikely
1. Body fat testing	❑	❑	❑	❑
Education Programing				
1. Back safety	❑	❑	❑	❑
2. Cancer Prevention	❑	❑	❑	❑
3. Heart disease prevention	❑	❑	❑	❑
4. Stroke prevention	❑	❑	❑	❑
5. Cholesterol reduction	❑	❑	❑	❑
6. Diabetes prevention	❑	❑	❑	❑
7. Headache prevention and treatment	❑	❑	❑	❑
8. Cold and flu prevention treatment	❑	❑	❑	❑
Employee Assistance Programs				
1. Depression	❑	❑	❑	❑
2. Job Stress	❑	❑	❑	❑
3. Substance abuse	❑	❑	❑	❑
4. Parenting difficulties	❑	❑	❑	❑
5. Accepting change	❑	❑	❑	❑
6. Anger management	❑	❑	❑	❑
7. Living with and managing chronic conditions such as diabetes	❑	❑	❑	❑
8. Pain management	❑	❑	❑	❑

	Extremely Likely	Likely	Somewhat Likely	Unlikely
Fitness Programming Onsite				
1. Gym room with a selection of weights and aerobic equipment (treadmill, stationary bicycles)	❑	❑	❑	❑
2. Fitness classes: yoga, Zumba, Cardio-kick, tai-chi and similar activities	❑	❑	❑	❑
3. Lunch time team activities: basketball, volleyball, walk-fit	❑	❑	❑	❑
Fitness Programming Offsite				
1. Discount memberships to local gyms and activities such as golf or bowling	❑	❑	❑	❑
2. Company sponsored teams in after hour leagues (softball, bowling, volleyball…)	❑	❑	❑	❑
Immunization Programs				
1. Flu	❑	❑	❑	❑
2. Tetanus	❑	❑	❑	❑
3. Hepatitis B vaccine	❑	❑	❑	❑
4. Lyme disease vaccine	❑	❑	❑	❑

Appendix E
USDA Best Practive Criteria

CHECKLIST FOR EVIDENCE-BASED APPROACHES: SNAP-ED

Checklist for Evidence-Based Approaches

The purpose of this 4-step checklist is to help States and Implementing Agencies meet SNAP-Ed evidence-based program and practice requirements. An evidence-based approach for nutrition education and obesity prevention is defined as "the integration of the best research evidence with the best available practice-based evidence." Evidence-based allowable uses of SNAP-Ed funds include conducting and evaluating education and social marketing interventions, and implementing and measuring policy, stems, and environmental change strategies that will make it easier for low-income persons to make dietary choices and be physically active.

An evidence-based approach may include a mix of strategies (broad approaches to intervening on obesity prevention target areas) and interventions (specific set of evidence-based, behaviorally-focused activities and/or actions to promote healthy eating and active lifestyles). The *SNAP-Ed Strategies and Interventions: An Obesity Prevention Toolkit for States* contains a listing of many evidence-based strategies and interventions in child care, school, community, and family settings. The *Toolkit* is the starting point for choosing evidence-based obesity prevention programs for SNAP-Ed.

Checklist for Evidence-Based Approaches

FNS has identified three categories of evidence for strategies and interventions along a continuum: **research-tested, practice-tested***, and emerging*. These categories vary according to scientific rigor, evaluation translation, and degree of innovation. Each category along the continuum is vital for expanding and building the knowledge base of effective practices. Movement along the continuum, requires that programs are fully implemented and evaluated.

Research-tested: The approach is based upon relevant rigorous nutrition and public health nutrition research including systematically reviewed scientific evidence, and other public food/physical activity environments, or policies across multiple populations, setting, or locales.

Practice-tested: This approach is based upon published or unpublished evaluation reports and case studies by practitioners working in the field that have shown positive effects on individual behaviors, food/physical activity environments, or policies

Examples: Eat Well Play Hard in Child Care Settings (New York), Empowering Healthy Choices in Schools and Homes (Georgia)

Emerging: The approach includes community-or practitioner-driven activities that have that potential for obesity prevention, but have not yet been formally evaluated for obesity prevention outcomes. Evaluation indices may reflect cultural or community-informed measures of success.

Example: East Smart in Parks (Missouri), Fit Business Kit Worksite Program (California)

CHECKLIST FOR EVIDENCE-BASED APPROACHES: SNAP-ED

Identify Strategy or Intervention Name:		
Step 1: Many strategies or interventions have already been reviewed for their effectiveness for nutrition education and obesity prevention. To begin, check if the approach is recognized as evidence-based by at least one government or scientific agency, or listed in a registry reviewed by experts and researches in nutrition education and obesity prevention.	**Yes**	**No**
National Collaborative for Childhood Obesity Research: *SNAP-Ed Intervention Toolkit*		
Food and Nutrition Service: Nutrition Evidence Library		
National Cancer Institute: Research-Tested Interventions Program		
U.S. Department of Health and Human Services: *Guide to Community Preventive Services*		
What Works for Health: Policies and Programs to Improve Wisconsin's Health		
University of North Carolina Center of Excellence for Training and Research Translation		
Other (specify:)		
If you answered yes to any of the above, congratulations, your strategy or intervention has been a certified as research- or practice-tested! If you answered no, go to Step 2.		
Step 2: Search for evaluation for your intervention or strategy with a university or public health partner using the following guidelines.	**Yes**	**No**
A. Is there at least one peer-reviewed[1], scientific journal article that concludes your approach has significant positive impacts on individual behaviors, food/physical activity environments, or obesity prevention policies?		
B. Was the approach tested and compared against some type of control condition present (e.g., a similar venue or population that does not receive the intervention or strategy) with significant positive effects?		
*If you answered yes to **both** item A and B, your approach is **research-tested**. Else, go to item C.*		
C. Is there at least one evaluation report or case study that shows your approach has positive changes in individual behaviors, food/physical activity environments, or obesity prevention policies?		
*If you answered yes to item C, your approach is **practice-tested**. Else, go to Step 3.*		

Step 3: Many strategies or interventions have the potential for obesity prevention, but have not been thoroughly tested. The following criteria will help categorize an emerging approach.	**Yes**	**No**
A. Does the approach align with the Dietary Guidelines for Americans, the Physical Activity Guidelines for Americans, and/or Healthy People 2020 objectives for Nutrition and Weight Status?		
B. Does the approach reflect the budgetary and time constraints of the low-income population?		
C. Does the approach reflect the solutions that would make healthy eating and physically active lifestyles easier and more appealing to SNAP-Ed participants? (Solutions that make healthy choices easier may include changes in food retail, food distribution, or recreation facilities, including hours of operation, price, promotions, placement, marketing, communication, and related operations and policies.		
D. Will the approach be evaluated for changes in individual behaviors, food/physical activity environments, or obesity prevention policies?		
If you answered yes to ***items A–D, go to item E. Else, your approach is not considered emerging for SNAP-Ed****.*		
E. Does the approach reflect the social, cultural, and/or linguistic needs and resources of the low-income population(s) served?		
F. Does the approach address the results and implications of a state or community needs assessment?		
G. Does the approach address state or local priorities/strategic plans?		
If you answered ***yes*** *to* ***items E, F, G (any one of them)****, your approach is* ***emerging****.*		

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