

HEALTHY KINGSTON FOR KIDS

CASE REPORT

KINGSTON, NEW YORK

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2009 to December 2013



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BACKGROUND

Healthy Kids, Healthy Communities National Program

With the goal of preventing childhood obesity, the Healthy Kids, Healthy Communities (HKHC) national program, funded by the Robert Wood Johnson Foundation (RWJF), provided grants to 49 community partnerships across the United States (Figure 1). Healthy eating and active living policy, system, and environmental changes were implemented to support healthier communities for children and families. The program placed special emphasis on reaching children at highest risk for obesity on the basis of race, ethnicity, income, or geographic location.¹

Project Officers from the HKHC National Program Office assisted community partnerships in creating and implementing annual workplans organized by goals, tactics, activities, and benchmarks. Through site visits and monthly conference calls, community partnerships also received guidance on developing and maintaining local partnerships, conducting assessments, implementing strategies, and disseminating and sustaining their local initiatives. Additional opportunities supplemented the one-on-one guidance from Project Officers, including peer engagement through annual conferences and a program website, communications training and support, and specialized technical assistance (e.g., health law and policy).

For more about the national program and grantees, visit www.healthykidshealthycommunities.org.

Figure 1: Map of Healthy Kids, Healthy Communities Partnerships



Evaluation of Healthy Kids, Healthy Communities

Transtria LLC and Washington University Institute for Public Health received funding from the Robert Wood Johnson Foundation to evaluate the HKHC national program. They tracked plans, processes, strategies, and

results related to active living and healthy eating policy, system, and environmental changes as well as influences associated with partnership and community capacity and broader social determinants of health. Reported “actions,” or steps taken by community partnerships to advance their goals, tactics, activities, or benchmarks from their workplans, formed community progress reports tracked through the HKHC Community Dashboard program website. This website included various functions, such as social networking, progress reporting, and tools and resources to maintain a steady flow of users over time and increase peer engagement across communities.

In addition to action reporting, evaluators collaborated with community partners to conduct individual and group interviews with partners and community representatives, environmental audits and direct observations in specific project areas (where applicable), and group model building sessions. Data from an online survey, photos, community annual reports, and existing surveillance systems (e.g., U.S. census) supplemented information collected alongside the community partnerships.

For more about the evaluation, visit www.transtria.com/hkhc.

Healthy Kingston for Kids

In December 2009, the *Healthy Kingston for Kids (HKK)* partnership received a four-year, \$360,000 grant as part of the HKHC national program. The HKHC partnership focused on the Kingston City School District which encompassed the population of Kingston, NY and four surrounding towns. Cornell Cooperative Extension of Ulster County (CCEUC) was the lead agency for the HKK partnership. The partnership and capacity building strategies of the partnership included:

- **Complete Streets Advisory Council:** This city-sanctioned council educated and raised awareness about Complete Streets and developed a strategic plan for the City of Kingston. In addition, it established a sidewalk taskforce to examine possible policy solutions and incentives to repair broken sidewalks.
- **Garden Resources:** The HKK Community and School Gardens committee developed several resources for new and current gardeners, including a garden network website, community garden model management plan, and community garden site score tool.
- **Crime Prevention through Environmental Design:** A taskforce developed an action plan that it presented to the Mayor in 2013. Future efforts will focus on a capital improvement project for Van Buren Park.

See Appendix A: Healthy Kingston for Kids Evaluation Logic Model and Appendix B: Partnership and Community Capacity Survey Results for additional information.

Along with partnership and capacity building strategies, the HKK partnership incorporated assessment and community engagement activities to support the partnership and the healthy eating and active living strategies. The healthy eating and active living strategies of HKK included:

- **Active Transportation:** Partners’ efforts led to (1) the adoption of a Complete Streets resolution by the Common Council of Kingston; (2) the city investing in intersection improvements, sharrows, and sidewalks; and (3) the city’s award of a Safe Routes to School infrastructure grant.
- **Community and School Gardens:** Partners supported the installation of 11 school gardens and 4 gardens at area non-profit organizations, including one garden in a low-income housing complex. They also successfully advocated for the Common Council to adopt a resolution supporting the promotion of community gardens throughout Kingston.
- **Access to Healthy Foods:** To increase access to healthy foods in Kingston’s food deserts, partners implemented a new farmers’ market and added produce to two corner stores as part of a pilot program.
- **Healthy After-School Snacks (HAS):** Partners drafted a HAS policy that was endorsed by the Ulster County Health Department, adopted by four after-school programs, and incorporated into the Kingston City School District’s (KCS D) administrative regulations. Partners also contributed to the “Eat Well Kingston” resolution which called for (1) the inclusion of healthy snack foods in vending machines on property operated and owned by the City of Kingston, and (2) Healthy Meeting Policies to be followed by city employees in city-owned buildings.

COMMUNITY DEMOGRAPHICS

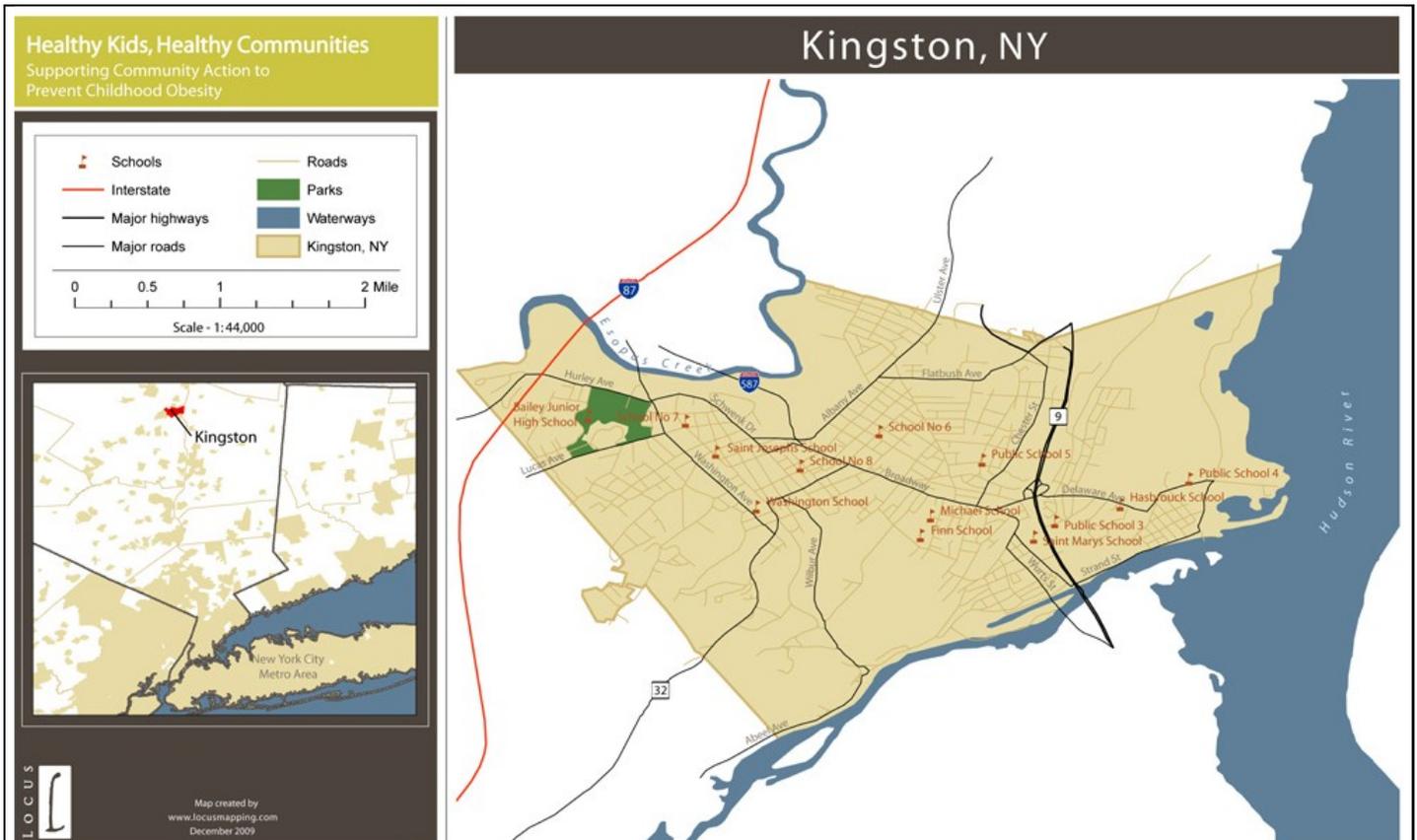
The HKK partnership is situated in Kingston, New York, the county seat of Ulster County located 90 miles north of New York City. Kingston is located on the historic Hudson River and a tributary, the Rondout Creek. It was founded in 1652, served as New York State’s first capital, and is the gateway city for outdoor tourism in the Catskill Mountains.²

The target population for the HKK partnership was the Kingston City School District (KCS), including the population of Kingston and four surrounding towns encompassing urban, rural, and suburban communities. The district currently has 13 schools (10 elementary, 2 middle, and 1 high school) and over 500 teachers serving a student population of 6,639 students in 2011-2012.³ Private schools located in the city serve approximately 1,300 students. Demographic characteristics of the county, city, and school district are presented in Table 1.

Table 1: Demographics of Ulster County, City of Kingston, and the Kingston City School District³⁻⁵

	Population	White	Black	Hispanic/ Latino	% Below Poverty	Per Capita Income	Median Household Income
Ulster County	182,493	87%	6%	9%	12%	\$29,692	\$58,808
City of Kingston	23,893	73%	15%	13%	17%	\$23,902	\$45,037
	Population	White	Black	Hispanic/ Latino	% Free or Reduced- Price Lunch		
Kingston City School District	6,350	68%	25%	5%	12%		

Figure 2: Map of Kingston, New York



The City of Kingston has three main business districts each surrounded by residential neighborhoods: 1) Historic Uptown, also called the “Stockade,” with many national historic landmarks and bluestone sidewalks, 2) the Rondout District, comprising Kingston’s waterfront area with popular restaurants, shops, and affordable housing complexes, and 3) the Midtown Corridor, connecting the other two districts by a main thoroughfare, Broadway. Midtown has some small businesses, historic but empty warehouses, and residential neighborhoods characterized by low-income and rental housing.²



Source: Transtria LLC

According to a study conducted by the Ulster County Health Department in 2007, 16.6% of first- and third-graders in the KCSD were at risk of becoming overweight, 21.7% were overweight, and 5.7% were extremely overweight. The percent of Kingston City children who were overweight or at risk of becoming overweight (44%) exceeded that of the entire county (33%).²

INFLUENCE OF SOCIAL DETERMINANTS

Assets

The City of Kingston possesses many assets, creating much potential for it to be a livable, walkable community. Assets include:²

- Places for physical activity, including 11 major parks and some smaller pocket parks comprising 110 acres of land, two community centers, a riverfront beach, a community pool, a nature center, a dozen playgrounds, athletic fields, and acres of open forestland and greenspace.
- Several cultural attractions, including a refurbished library, Kingston “Carnegie” Library, the Ulster Performing Arts Center, and Trans Art’s new cultural center.
- Diverse architecture, including Dutch stone houses dating from the 1600’s.
- Relatively compact design with schools in potentially walkable neighborhoods.

Barriers to Active Transportation

Children and adults in Kingston face barriers to walking and biking to school, parks, and businesses. Broadway, the main thoroughfare that dissects Kingston down the middle, is a heavily trafficked, wide, four-lane highway without a median strip or bike lanes. Many children on their way to school or parks need to cross over Broadway, and the high school is located on Broadway. In addition, city parks are underused because people are unaware of their existence, and safe routes to walk or bike to the parks are limited. Furthermore, routes between businesses are perceived as having unpleasant walking conditions and unsafe due to crime that could be encountered along the way.²

Crime

Property crime rates are 1.5% higher than the New York State average, and 3.5% of the population is affected (2006).² Because of this, many parents hesitate to allow their children to walk or bike to school or parks. A garden was installed in Van Buren Park as a way of target crime prevention through environmental design. This park is locked at times because of a history of crime and drug dealers in the park.



Van Buren Park; Source: Transtria LLC

Disparities in Places for Physical Activity

Many of Kingston’s poor and minority families are concentrated in the Midtown neighborhood. This large neighborhood has only one pocket park and a few small school playgrounds. Streets are littered, have no bike lanes, and green spaces for the youth are scant. This neighborhood represented a section of Kingston that was a priority for HKK because of its environment and population.²

HEALTHY KINGSTON FOR KIDS PARTNERSHIP

Lead Agency and Leadership Teams

Lead Agency²

The lead agency for the HKK partnership was the Cornell Cooperative Extension of Ulster County (CCEUC), a non-profit educational organization. Started in 1913, the Extension Association is part of the Cornell Cooperative Extension land-grant system, a partnership between County, State, and Federal governments. The mission of Cornell Cooperative Extension is to enable people to improve their lives and communities through partnerships that put experience and research knowledge to work. CCEUC staff and trained volunteers deliver educational programs, conduct applied research, and foster community collaborations. It houses four departments that impact various sectors of communities: 1) Family and Consumer Science, 2) 4-H Youth Development, 3) Ashokan Watershed Stream Management, and 4) Consumer and Commercial Agriculture. Staff members work across departments on integrated projects and draw upon each other to accomplish multidisciplinary goals.

Leadership Team

A leadership team was formed at the onset of the HKK project. This team consisted of the chairs of the committees (described below) and other members of the community. When unpaid stakeholders showed signs of losing interest, an HKK Advisory Network was formed. This group served as a forum for networking among professionals interested in a healthier Kingston. See Appendix C for a list of all partners.

Committees

The partnership organized into committees to accomplish two long-term outcomes and four mid-term outcomes. The long-term outcomes were (1) Kingston children living within at least a two-mile radius of schools and parks would safely walk and bicycle to those schools and city parks, because safe routes had been identified and created; and (2) Kingston children would increase their consumption of fresh fruit and vegetables because they were exposed, on a systemic level and on a regular basis, to eating healthy snacks, fruits, vegetables, and meals during the after-school hours. The committees and taskforces that emerged from the committees are described below with details about their work provided in other sections of the case report.

- **Safe Routes to Schools and Parks Committee:** This committee used assessments and programming to raise awareness about safe routes to schools and parks and to engage students and families. Its goal was to secure state and/or federal Safe Routes to School funding and/or non-motorized transport infrastructure projects and educational programs. The committee was co-chaired by the HKK Project Director and staff member from the City of Kingston Department of Parks and Recreation. Fifteen members were engaged and active in tasks of the committee.
- **Complete Streets Advisory Council:** This council focused on the City of Kingston committing to becoming a pedestrian and bicyclist-friendly city by adopting a Complete Streets Policy. The council was formally created by the City of Kingston through a resolution. Gilmour Planning led it and developed its capacity to advocate for the passage of a Complete Streets policy. The committee used assessments, strategic planning, fund-raising, meetings with political leaders and government staff, and public forums and workshops to accomplish its goals.



Source: HKK Partnership

- **Community and School Gardens Committee:** This committee was coordinated jointly by members of the Department of Parks and Recreation and the Kingston Land Trust with the goal of installing food gardens throughout the city in schools, parks, and non-profit organizations that could be accessed during the after-school hours. This committee conducted assessments, provided resources (e.g., toolkits, maps), helped to secure outside funding for resources and supplies, supported the installation of new school and community gardens, developed policies to support gardens, and engaged the community and school administrators and staff. The group had never worked together prior to the HKHC grant. Members of the committee were from the CCEUC, YMCA, Department of Environmental Protection, and resident gardeners.
- **Healthy After-school Snack Committee:** This committee was coordinated by the Community Heart Health Coalition with the goal of inundating Kingston children's after-school environment with only healthy food choices. The committee focused primarily on policy change at the level of the school district, after-school programs, sporting events, and vending machines. The committee convened in March 2010 and met monthly thereafter. Participation was open and advertised to the general community. The Committee consisted of 10-15 members from the school district, local agencies, and community who worked locally in the fields of healthcare, food service, nutrition, or child care.

Taskforces:

Taskforces emerged from the work of the committees:

- **Healthy Foods Taskforce:** This taskforce grew out of the Community and School Gardens Committee and worked toward developing the city's capacity to process, store, and distribute fresh produce to those who historically had limited access. The taskforce conducted assessments with high school students, developed a strategic plan to eliminate food deserts, and secured funding to start a farmers' market and sell produce in two corner stores. A Strategic Kingston Farmers' Market at Midtown Committee grew out of this taskforce for the 2013 farmers' market season.
- **Sidewalk Taskforce:** Many of the 100-year-old blue limestone sidewalks that line Kingston streets were in need of repair. In 2013, the Complete Streets Advisory Council formed a sidewalk taskforce to examine possible policy solutions and incentives to enforce or encourage homeowners to repair broken sidewalks. The taskforce sought to create a comprehensive sidewalk program for the City of Kingston. The group researched model programs from other places and worked on Sidewalk Codes and Zoning to integrate into the Kingston Comprehensive Plan. Writing was in-progress.
- **Crime Prevention Through Environmental Design (CPTED) Taskforce:** This taskforce formed from the Safe Routes to Schools and Parks Committee. The committee held a training on CPTED and, from this training, developed a micro action plan to address crime in Van Buren Park in Midtown Kingston and a macro action plan to address crime issues on a neighborhood level in the city. These action plans were presented to the Mayor, and the taskforce planned to meet beyond HKHC.

Organization and Collaboration

The HKK partnership was organized in such a way that key partners received contracts to carry out the goals of the partnership. The Project Director, who also served as the Project Coordinator, managed contracts with the various partners, as well as led many of the partnership's efforts, including coordinating meetings, assisting partners in their efforts, chairing the Safe Routes to Schools and Parks Committee, writing grants, handling communications, and fulfilling reporting responsibilities. The Project Director brought expertise in environmental policy and youth development and remained in this position for the entire grant period.

PARTNERSHIP FUNDING

HKHC grantees were expected to secure a cash and/or in-kind match equal to at least 50% of the RWJF funds over the entire grant period. In addition to the matching funds, the HKK partnership was successful in leveraging additional funds. Additional funds supported the following:

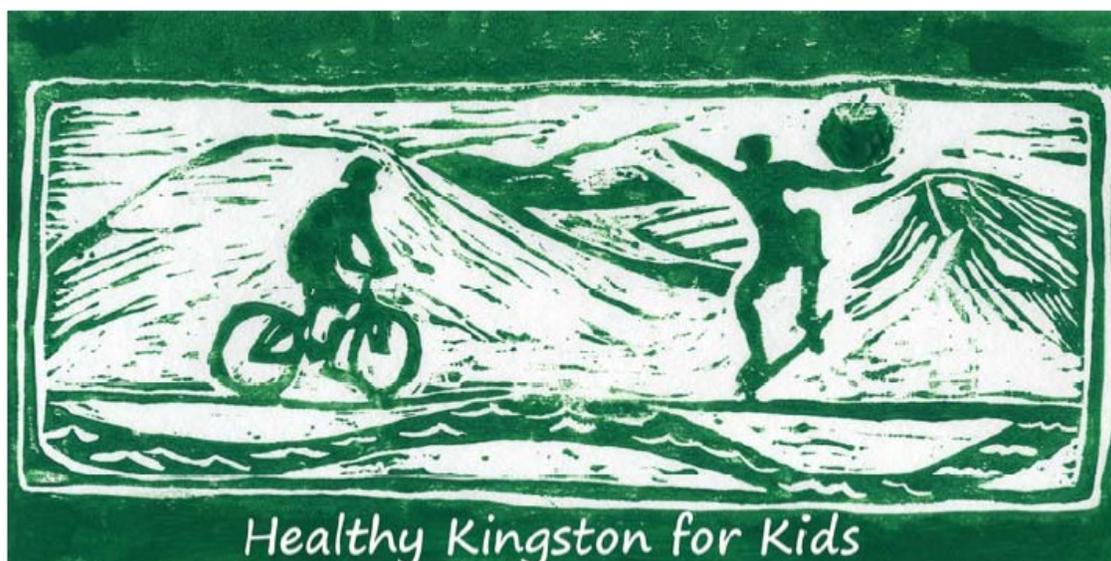
- In December 2012, the City of Kingston was awarded a \$489,000 Safe Routes to School infrastructure grant as a result of HKK partners' activities in the first three years of the project.
- In December 2013 and January 2014, the City of Kingston was awarded \$4.3 million in New York State grants for the Kingston Connectivity Project, which included Complete Streets improvements to the Broadway Corridor and the development of a rail trail between Midtown and the Rondout neighborhoods of Kingston. The HKK partnership helped to build the capacity of the City of Kingston to apply for and receive these awards.
- The Department of Parks and Recreation secured a major grant called "Learn and Serve America," which was used for materials and supplies to start 33 gardens over 2 years.

Examples of important sources of matching funds included:

- A Corporation for National Service grant secured by the Department of Parks and Recreation.
- \$137,644 of a New York Department of Health grant called "Creating Healthy Places" secured by CCEUC. The total amount of the five-year grant awarded to CCEUC in 2010 was \$1,125,000. The project implemented environmental, policy, and practice change to prevent obesity and diabetes throughout Ulster County, an expanded geographical area from the HKHC project. This project dovetailed and integrated well with the HKK initiative, and RWJF funding helped to leverage this grant.
- Two \$10,000 Fresh Connect grants from New York State Department of Agriculture and Markets to start a pilot evening farmers' market in Midtown Kingston and to sell produce from local farmers in two corner stores.
- Kingston's Community Development Block grants.

The HKK partnership estimated that the amount of in-kind contributions and cash-matching funds that CCEUC secured over the four years of the project totaled \$807,717.

For additional funding information, see Appendix D: Sources and Amounts of Funding Leveraged.



COMMUNITY ASSESSMENT

The HKK partners conducted numerous community assessments related to walkability, school gardens, food retail, after-school environments, and school policies. These assessments informed their environmental and policy work and contributed to awarded grant proposals, such as the Safe Routes to School infrastructure grant awarded in 2012.

As one illustration of the value of its assessments, the Community and School Gardens Committee used multiple assessments to identify a location suitable for a large community garden. When the committee had initially struggled to find park property for a community garden, it developed a strategy to locate all open space in Kingston, public or private, where gardens could potentially be located. Partners started with a food desert map created by the Healthy Foods Taskforce of the HKK initiative. Using aerial images and maps, they located all open spaces within food deserts where a potential garden could be located. Committee members developed and used a community garden site score tool to field check each location for viability. Through this process, it became very obvious that a tract of land in front of Kingston Housing Authority's Rondout Gardens complex was ideal for a community garden.

Altogether, the research contributed to resources, such as an online map for community and school gardens (available at www.kingstoncitygardens.org) and reports (available at www.livewellkingston.org). Table 2 summarizes the partnership's assessments. See Appendix E for the Street Intersection Direct Observation Summary Report. An example of the many maps produced from the HKK efforts is shown below.

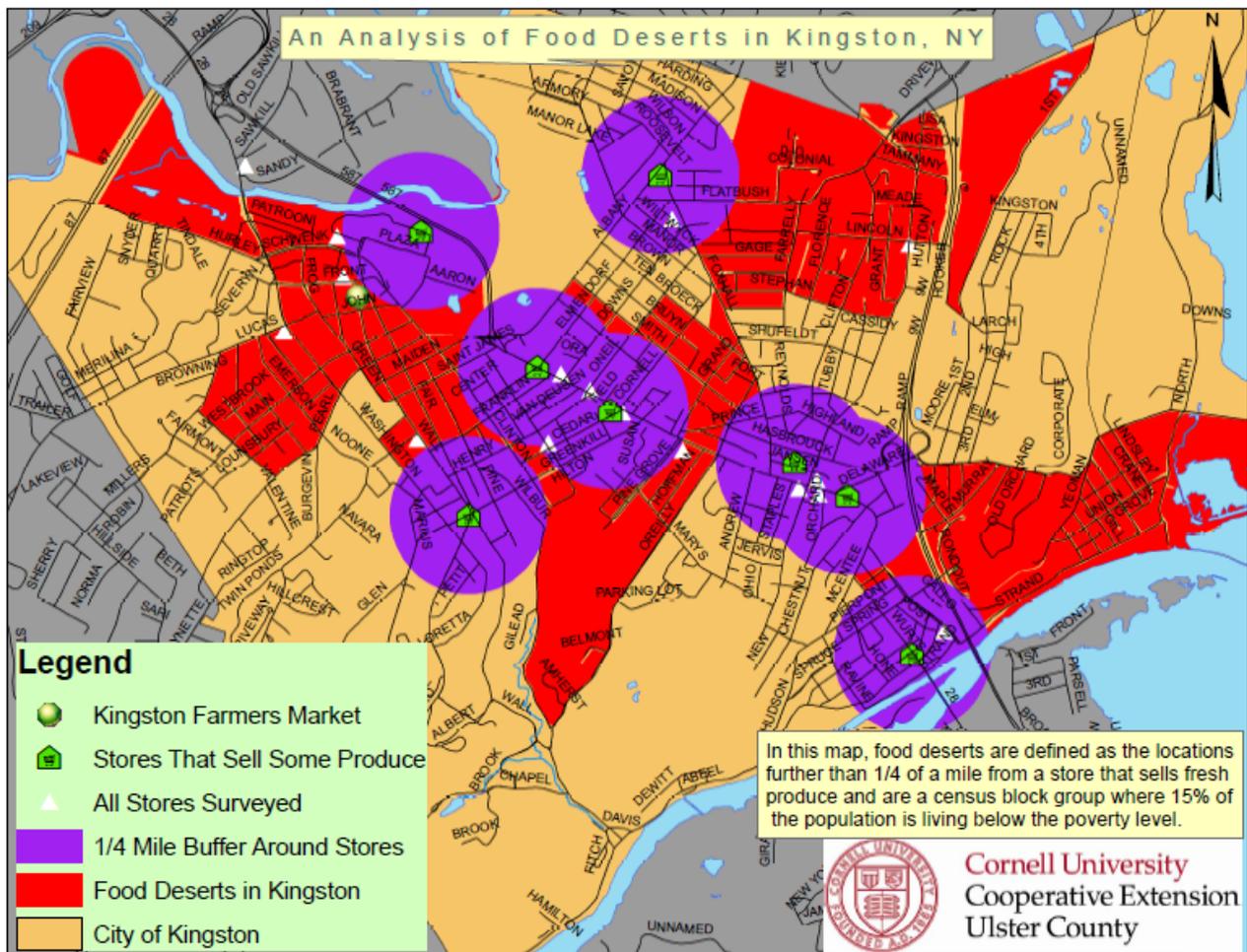


Table 2: Summary of Community Assessments*

Method	Year(s)	Topics	Data collectors	Units of data collection	Dissemination
Active Living					
Environmental audit with mapping	2010	Barriers to walkability	CCEUC, volunteers	Two-thirds of City of Kingston	Map
Mapping	2010-2011	Enrollment and walking zones around schools, barriers to walkability, gardens	CCEUC, consultant, mapping team	City of Kingston	Maps Grant proposal
Survey	2010 (pre) 2012 (post)	Walking and bicycling to school	CCEUC, Dept of Parks and Recreation	Parents (n=557) and teachers (n=137) from ten schools in KCSD (pre); Teachers (n=224) from 12 schools in KCSD (post)	Unknown
Survey	2010	Park usage, transportation modes to parks	Dept of Parks and Recreation	Unknown	Unknown
Environmental audit	2011	Park amenities	Dept of Parks and Recreation	Parks in Kingston	Report
Mapping	2011	Park amenities	Dept of Parks and Recreation	Parks in Kingston	Report
Direct observation	2012	Physical activity type and intensity	High school students trained by Transtria	Five intersections	Report
Healthy Eating					
Interview	2010	Barriers to gardening on school grounds	Dept of Parks and Recreation	School staff, faculty and administration	Report
Interview	2010	Interest in community gardening	CCEUC, Dept of Parks and Recreation	Several non-profit agencies	Report
Survey	2010	Snacking environment	Healthy After-school Snack Committee volunteers	29 after-school program coordinators	Report
Policy analysis	2010	School gardening	Dept of Parks and Recreation	School policies	Unknown
Environmental audit	2010 (pre) 2011-2012 (post)	Snacking environment in after-school programs	Healthy After-school Snack Committee (pre); High school students (post)	After-school programs, vending machines, snack bars, stores (pre); Same as above, plus sporting events (post)	Report Presentations
Environmental audit	2011	Location and products sold in food stores	High school students	Stores in Kingston	Report Strategic plan Grant proposal
Interview	2011	Unknown	High school students	Store owners/managers	Report Strategic plan Grant proposal
Mapping	2011-2012	Food stores, gardens	Dept of Parks and Recreation, Ulster County Dept of Planning	City of Kingston	Map Report
Survey	2013	Interest in community gardening	Dept of Parks and Recreation	5 residents (of 150 surveyed) living in and around public housing complex	None
Obesity					
Focus groups	2010	General state of obesity	Rose Women's Care Service partner, Gilmour Planning	Kingston high school students in two PE classes	Report
Community meeting/event	2010	General state of obesity	Six partners	Participants in two community events	Report
BMI measurement	2010	BMI measures	Family Institute for Health	KCSD students	Report Presentation

* May be incomplete; products were reported in the HKHC Dashboard and narrative reports as of 12/31/2013.

PLANNING AND ADVOCACY EFFORTS

Community Outreach and Engagement

The HKK partnership acknowledged that community engagement, particularly among people representing underserved communities, was a challenge. The workplans were designed with committees that primarily consisted of professionals or community members who had the time and resources to attend the meetings. The partnership worked hard to obtain input from diverse people in focus groups and surveys, and this input provided direction to its work. The partnership took on the approach stated by a social scientist, B.J. Fogg, “First invest and launch with the most capable and motivated audience, get that working, and then roll it out to a wider audience.”⁶

Planning

Complete Streets Advisory Council (CSAC): This city-sanctioned 11-member council was established in November 2010 by a resolution passed by the Common Council to work toward enhancing the walking and bicycling environment in Kingston. Gilmour Planning, the lead partner, and CSAC members accomplished the following during the HKK initiative:

- Educated and raised awareness about Complete Streets.
- Conducted assessments, including an analysis of the community’s readiness and preferences for achieving Complete Streets in Kingston, an audit of the city code and its support for non-motorized transportation, and a cost-benefit analysis case study of turning Broadway, the main corridor in Kingston, into a Complete Street.
- Organized a Complete Streets Forum in 2011 to educate and inform 35 participants from Kingston and the surrounding region about Complete Streets.
- Developed a three-year draft strategic plan for the CSAC.
- Reported to the Mayor of the CSAC’s activities. Much attention was directed toward acquiring the attention of the Mayor, which proved to be successful as described later in the section on “Active Transportation.”
- Established a sidewalk taskforce to examine possible policy solutions and incentives to enforce, encourage, or support homeowners to repair broken sidewalks.
- Held regular meetings with the Department of Public Works to create sharrows on Broadway and address sidewalk repairs.

Bike-Friendly Kingston: The HKK partnership’s support was instrumental in building the capacity of this group, led by two champion volunteers. The group produced maps of desired and existing bike infrastructure in the City of Kingston and advocated for bicycle sharrows on a road in Kingston. At the end of 2013, Bike-Friendly Kingston’s Facebook group had 159 members who posted weekly regarding bicycle interests and infrastructure. This group also promoted and supported Bike to School and Work Day events.

Ulster County Food Systems Council: This council emerged from work of the Healthy Foods Taskforce and other groups working on health and food access. CCEUC and the Community Heart Health Coalition hosted a training workshop on Food Policy Councils, which was attended by 40 people and provided the framework for the developing council.



Source: HKK Partnership

Programs/Promotions

Crime Prevention through Environmental Design (CPTED): In September 2013, a training was held on CPTED with 17 participants. A group of graduates of the training identified a leader and developed an action plan to prevent crime in Kingston, including one focused on Van Buren Park, as well as one addressing crime in the city as a whole. The group presented the training and action plan to the Mayor in November 2013. A taskforce will continue this work. For example, its work will inform the design of a capital improvement project planned for Van Buren Park in 2014.

Awards

The Mayor's commitment to a healthy city was evident when the City of Kingston began participation in the Let's Move Cities, Towns and Counties program through the National League of Cities. The city initially won five medals through the program for its work completed by the HKK partnership, the Creating Healthy Places program, and the Kingston Land Trust's Rail Trail initiative in the areas of healthier early care and education programs, participation in the School Breakfast Program, and increased access for physical activity and play spaces.



Source: National League of Cities, www.healthycommunitieshealthyfuture.org/

ACTIVE TRANSPORTATION

The HKK partnership's efforts related to active transportation focused Safe Routes to Schools and Parks (SRTSP) and Complete Streets, with the goal that the city would create or build infrastructure that would allow children to safely walk and bicycle to schools, parks, and fresh food markets.

Policy, Practice, and Environmental Changes

The following policy and environmental changes occurred as a result of the HKK partnership's efforts:

- A Complete Streets resolution was adopted by the Common Council of Kingston on November 9, 2010. The resolution stated the city's commitment to a Complete Streets environment for residents' health, safety, economic development, and quality of life and established an 11-member Complete Streets Advisory Council to guide the city in the implementation of a Complete Streets program.
- In 2011, the Common Council adopted a resolution to support a project for a Kingston intersection, which was planned by the Ulster County Planning Department. The project would incorporate several Complete Streets principles and would be fully funded by the New York Department of Transportation. The project is on the County's Transportation Improvement Plan with design to begin in 2016.
- The Department of Public Works committed to putting sharrows on the Broadway corridor in Spring 2014.
- The Department of Public Works committed to investing \$50,000 in the 2014 budget toward sidewalk repairs.
- The City of Kingston was awarded an Infrastructure Safe Routes to School grant (see Partnership Funding for more).

See Figure 3: Active Transportation Infographic for additional information.

Complementary Programs/Promotions

Several successful programs complemented the partnership's policy and environmental work.⁶

- The SRTSP committee coordinated an annual district-wide celebration of Walk, Bike, and Roll to School Day on the first Wednesday in October. Over the four years of the grant, nearly all of the fourteen schools in the district participated. The number of estimated participants were as follows: first year, 1,600; second year, 3,500; third year, 3,500; fourth year, 3,100. In 2013, schools coordinated their own events, indicating that the program would be sustained with minimal to no support from the HKK committee.
- The SRTSP facilitated the creation of a Walking School Bus at the George Washington Elementary School in Midtown Kingston. The school bus was led by the principal, had approximately 35 student participants, and traveled one-half mile to school every Wednesday since May 2011.
- With the City's backing for the project, the Bike-Friendly Kingston group raised over \$2,000 with a "Feast on Two Wheels" fundraiser to buy the sharrow stencil and implement an educational campaign about sharrows.
- The Complete Streets Advisory Committee organized a Complete Streets Forum in 2011 to educate and inform 35 participants from Kingston and the surrounding region about Complete Streets.



Source: HKK Partnership

Implementation

SRTSP

The school programming combined with extensive maps and assessment activities (described previously) were instrumental in building momentum for SRTSP and obtaining the SRTS infrastructure grant in 2012. Also supporting the SRTS proposal was a Safe Routes Action Plan developed during a January 2011 National Safe Routes to School course for the community of the school-park complex consisting of Bailey Middle School, Edson Elementary School, and Forsyth Nature Park.

Complete Streets

The CSAC focused its efforts on strategic planning. Specifically, it sought to influence decision-making regarding the city's comprehensive plan, which had not been revised since 1962. It was hoped that the Complete Streets policy would have some influence on future plans for the city that would include consideration of all modes of transport on Kingston streets. According to partners, the process of redoing the comprehensive plan involved limited community engagement. Two limitations of their work were: (1) the Complete Streets policy was fairly vague, lacked design guidelines, and encompassed only new construction; and (2) approving and implementing the comprehensive plan would take a very long period of time.

Population Reach

Most of the policy and environmental accomplishments related to active transportation benefitted all residents of the City of Kingston. The sharrows along Broadway and planned infrastructure improvements funded through the SRTS grant will have greater impacts on the Midtown neighborhood, which has a higher concentration of African-Americans and Latinos.

Population Impact

The HKK initiative made a significant impact on the Kingston community's knowledge and capacity to implement Complete Streets. Through the partnership, amicable relationships were established between city staff and community advocates for pedestrians and bicyclists. Politicians and businesses accepted Complete Streets concepts because of its connection with economic development. City officials were actively working on and seeking resources for Complete Streets implementation.

Challenges

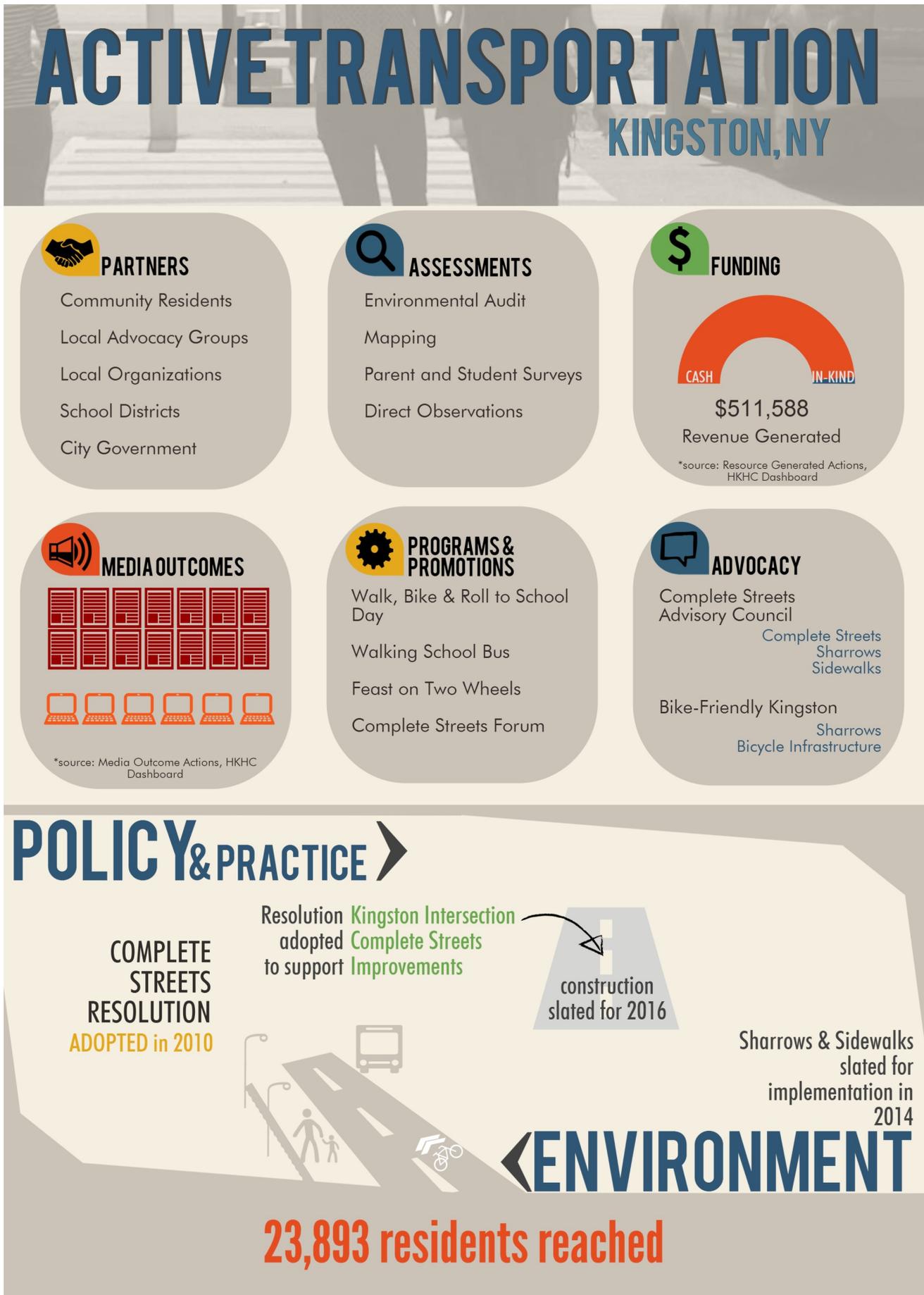
Examples of challenges faced by partners working on active transportation initiatives included:

- Kingston was fiscally strapped, due to a sinkhole that cost the community millions to repair. Public Works funding and attention was tied up in this issue.
- Partners faced resource constraints, in that funding for convening the partnership, performing strategic planning, communicating and engaging with the community was stretched thin.
- Four elementary schools closed in Kingston. This made it challenging to engage the district staff and Department of Transportation as they were pre-occupied with re-districting and re-routing the buses. By implementing the SRTS programs district wide, it helped to avoid putting a lot of resources into one specific school.
- Crime was a big concern for children walking to school in the Midtown neighborhood. It was hoped that the HKK's CPTED initiative would aid in addressing and alleviating crime in this area.

Sustainability

Sustainability of the active transportation work is assured through the SRTS infrastructure grant, Bike-Friendly Kingston group, the CSAC, institutionalization of school active commuting programs, and the CPTED taskforce—all described previously. The Live Well Kingston initiative (described later) and its strong leadership support will also aid in sustaining this work.

Figure 3: Active Transportation Infographic



COMMUNITY AND SCHOOL GARDENS

The goal of the Community and School Gardens Committee (hereafter, Gardens Committee) was to install food gardens that could be accessed during after-school hours throughout the city in schools, parks, and nonprofit organizations. The committee strived to install food gardens at every school in the Kingston City School District and to provide support to make those gardens sustainable through funding support, curriculum integration, and after-school access to the community. Examining gardens on municipal public property and installing them on non-profit properties were other aims.

Policy, Practice, and Environmental Changes

Following extensive assessment reports and maps which were broadly disseminated, the HKK Gardens Committee achieved the following policy and environmental changes:

- Supported the installment of 11 school gardens.
- Supported the installment of a new community garden (Thomas Chambers Garden) in a low-income housing complex in the Rondout neighborhood, as well as three other gardens at non-profit organizations.
- Successfully advocated for the Kingston Common Council to adopt a resolution supporting the promotion of community gardens throughout Kingston.
- Worked with the Kingston City School District to adopt school garden language in its health and wellness policy.

Complementary Programs/Promotions

The Gardens Committee developed several resources for current and potential gardeners, including:⁷

- A community garden model management plan;
- A community garden site score tool, which included 10 criteria (e.g., location, accessibility, soil condition) used to survey prospective community garden sites in the food deserts of Kingston;
- A garden network website (www.kingstoncitygardens.org) which included an interactive Google map of school and community gardens in Kingston, how-to guides, best practices, local resources, networking opportunities, and case studies; and
- A comprehensive yearly schedule of on-going garden grant opportunities.

In addition, the Gardens Committee hosted a Gardens Potluck Celebration, which provided additional planning and networking opportunities.

Implementation

A staff person from the Department of Parks and Recreation chaired the Gardens Committee and played a major role in the City of Kingston and the HKK initiative. In general, the Department coordinated a lot of facility and transportation services and acted as a liaison with the city. The Chair enabled the HKK partnership to make connections to the Common Council, Department heads, and the Mayor, and maintained the presence of the HKK initiative on the City of Kingston website.

School Gardens

Resources and maintenance of school gardens varied by school. Start-up tools, materials, and seeds were provided by the Learn and Serve America grant or shared between gardeners. In addition, schools could rent tools from the Department of Parks and Recreation. The sources for water for the gardens varied: some schools had rooftop collections; some had water access on site, occasionally in locked sheds; and some had restricted access only when janitorial staff was on site. Other support like moving materials, work days, and networking were provided by committee members. In addition, the Chair of the



Chambers Elementary School;
Source: HKK Partnership

Gardens Committee conducted annual site visits to each of the gardens, which included filling out a checklist with questions related to sustainability. Some gardens were maintained by after-school clubs and others by school classes.

None of the schools used the produce from the gardens because they were not allowed. All of the food in the schools was produced at a central location (another school), and then distributed to the others. There was limited fresh food preparation at the schools. Language was inserted into the school wellness policy that recommended that school principals facilitate the preservation of existing gardens and collaborate with district food services to promote the garden produce. The committee also collaborated with PTAs, PTOs, and community organizations to develop programs and food systems changes, put gardens into the curriculum, and use the volunteers to promote the gardens and access out-of-school time district-wide.

Community Garden

As for the installation of the new community garden (Thomas Chambers Garden) in front of a low-income housing complex, the Gardens Committee:⁷

- Obtained permission from the Mayor to use the city-owned land for the garden.
- Identified a resident garden steward, who ended up taking immediate ownership of the project and possessed valuable knowledge of the neighborhood and relationships with residents.
- Created a garden contract and application.
- Created a management plan for the garden.
- Outreached to on-site community members to solicit engagement.
- Helped the garden steward secure a temporary first-year water source from the city.
- Supported an opening celebration of the Thomas Chambers Community Gardens in May 2013.



Source: HKK Partnership

The garden steward and her garden committee of community gardeners were responsible for maintaining the garden property.

Garden Resolution

Although efforts were initially stalled by lack of political support, the Gardens Committee was eventually successful in getting a resolution passed by the Common Council to support community gardens in Kingston. It was not a formal policy; however, it represented the highest local law pertaining to gardens to date. The city lacked any type of parks policy that included details about what could and could not be done in terms of gardening in the city. A master plan was being created for the Department of Parks and Recreation, and gardening was mentioned in this master plan.

Population Reach and Impact

The achievements of the HKK initiatives related to gardens will benefit much of Kingston—from children and families involved in the school gardens and Thomas Chambers Garden to the residents of the city as a whole through the city government's growing support of gardens. Multiple school and community gardens can now easily find resources to implement their gardening projects. Moreover, a social network in the gardening community was formed to share resources and information.

School gardens

School garden participants ranged in age from preschool through high school, with most involvement from children in Kindergarten through 5th grade. Most participants were non-Hispanic (over 75% white) and there were equal numbers of males and females. Participants included over 70 with disabilities and about 49% were eligible for free or reduced-price lunch. The number of participants per school year included:⁸

- Over 900 students and over 100 adults in 2009-2010;

- 1,836 youth and 261 adults in 2010-2011; and
- 1,504 youth and 173 adults in 2011-2012.

Teacher and adult involvement in school gardens was essential, and in 2012, 56 staff and 117 adult volunteers acted as role models and champions of the school gardens.

Community Garden

In 2013, the Thomas Chambers Garden fed 25 families with a total of 70 people, and possibly more as produce was donated to other local residents. In addition, interactions and relationships were fostered through the gardening project. The garden showed evidence of changing lives and building community in a neighborhood challenged by poverty. Children and families were active in the garden and learning about growing food and about each other.

“Our hope with the Rondout Neighborhood, the Kingston Housing Authority and the garden at the school is that there are multiple places where children and families are learning about gardening and able to garden...” -Partner

Challenges

School Gardens

The school gardens were not without challenges. Some of the school gardens closed because of redistricting within the school system, but the Gardens Committee was able to assist some of the closing schools with moving their gardens to schools without gardens. School gardens were and will continue to be difficult to sustain without a champion to keep them growing. The Gardens Committee acknowledged the general challenges with school gardens:⁸

- The nature of the school year paired the major harvest period for the garden at the same time that school was out of session.
- Students attended any given school for only 2 to 6 years and then moved on.
- Teachers and school staff, at any time, could be shifted to another site.
- Multiple curricula with rigid state standards required strict daily schedules, often times competing with crucial outdoor active time.
- School infrastructure was often limited or restricted.
- Funding was nearly always limited. The Parks and Recreation Department was wary of investing infrastructure, time, money, and supplies into a short-term project. This was a similarly large concern with the school gardens.

Community Garden

As for the Thomas Chambers Garden, there were some disagreements about the design of the garden among committee members. Yet, the garden steward knew her community and was able to achieve a design that accommodated plot sizes and types for everyone, from seniors to large families.⁶

Sustainability

The sustainability of the school gardens will depend in large part on the school, since there is no secure source of funding for the gardens. The schools lack budgets for gardening, so they must raise funds on their own. Yet, some resources for gardeners will remain past the HKHC grant through the Live Well Kingston initiative, Cornell Cooperative Extension master gardeners, and the Department of Parks and Recreation. The Thomas Chambers Garden will continue to be supported by the Cornell Cooperative Extension master gardeners until the garden steward is able to build a strong gardens committee and obtain enough resources (e.g., water, mulch, plant materials) to maintain the garden and improve its aesthetic appeal.

ACCESS TO HEALTHY FOODS

Increasing access to healthy foods in Kingston through farmers' markets and corner stores emerged out of the Gardens Committee as a new strategy of the HKK initiative. The strategy goal was to develop the city's capacity to process, store, and distribute fresh produce to those who historically had limited access.

Policy, Practice, and Environmental Changes

HKK's Healthy Foods Taskforce achieved the following environmental changes:

- The Kingston Farmers' Market at Midtown was launched on Broadway, a major thoroughfare in Kingston.
- Two corner stores, the Rondout Market and Cedar Street Deli, began selling produce as part of a pilot program that was born out of the HKK initiative and led by a sister project, Creating Healthy Places.

Complementary Programs/Promotions

Farmers' Market

The 2012 season was promoted through market posters in English and Spanish, a hanging sign on the lamppost in front of the market, flyers distributed throughout the neighborhood, and the internet. In addition, both nutrition and/or music programming took place at the market each week.

In 2013, HKK and the Kingston Farmers' Market combined the promotion of healthy eating with the promotion of physical activity by partnering with the Center of Creative Education to host a Let's Move Dance in the middle of Broadway. The City agreed to close down the main thoroughfare for the market opening and the dance. Local politicians spoke during the market opening.

Corner Stores

The following information and events promoted the corner stores:

- Bilingual sandwich boards on the sidewalk in front of each store advertised the availability of local produce.
- Bilingual flyers were posted in the stores and throughout the neighborhood advertising both the availability of local produce and the upcoming store celebrations.
- Celebrations were held in September 2012 at each of the stores and featured food demonstrations, a food processor as a door prize, and face painting and tattoos for kids.

Implementation

The launch of the farmers' market and corner store pilot project followed an extensive analysis of food deserts in Kingston. Both projects were funded by FreshConnect grants from the New York State Department of Agriculture and Markets.

Farmers' Market

The Kingston Farmers' Market at Midtown was located on a lot in the center of Kingston where a derelict hotel that was notorious for prostitution and drug-dealing was demolished. The Kingston Farmers' Market, which operated the market, also ran a market in the Uptown neighborhood since 2000. The Midtown manager was supported by grants and local donations. The pilot Midtown market opened for a half season in August 2012 through October 2012, on every Tuesday, except for some days that were cancelled due to inclement weather.

Supplemental Nutrition Assistance Program (SNAP) and Electronic Benefit Transfer (EBT) benefit sales were accepted. In addition, FreshConnect checks were made available to SNAP participants. For each \$5 they

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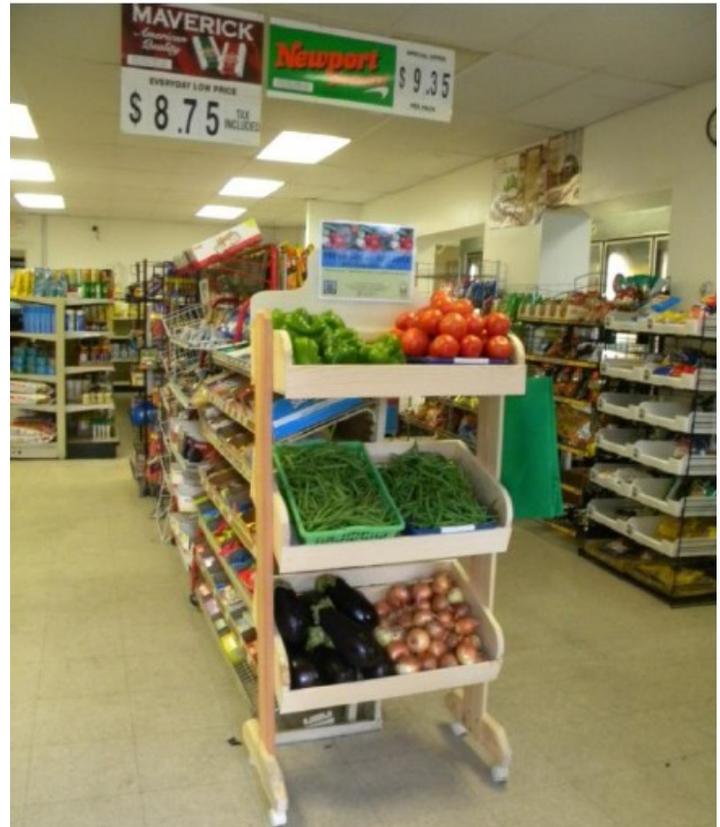
Source: HKK Partnership

spent, they were eligible to receive \$2 to spend at the market. The Midtown Business Association also contributed \$1,500 in coupons to families for shopping at the market.

As a result of the experience in the first year of the pilot market, the Kingston Farmers' Market Board formed a strategic planning committee for the 2013 market. The committee met monthly and planned fundraising, marketing, site improvement, and community engagement. The market site held 11 market days in 2013 and had six vendors, a reduction from 2012. Based on experience, it was decided that fewer vendors would be better. The market ran from 3:30-8 pm on Tuesdays from the end of May 2013 to the end of September 2013.

Corner Stores

The original idea for the corner stores project involved CCEUC and Kingston Farmers' Market offering weekly delivery of produce from vendors at the Market at wholesale prices, a kick-off event featuring a cooking demonstration, advertising and promotion, incentives in the form of coupons for EBT users, and a tiered produce display rack for use throughout the project. Incentives to participate were provided to the customer in the form of coupons, rather than the vendor. Due to lack of interest among vendors, among other factors, the plan was later revised to be a six-week pilot study in two stores—the Rondout Market and Cedar Street Deli. Produce was fully subsidized for the participating stores. The stores agreed to provide weekly data on sales, profit, and EBT/SNAP expenditures on produce. Produce was purchased wholesale from Gill's Farms and delivered weekly for seven weeks from September 9th through October 31, 2012. Unsold produce was picked up weekly and delivered to a local food pantry.



Source: HKK Partnership

Population Reach and Impact

Farmers' Market

The target population for the Midterm market was the lower-income population living in and around the Midtown neighborhood. To make the market successful, however, HKK partners had to reach out to the entire community to support the market and elicit sufficient traffic. Anecdotally, partners observed that a lot of people from the Midtown neighborhood visited the market.

In August and September 2012, an average of 200 people visited the market each day, and an average of \$80 in SNAP/EBT sales were made per day. The Kingston Farmers' Market reported an uptick in EBT sales at its Uptown Market, and surmised that the outreach at the Midtown Market may have made more people aware of the opportunity to use SNAP benefits at farmers' markets.

Corner Stores

The target population for the corner stores project was the lower-income residents living near the stores. Partners felt that they achieved their primary objective of introducing local fruits and vegetables into local stores. However, produce sales were generally poor, and at the end of the project, it was noted that the stores would not have made a profit if they had not received the subsidy. It became clear as staff interacted with corner store customers that many people were not experienced at cooking or eating much of the produce provided for sale. The types of products sold did not illustrate clear buying practices; however, tomatoes, corn, peppers, and collards appeared to sell best.

Challenges

Farmers' Market

Attracting a sufficient number of market patrons was a challenge in the beginning. Part of this challenge was attributed to the fact that the market was located on Broadway, where vehicles were traveling 30-35 miles per hour. To address this issue, HKK partners consulted with an urban planner about site design for the second market year.

Corner Stores

HKK and Creating Healthy Places partners noted the following challenges:⁹

- **Commitment from corner stores:** Recruiting stores to participate was most challenging, and the subsidy proved essential to participation. The stores that chose not to participate either already sold some produce, were not interested in expanding their offerings, or were unwilling to assume the financial risks of unsold produce or added responsibility of properly caring for perishable items.
- **Farmers at the Market selling produce wholesale to corner stores:** Participation among market vendors was not possible due to limited ability and incentive for farm market vendors to prepare and organize a relatively small and fluctuating order late in the season. Working with Gill's Farm in Hurley, NY proved to be advantageous because it was nearby, operated a farm stand throughout the week so orders could be filled at various times, and had experience with on-going wholesale accounts.
- **Creating a dependable demand for produce at the corner stores:** The sales records from the stores indicated that profit motive alone would not sustain a similar program. The subsidy for the cost of the food, or some other incentive, was essential. In addition, stores depended on retail stability, which could not be assured given the seasonality of local produce.

Lessons Learned

Corner Stores

Partners identified the following lessons to guide future work:

- Starting the initiative earlier in the season may have proven more beneficial.
- More community outreach was needed prior to the onset of the project.
- There was a need for more fruit and diversified products.
- Corn, tomatoes, peppers, onions, and collards were the best sellers.
- Advertising heavily was important when produce was in stock.
- To be profitable, the project needed to expand to other areas beyond Kingston.

Sustainability

Farmers' Market

The future of the Kingston Farmers' Market at Midtown will depend on the Kingston Farmers' Market board, which is made up of business members from the Uptown neighborhood. The Mayor is very supportive, which provides some assurance of its continuation.

Corner Stores

The corner store project will continue through 2014 with funding and support from New York Department of Health through the CCEUC's Creating Healthy Places grant. The focus will shift from providing local produce to stores to assisting stores in making at least three changes to offer healthier options to customers.



Source: HKK Partnership

HEALTHY AFTER-SCHOOL SNACKS

The Healthy After-school Snack (HAS) Committee led HKK efforts related to providing children’s after-school environments with healthy food choices through policy change.

Policy, Practice, and Environmental Changes

The HKK partnership achieved the following policy and practice changes:

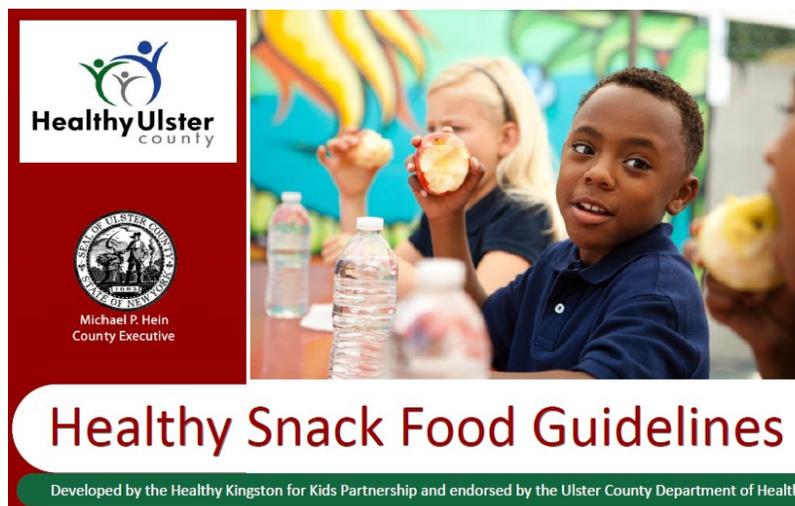
- A HAS policy was drafted and subsequently endorsed by the Ulster County Health Department. The health department actively promoted the policy throughout the county. The language from the policy was pending incorporation into the Kingston City School District’s administrative regulations.
- Four after-school programs adopted the HAS policy, with one in the HKK’s geographical target area.
- The work of the HAS committee was influential in the passage of the “Eat Well Kingston” resolution by the City of Kingston Common Council in 2013. This resolution called for the inclusion of healthy snack foods in vending machines on property operated and owned by the City of Kingston, and Healthy Meeting Policies to be followed by city employees in city-owned buildings.

Implementation

Healthy After-school Snack Policy⁶

Following assessment of the snacking environment in after-school programs and school vending machines, snack bars, and stores, the HAS Committee developed a model healthy snack policy for adoption by after-school programs and the KCSD. The policy was initially presented to the Health and Wellness Committee of the KCSD in order to become part of the school district’s Health and Wellness Policy adopted by the Board of Education. In year two, the committee continued to advocate for the policy adoption. It held an event on Food Day to test the user-friendliness of the HKK-recommended policy as compared to the current KCSD policy. The majority of the 80 participants found the HKK policy to be more user-friendly. These results were used to convince the KCSD Health and Wellness Committee to approve adoption of the HKK-recommended policy as part of the Health and Wellness policy. In year three, the HAS Committee determined that the policy language for the KCSD Health and Wellness policy did not need to be adopted by the Board of Education, but instead needed to be written into district administrative regulations. Partners are still waiting for confirmation that it has been incorporated into the regulations.

In 2012, Ulster County endorsed the HAS Guidelines with a press conference at which the County Executive spoke and encouraged after-school programs and schools to adopt the guidelines. With funds from the Creating Healthy Places program, the Ulster County Department of Health promoted adoption of the policy by after-school programs throughout the County, and four after-school programs adopted the policy, including the MacPark After-school Program located in HKK’s geographical target area.



Source: HKK Partnership

Healthier Snacks at Vendors near Kingston High School

The HAS committee created a community action plan for encouraging 16 retail food establishments within a quarter mile of the Kingston High School to offer healthier snack products. As a result, a restaurant and a deli added healthier snack foods per the committee recommendations.

Healthier Snacks at Sporting Events

In year four, with the intention of creating changes in the food environment at sporting events, the HAS committee attempted to reach booster parents who provided foods for sale at sporting events, but it found that the booster parents fluctuated by season. As a result, the committee shifted to an upstream strategy to change the offerings at the local Dietz Stadium concession that operated as a joint venture between the municipality and the school district. The committee obtained a verbal promise from the stadium's board that language requiring the inclusion of a certain percentage of healthy foods, as directed by the HAS guidelines, would be included in the next Request for Applications to identify a food vendor in early 2014.



Dietz Stadium; Source: <http://www.ballparkreviews.com/kingston/>

Healthier Snacks in City-Owned Vending Machines

Finally, as a result of the Committee's efforts, the Common Council of the City of Kingston passed the "Eat Well Kingston" resolution in October 2013 requiring that 50% of the food and beverages sold in vending machines in city-owned and operated buildings and parks conform to specific requirements that designate them as foods that meet an elevated standard of nutrition. The resolution applied to Dietz Stadium. This resolution also required that those employed by the City of Kingston follow New York State Healthy Meeting Guidelines when serving at a meeting in a city-owned building. The person or entity charged with implementing the policy had not been determined.

Population Reach

The populations mostly likely affected by the HAS policies include:

- Children enrolled in MacPark After-school Program which adopted the HAS policy. This included 60 children, of which 75% were White, 9% were Black, 7% were Asian, and 5% were Hispanic.¹⁰
- High school students walking home from school, as well as the mixed racial and income populations living and working near the two delis providing healthier options.
- City employees who work in places with city-owned and operated vending machines.
- Families in Kingston who attend events (e.g., football and soccer games) at Dietz Stadium.

Challenges

Navigating the school district's policy for adopting new language in its Health and Wellness policy proved to be very challenging. Despite repeated calls and requests to administrative staff members, it still remained unclear as to whether the language had been incorporated into the administrative regulations.

Sustainability

The continuation of the HAS committee efforts remains to be determined. The Ulster County Health Department will likely continue to promote the HAS policy as part of its work. In addition, the HAS efforts may fall under the purview of the new Food Policy Council or Live Well Kingston initiative, depending on whether any of the partners take a leadership role on these issues.

SUSTAINABILITY OF THE PARTNERSHIP AND INITIATIVE⁶

The HKK Partnership clearly made an impact on the leadership of the city and on the community regarding community-level approaches to support healthy lifestyles. In addition, the partnership reported that its efforts and dissemination via direct communications and presentations informed professionals at the New York Department of Health, New York Department of Adolescent and School Health, Tri-State Transportation Campaign, New York Bicycling Coalition, and the Cornell Cooperative Extension system on the state level.

The HKK initiative will continue in the form of Live Well Kingston, a city-endorsed coalition focused on improving active living and healthy eating opportunities in Kingston, NY. It is fiscally-sponsored and coordinated by CCEUC in accordance with a Memorandum of Understanding with the City of Kingston. The Live Well Kingston coalition held its Kick-Off event on June 13th, 2013, with a Proclamation from Mayor Shayne Gallo establishing it as a city-endorsed effort, seventy people attended. The city's commitment to health was further strengthened when the Common Council adopted a resolution supporting the Live Well Kingston coalition on September 10, 2013.

Live Well Kingston envisions a community environment that promotes and supports healthier lifestyle choices, and its mission is to bring partners and residents together to facilitate policy, environmental, and systems changes that result in a healthy and active community. Its motto is "Building a Better Kingston for EVERYONE to Walk, Bike, Eat, and Play." The focus is preventing chronic disease on the family and community level.

"Now that we have the elected official's support, we sincerely hope that local funders, organizations, and individuals will see the value of coalition-building and partnerships so that we are able to sustain the movement. The Healthy Kids, Healthy Communities grant helped us build our initial partnerships and set the stage for what will hopefully be a sustained and blossoming effort for better health and health equity in Kingston."-Final narrative report

The coalition planned the first annual Kingston Health Summit that took place at the Kingston High School with a Mayor's *State of Kingston's Health Address* on January 23, 2014. There were approximately 300 people in attendance. Through the development of the Live Well Kingston coalition, participation from the community appears to have increased. More diverse stakeholders are engaged than in the HKK project, attributed to the strategic planning process that encouraged community engagement prior to the launch of the Live Well Kingston initiative. More information about Live Well Kingston can be found at www.livewellkingston.org/.

1st Annual Kingston Health Summit

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1st Annual Kingston Health Summit and
Healthy Taste of Kingston Reception

 
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Thursday, January 23rd, 2014 (Snow Date: February 6, 2014)
5:30 - 8:30 pm
Kingston High School

Source: www.livewellkingston.org

REFERENCES

1. Healthy Kids, Healthy Communities National Program Office. *Home and About*, 2009. <http://www.healthykidshealthycommunities.org/> Accessed February 12, 2014.
2. Cornell Cooperative Extension of Ulster County. *Healthy Kids, Healthy Communities Kingston grant proposal to Robert Wood Johnson Foundation*, 2009. Healthy Kids, Healthy Communities Community Dashboard. Accessed March 13, 2014.
3. New York State Department of Education, *New York State Report Card 2011-2012 for Kingston City School District*, 2011-2012. Accessed March 6, 2013.
4. U.S. Census Bureau. *2010 Census*. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> Accessed March 5, 2014.
5. U.S. Census Bureau. *2007-2011 American Community Survey*. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> Accessed March 5, 2014.
6. Cornell Cooperative Extension of Ulster County. *Healthy Kingston for Kids Final Narrative Report to the Robert Wood Johnson Foundation*, 2013. Healthy Kids, Healthy Communities Community Dashboard. Accessed March 13, 2014.
7. Healthy Kingston for Kids. *School and Community Garden Committee Report*, 2010-2013. Healthy Kids, Healthy Communities Community Dashboard. Accessed March 13, 2014.
8. Healthy Kingston for Kids. *Garden Committee. School Garden Impact Report*. December 2012. Healthy Kids, Healthy Communities Community Dashboard. Accessed March 13, 2014.
9. Cornell Cooperative Extension of Ulster County. *Fresh Connect: Fresh Healthy Produce in Corner Stores Final Report*, January 2013. Healthy Kids, Healthy Communities Community Dashboard. Accessed March 13, 2014.
10. MacFit Kids, *MacPark Afterschool Program Participation Form*, August 2013. Healthy Kids, Healthy Communities Community Dashboard. Accessed March 10, 2014.

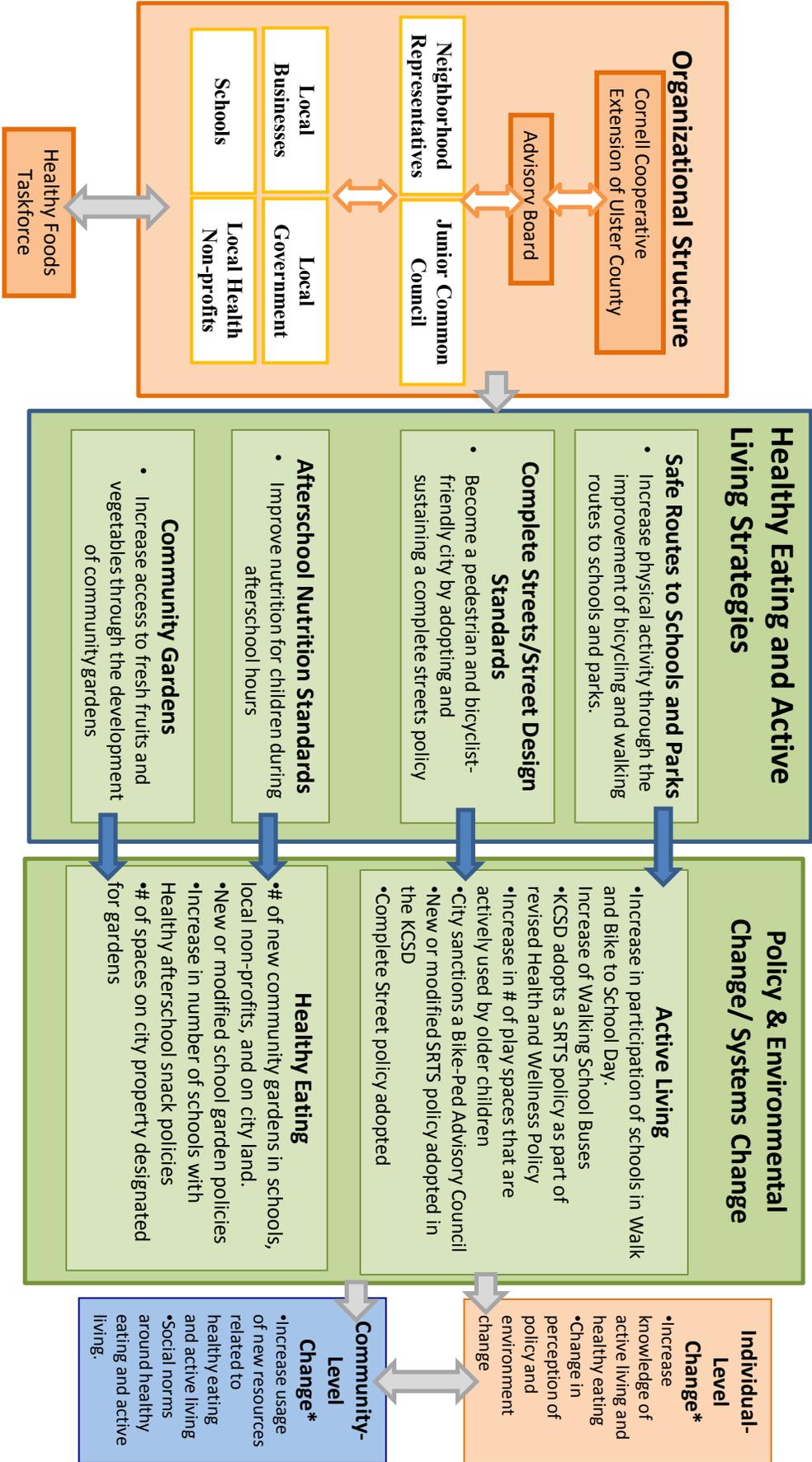
APPENDIX A: HEALTHY KINGSTON FOR KIDS EVALUATION LOGIC MODEL

In the first year of the grant, this evaluation logic model identified short-term, intermediate, and long-term community and system changes for a comprehensive evaluation to demonstrate the impact of the strategies to be implemented in the community. This model provided a basis for the evaluation team to collaborate with the Healthy Kingston for Kids partnership to understand and prioritize opportunities for the evaluation. Because the logic model was created at the outset, it does not necessarily reflect the four years of activities implemented by the partnership (i.e., the workplans were revised on at least an annual basis).

The healthy eating and active living strategies of Healthy Kingston for Kids included:

- *Active Transportation*: The HKK partners focused on Safe Routes to Schools and Parks and Complete Streets. Partners successfully advocated the city to invest in intersection improvements, sharrows, and sidewalks. They also contributed to the city's award of a Safe Routes to School infrastructure grant.
- *Community and School Gardens*: Partners supported the installation of 11 school gardens and one new community garden in a low-income housing complex. They also successfully advocated for the Common Council to adopt a resolution supporting the promotion of community gardens throughout Kingston.
- *Access to Healthy Foods*: To increase access to healthy foods in Kingston's food deserts, partners implemented a new farmers' market and added produce to two corner stores as part of a pilot program.
- *Healthy After-School Snacks (HAS)*: Partners drafted a HAS policy that was endorsed by the Ulster County Health Department, adopted by four after-school programs, and incorporated into the KCSD's administrative regulations. Partners also contributed to the "Eat Well Kingston" resolution which called for (1) the inclusion of healthy snack foods in vending machines on property operated and owned by the City of Kingston, and (2) Healthy Meeting Policies to be followed by city employees in city-owned buildings.

Kingston, NY HKHC Logic Model
 Cornell Cooperative Extension
 Ulster County



*Not responsibility of Community Partner to measure.

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Partnership and Community Capacity Survey Results

To enhance understanding of the capacity of each community partnership, an online survey was conducted with project staff and key partners involved with Healthy Kingston for Kids partnership during the final year of the grant. Partnership capacity involves the ability of communities to identify, mobilize, and address social and public health problems.¹⁻³

Methods

Modeled after earlier work from the Prevention Research Centers and the Evaluation of Active Living by Design,⁴ an 82-item partnership capacity survey solicited perspectives of the members of the Healthy Kingston for Kids partnership on the structure and function of the partnership. The survey questions assisted evaluators in identifying characteristics of the partnership, its leadership, and its relationship to the broader community.

Questions addressed respondents' understanding of Healthy Kingston for Kids in the following areas: structure and function of the partnership, leadership, partnership structure, relationship with partners, partner capacity, political influence of partnership, and perceptions of community members. Participants completed the survey online and rated each item using a 4-point Likert-type scale (strongly agree to strongly disagree). Responses were used to reflect partnership structure (e.g., new partners, committees) and function (e.g., processes for decision making, leadership in the community). The partnership survey topics included the following: the partnership's goals are clearly defined, partners have input into decisions made by the partnership, the leadership thinks it is important to involve the community, the partnership has access to enough space to conduct daily tasks, and the partnership faces opposition in the community it serves. The survey was open between September 2013 and December 2013 and was translated into Spanish to increase respondent participation in predominantly Hispanic/Latino communities.

To assess validity of the survey, evaluators used SPSS to perform factor analysis, using principal component analysis with Varimax with Kaiser Normalization (Eigenvalue >1). Evaluators identified 15 components or factors with a range of 1-11 items loading onto each factor, using a value of 0.4 as a minimum threshold for factor loadings for each latent construct (i.e., component or factor) in the rotated component matrix.

Survey data were imported into a database, where items were queried and grouped into the constructs identified through factor analysis. Responses to statements within each construct were summarized using weighted averages. Evaluators excluded sites with ten or fewer respondents from individual site analyses but included them in the final cross-site analysis.

*Findings***Structure and Function of the Partnership (n=5 items)**

A total of 21 individuals responded from Healthy Kingston for Kids partnership. Of the sample, 13 were female (62%) and 8 were male (38%). Respondents were between the ages of 26-45 (7, or 33%), 46-65 (9, or 43%), or 66 or older (5, or 24%). Survey participants were also asked to provide information about race and ethnicity. Respondents identified with one or more from the following race and ethnicity categories: African American, American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, White, Other race, Hispanic or Latino, Not Hispanic or Latino, Ethnicity unknown/unsure, or Refuse to provide information about race or ethnicity. Of the 22 responses, 77% were White, 9% were American Indian or Alaskan Native, 9% were Hispanic or Latino, and 5% refused to self-identify his/her race and/or ethnicity. No other races or ethnicities were identified.

Respondents were asked to identify their role(s) in the partnership or community. Of the 30 identified roles, two represented the Community Partnership Lead (7%), and 13 were Community Partnership Partners (43%). Seven respondents self-identified as Community Leaders (23%), four as Community Members (13%), and four as Public Officials (13%). Individuals participating in the survey also identified their organizational affiliation. Forty-two percent of respondents (n=9) indicated affiliation to a Local Government Agency (city/county), while three claimed affiliation with Faith- or Community Based Organization (14%) and three with a

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

Health Care Organization (14%). The remaining six respondents associated with Schools/School District (1, or 5%), an Advocacy Organization (1, or 5%), or other agency or organization not specified (4, or 19%).

Leadership (n=8 items)

The majority of responses showed agreement or strong agreement (93% total) to statements suggesting that the partnership had an established group of core leaders who had the skills to help the partnership achieve its goals. Responses also indicated that participants in the survey felt the core leadership is organized and retains the skills to help the partnership and its initiatives succeed. Respondents agreed or strongly agreed (93%) that leaders worked to motivate others, worked with diverse groups, showed compassion, and strived to follow through on initiative promises. Ninety-five percent of the responses showed agreement or strong agreement that at least one member of the leadership team lived in the community, while 5% responded “I don’t know”. When asked if they agreed with statements suggesting that at least one member of the leadership team retained a respected role in the community, 95% of respondents agreed or strongly agreed, while 5% respondents did not know.

Partnership Structure (n=24 items)

Respondents generally felt that the partnership adequately provided the necessary in-kind space, equipment and supplies for partners to conduct business and meetings related to partnership initiatives (67% agree/strongly agree). Yet, 5% of respondents disagreed and 28% felt unsure provision of space and equipment was sufficient. Most (71%) also agreed that the partnership has processes in place for dealing with conflict, organizing meetings, and structuring goals, although 11% felt these processes were not established, and 13% responded “I don’t know”, indicating a lack of familiarity in this area. Five percent provided no response to this survey question. Partnership members (leadership and partners) were generally perceived by respondents to be involved in other communities and with various community groups, bridging the gaps between neighboring areas and helping communities work together (79%), though 5% disagreed or strongly disagreed, 12% did not know, and 5% did not respond.

Fifty-six percent of respondents indicated agreement with statements about the partnership’s effectiveness in seeking learning opportunities, developing the partnership, and planning for sustainability, 30% of responses disagreed or strongly disagreed, and 12% were not aware of partnership activities specific to development and sustainability. Two percent did not respond to this survey question.

Relationship with Partners (n=4 items)

Ninety percent of responses to statements about leadership and partner relationships were positive (agree/strongly agree), indicating that the majority of respondents felt the partners and leadership trusted and worked to support each other.

Partner Capacity (n=18 items)

The majority of responses (90% agree/strongly agree) indicated that respondents felt partners possess the skills and abilities to communicate with diverse groups of people and engage decision makers (e.g., public officials, community leaders). Furthermore, 86% of individuals responding to the survey felt that partners were dedicated to the initiative, interested in enhancing a sense of community, and motivated to create change. Ten percent did not know, and 5% of responses indicated disagreement regarding partnership capacity to increase a sense of community.

Political Influence of Partnership (n=2 items)

Respondents felt that the leadership is visible within the community, with 88% of responses supporting statements that the leadership is known by community members and works directly with public officials to promote partnership initiatives. Although, 7% of responses disagreed and 5% did not know whether partnership leadership is known by community members or works with public officials.

Perceptions of Community and Community Members (n=22 items)

Statements suggesting that the community was a good place to live, with community members who share the

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

same goals and values, help each other, and are trustworthy were supported by 75% of survey responses, while 13% of respondents disagreed or strongly disagreed, and 12% indicated a lack of knowledge about these community attributes. Respondents also strongly supported suggestions that community members help their neighbors, but may take advantage of others if given the opportunity (90% agree/strongly agree). In contrast, respondents were less convinced that community members would intervene on behalf of another individual in their community in cases of disrespect, disruptive behavior, or harmful behavior. While 55% agreed or strongly agreed, 37% disagreed/strongly disagreed. Eight percent of responses indicated that some respondents did not know how community members would act in these situations.

Most survey participants (85%) felt community members were aware of the partnership's initiatives and activities; however, 5% disagreed, 5% did not know if community members were aware, and 5% did not respond. Eighty-one percent of respondents agreed that the partnership equally divides resources among different community groups in need (e.g., racial/ethnic minorities, lower-income), though 14% disagreed and felt resources were not equally distributed. Another 5% of responses indicated lack of knowledge about partnership initiatives.

Overall, respondents agreed or strongly agreed that partners and members of the community maintained active involvement in partnership decisions and activities (86%), and also agreed that partners and residents have the opportunity to function in leadership roles and participate in the group decision-making process (90%).

References

1. Goodman RM, Speers MA, McLeroy K, et al. *Identifying and defining the dimensions of community capacity to provide a basis for measurement*. Health Educ Behav. Jun 1998;25(3):258-278.
2. Israel BA, Schulz AJ, Parker EA, Becker AB. *Review of community-based research: assessing partnership approaches to improve public health*. Annu Rev Public Health. 1998;19:173-202.
3. Roussos ST, Fawcett SB. *A review of collaborative partnerships as a strategy for improving community health*. Annu Rev Public Health. 2000;21:369-402.
4. Baker E, Motton F. *Is there a relationship between capacity and coalition activity: The road we've traveled*. American Public Health Association 131st Annual Meeting. San Francisco, CA; 2003.

Partnership and Community Capacity Survey Respondent Summary

Community Partnership

Kingston

Respondents (n= 21)

Respondent Characteristics

Gender		Identified Race/Ethnicity				Identified Role	
Female	13	American Indian or Alaskan Native	2	Hispanic or Latino	2	Community Partnership Lead	2
Male	8	Asian	0	Not Hispanic or Latino	0	Community Partnership Partner	13
No response	0	White	17	Don't know/ Unsure ethnicity	0	Community Leader	7
Age Range		African American/ Black	0	Refused to identify ethnicity	1	Community Member	4
18-25	0	Pacific Islander/ Native Hawaiian	0	Other ethnicity	0	Public Official	4
26-45	7					Other role	0
46-65	9						
66+	5						
No response	0						

Type of Affiliated Organization

Faith- or Community Based Organization	3	14.3%	(1)
School (district, elementary, middle, high)	1	4.8%	(2)
Local Government Agency (city, county)	9	42.9%	(3)
University or Research/Evaluation Organization	0	0.0%	(4)
Neighborhood Organization	0	0.0%	(5)
Advocacy Organization	1	4.8%	(6)
Health Care Organization	3	14.3%	(7)
Child Care or Afterschool Organization	0	0.0%	(8)
Other	4	19.0%	(10)
No response	0	0.0%	(999)

1
2
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6
7
10

Partnership and Community Capacity Data

Provision of required space and equipment

Participants provided level of agreement to statements indicating the community partnership provided adequate space, equipment, and supplies to conduct business and meetings.

Strongly agree	26.98%	Strongly disagree	0.00%
Agree	40.21%	I don't know	28.04%
Disagree	4.76%	No response	0.00%

Partner skills and communication

Participants provided level of agreement to statements supporting partner skills and ability to communicate with and engage multiple types of people (e.g., public officials, community leaders).

Strongly agree	27.27%	Strongly disagree	0.00%
Agree	63.20%	I don't know	1.73%
Disagree	3.03%	No response	4.76%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

Community Partnership

Community and community members			
Participants provided level of agreement to statements suggesting the communities are good places to live, and that community members are helpful, can be trusted, and share the same goals or values.			
Strongly agree	20.35%	Strongly disagree	0.87%
Agree	54.98%	I don't know	12.12%
Disagree	11.69%	No response	0.00%
Partner and community involvement			
Participants provided level of agreement to statements indicating partners and the community were actively involved in partnership activities, meetings, and decisions.			
Strongly agree	29.52%	Strongly disagree	0.00%
Agree	56.19%	I don't know	3.81%
Disagree	5.71%	No response	4.76%
Partner and partnership development			
Participants provided level of agreement to statements suggesting the partnership and its partners seek ways learn, develop, and enhance sustainability.			
Strongly agree	15.24%	Strongly disagree	2.86%
Agree	40.95%	I don't know	12.38%
Disagree	26.67%	No response	1.90%
Partnership structure, organization, and goals			
Participants provided level of agreement to statements suggesting partnership has processes in place related to structure, meeting organization, and goals.			
Strongly agree	35.71%	Strongly disagree	0.79%
Agree	35.71%	I don't know	12.70%
Disagree	10.32%	No response	4.76%
Relationship between partners and leadership			
Participants provided level of agreement to statements indicating the leadership and partners trust and support each other.			
Strongly agree	50.00%	Strongly disagree	0.00%
Agree	40.48%	I don't know	4.76%
Disagree	4.76%	No response	0.00%
Community members intervene			
Participants provided level of agreement to statements indicating that community members can be counted on intervene in instances where someone is disrespectful, disruptive, or harmful to another community member.			
Strongly agree	14.29%	Strongly disagree	4.76%
Agree	41.27%	I don't know	7.94%
Disagree	31.75%	No response	0.00%
Leadership motivation			

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

Community Partnership

Participants provided level of agreement to statements suggesting the leadership is motivated to help others, work with diverse groups, shows compassion, and follows through.

Strongly agree	52.38%	Strongly disagree	0.00%
Agree	40.48%	I don't know	4.76%
Disagree	0.00%	No response	2.38%

Community member and partner participation

Participants provided level of agreement to statements indicating that community members and partners have opportunities to serve in leadership roles and participate in group decision-making.

Strongly agree	46.03%	Strongly disagree	0.00%
Agree	44.44%	I don't know	6.35%
Disagree	3.17%	No response	0.00%

Involvement in other communities

Participants provided level of agreement to statements suggesting leadership and partners are involved in other communities and various community groups, and help communities work together.

Strongly agree	17.86%	Strongly disagree	1.19%
Agree	60.71%	I don't know	11.90%
Disagree	3.57%	No response	4.76%

Community member willingness to assist

Participants provided level of agreement to statements suggesting most community members help neighbors and solve community problems. It also suggested some community members may take advantage of others.

Strongly agree	44.05%	Strongly disagree	0.00%
Agree	46.43%	I don't know	4.76%
Disagree	4.76%	No response	0.00%

Core leadership and leadership skills

Participants provided level of agreement to statements suggesting the community partnership has a core leadership group organizing efforts, and that leaders have the skills to help the partnership achieve its goals.

Strongly agree	54.76%	Strongly disagree	0.00%
Agree	38.10%	I don't know	0.00%
Disagree	7.14%	No response	0.00%

Partner motivation

Participants provided level of agreement to statements indicating that partners won't give up in their efforts to create change and increase sense of community through the partnership.

Strongly agree	23.81%	Strongly disagree	0.00%
Agree	61.90%	I don't know	9.52%
Disagree	4.76%	No response	0.00%

Visibility of leadership

Participants provided level of agreement to statements suggesting the leadership is known in the community and works with public officials.

Strongly agree	33.33%	Strongly disagree	0.00%
Agree	50.00%	I don't know	4.76%
Disagree	7.14%	No response	4.76%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS, cont.

Community Partnership

Leadership lives in the community			
Participants provided level of agreement to a statement indicating that at least one member of the leadership resides within the community.			
Strongly agree	71.43%	Strongly disagree	0.00%
Agree	23.81%	I don't know	4.76%
Disagree	0.00%	No response	0.00%
Leadership has a respected role in the community			
Participants provided level of agreement to a statement that suggests at least one member of the leadership team has a respected role in the community.			
Strongly agree	52.38%	Strongly disagree	0.00%
Agree	42.86%	I don't know	4.76%
Disagree	0.00%	No response	0.00%
Community partnership initiatives are known			
Participants provided level of agreement to a statement suggesting that community members are aware of the partnership's initiatives and activities.			
Strongly agree	4.76%	Strongly disagree	0.00%
Agree	80.95%	I don't know	4.76%
Disagree	4.76%	No response	4.76%
Division of resources			
Participants provided level of agreement to a statements suggesting that resources are equally divided among different community groups (e.g., racial/ethnic, lower income).			
Strongly agree	19.05%	Strongly disagree	0.00%
Agree	61.90%	I don't know	4.76%
Disagree	14.29%	No response	0.00%

APPENDIX C: PARTNER LIST

Healthy Kingston for Kids	
Organization/Institution	Partner
Colleges/ Universities	Cornell Cooperative Extension of Ulster County* SUNY Ulster Mid-Hudson Health and Safety Institute
Other Youth Organization	Center for Creative Education
Government Organizations	City of Kingston Department of Parks and Recreation City of Kingston Engineering Department City of Kingston Police Department Ulster County Health Department Ulster County Transportation Council Ulster County Planning Ulster County Information Services Ulster County Office for the Aging New York State Department of Environmental Conservation Forestry Program New York State Department of Health
Other Community-Based Organizations	Community Heart Health Coalition of Ulster County Everett Hodge Center Family of Woodstock, Kingston Cares Forsyth Nature Center Kingston Land Trust The Rose Women’s Care Service Kingston Farmers’ Market Master Gardeners of Ulster County Rondout Valley Growers Thomas Chambers Gardens YMCA of Kingston Institute of Family Health UlsterCorps Ulster County Community Action Jewish Family Services
School	Kingston City School District Ulster BOCES Healthy Schools NY Kingston Catholic School St. Joseph’s School
Policy/Advocacy Organizations	Sustainable Hudson Valley Catskill Mountainkeeper
Civic Organizations	Queens Galley Kingston Tree Commission Health Alliance
Businesses/Industry/Commercial	Gilmour Planning MacFitness Mint Duo Bistro Stone Soup Revolution Bicycles

* Lead agency

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Sources of Revenue			
Community Partnership		Kingston	
Resource source	Year	Amount	Status
Business			
Matching funds			
	2009		Annual total \$4,387.00
		\$4,277.00	Accrued
		\$110.00	Accrued
	2010		Annual total \$30,000.00
		\$30,000.00	Accrued
	2011		Annual total \$7,420.00
		\$7,420.00	Accrued
Other			
	2011		Annual total \$6,540.00
		\$1,500.00	Accrued
		\$5,000.00	Accrued
		\$40.00	Accrued
	2012		Annual total \$350.00
		\$350.00	Accrued
Sum of revenue generated by resource source		\$48,697.00	
Individual/private donor			
Other			
	2010		Annual total \$1,000.00
		\$240.00	Accrued
		\$240.00	Accrued
		\$480.00	Accrued
		\$40.00	Accrued
	2011		Annual total \$11,483.00
		\$1,700.00	Accrued
		\$870.00	Accrued
		\$2,072.00	Accrued
		\$5,000.00	Accrued
		\$1,540.00	Accrued
		\$130.00	Accrued

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED, cont.

Community Partnership		Kingston		
Resource source			Amount	Status
			\$43.00	Accrued
			\$128.00	Accrued
	2012			Annual total
			\$150.00	Accrued
	2013			Annual total
			\$256.00	Accrued
			\$175.00	Accrued
			\$170.88	Accrued
			\$256.00	Accrued
			\$4,671.00	Accrued
			\$708.00	Accrued
Sum of revenue generated by resource source			\$18,869.88	
Local government		Year		
	Matching funds			
		2009		Annual total
			\$660.00	Accrued
			\$23,500.00	Accrued
			\$14,865.00	Accrued
		2010		Annual total
			\$23,000.00	Accrued
			\$14,865.00	Accrued
		2011		Annual total
			\$13,167.00	Accrued
			\$12,000.00	Accrued
		2012		Annual total
			\$5,000.00	Approved
Sum of revenue generated by resource source			\$107,057.00	
State government		Year		
	Matching funds			
		2011		Annual total
			\$11,000.00	Accrued
			\$20,000.00	Accrued

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED, cont.

Community Partnership	Kingston		
Resource source		Amount	Status
	2012		Annual total \$87,926.00
		\$27,854.00	<i>Approved</i>
		\$60,072.00	<i>Accrued</i>
Other	2009		Annual total \$225,000.00
		\$225,000.00	<i>Accrued</i>
	2010		Annual total \$225,000.00
		\$225,000.00	<i>Accrued</i>
	2011		Annual total \$225,000.00
		\$225,000.00	<i>Accrued</i>
	2013		Annual total \$716,492.00
		\$489,000.00	<i>Accrued</i>
		\$1,992.00	<i>Accrued</i>
		\$225,000.00	<i>Accrued</i>
		\$500.00	<i>Accrued</i>
Sum of revenue generated by resource source		\$1,510,418.00	
National government	Year		
Matching funds	2011		Annual total \$2,000.00
		\$2,000.00	<i>Accrued</i>
Sum of revenue generated by resource source		\$2,000.00	
Foundation	Year		
HKHC funds	2009		Annual total \$92,905.00
		\$2,063.00	<i>Accrued</i>
		\$179.00	<i>Accrued</i>
		\$1,243.00	<i>Accrued</i>
		\$20.00	<i>Accrued</i>
		\$904.00	<i>Accrued</i>
		\$51,675.00	<i>Accrued</i>
		\$36,821.00	<i>Accrued</i>
	2010		Annual total \$94,761.00

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED, cont.

Community Partnership	Kingston		
Resource source		Amount	Status
		\$2,271.00	Accrued
		\$869.00	Accrued
		\$673.00	Accrued
		\$34,650.00	Accrued
		\$56,298.00	Accrued
	2012		Annual total \$59,163.16
		\$1,794.00	Accrued
		\$217.89	Accrued
		\$971.69	Accrued
		\$1,500.00	Accrued
		\$54,679.58	Accrued
	2013		Annual total \$88,432.00
		\$1,000.00	Accrued
		\$1,481.00	Accrued
		\$685.00	Accrued
		\$23,700.00	Accrued
		\$3,000.00	Accrued
		\$58,566.00	Accrued
	Other		
	2011		Annual total \$500.00
		\$500.00	Accrued
Sum of revenue generated by resource source		\$335,761.16	
Non-profit organization	Year		
Matching funds			
	2009		Annual total \$11,116.00
		\$2,000.00	Accrued
		\$2,976.00	Accrued
		\$6,140.00	Accrued
	2010		Annual total \$12,306.00
		\$6,500.00	Accrued
		\$5,056.00	Accrued
		\$750.00	Accrued

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED, cont.

Community Partnership	Kingston			
Resource source		Amount	Status	
	2011		Annual total	\$18,160.00
		\$6,710.00	Accrued	
		\$11,450.00	Accrued	
	2012		Annual total	\$4,200.00
		\$2,200.00	Approved	
		\$2,000.00	Approved	
Sum of revenue generated by resource source		\$45,782.00		
School	Year			
		Matching funds		
	2009		Annual total	\$83,711.00
		\$11,000.00	Accrued	
		\$59,491.00	Accrued	
		\$13,220.00	Accrued	
	2010		Annual total	\$108,919.00
		\$61,242.00	Accrued	
		\$39,057.00	Accrued	
		\$1,390.00	Accrued	
		\$3,000.00	Accrued	
		\$4,230.00	Accrued	
	2011		Annual total	\$127,622.00
		\$54,425.00	Accrued	
		\$58,323.00	Accrued	
		\$9,345.00	Accrued	
		\$4,345.00	Accrued	
		\$1,184.00	Accrued	
	2012		Annual total	\$66,225.00
		\$11,000.00	Approved	
		\$1,200.00	Approved	
		\$54,025.00	Accrued	
		Other		
	2010		Annual total	\$2,396.00
		\$300.00	Accrued	

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED, cont.

Community Partnership	Kingston		
Resource source		Amount	Status
		\$86.00	Accrued
		\$350.00	Accrued
		\$720.00	Accrued
		\$160.00	Accrued
		\$400.00	Accrued
		\$180.00	Accrued
		\$200.00	Accrued
	2011		Annual total \$2,982.00
		\$2,000.00	Accrued
		\$256.00	Accrued
		\$256.00	Accrued
		\$470.00	Accrued
	2012		Annual total \$1,367.00
		\$1,367.00	Accrued
	2013		Annual total \$2,558.16
		\$974.16	Accrued
		\$1,584.00	Accrued
Sum of revenue generated by resource source		\$395,780.16	
Other	Year		
Other	2013		Annual total \$2,000.00
		\$2,000.00	Accrued
Sum of revenue generated by resource source		\$2,000.00	
Grand Total			\$2,466,365.20

APPENDIX E: HEALTHY KINGSTON FOR KIDS STREET INTERSECTION DIRECT OBSERVATIONS REPORT

Healthy Kingston for Kids Street Intersection Direct Observations Summary Report

Prepared by Transtria LLC



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Overview

Healthy Kingston for Kids, one of 49 Healthy Kids, Healthy Communities partnerships, is part of a national program of the Robert Wood Johnson Foundation whose primary goal is to implement healthy eating and active living policy, system, and environment change initiatives. In order to prioritize and evaluate their Safe Routes to School work, representatives from the Healthy Kingston for Kids initiative conducted direct observations at five intersections around four public schools. Data were collected on the level of physical activity (sedentary, moderate and very active) and type of physical activity (walking, bicycling, jogging, etc.) engaged by children, adolescents and adults. The intersections observed were (1) Henry Street and Fair Street near the George Washington Elementary School, (2) Lucas Avenue and Washington Avenue near the Edson Elementary and Bailey Junior High Schools, (3) Millers Lane and Lucas Avenue near the Edson Elementary and Bailey Junior High Schools, (4) Murray Street and Delaware Avenue near the John F. Kennedy Elementary School, and (5) Washington Avenue and Linderman Avenue near the George Washington and Edson Elementary Schools and Bailey Junior High School.

Overall Results

- Overall, 2,042 observations were made across the five intersections.
- The Henry Street and Fair Street intersection had the highest number of observations, followed by Lucas Avenue and Washington Avenue.
- Children made up 36.3% of observations overall, with the highest proportion of children observed at the intersection of Henry Street and Fair Street.
- Adolescents made up 19.7% of observations overall with the highest proportion of adolescents observed at Washington Avenue and Linderman Avenue.
- Adults made up 44% of the observations overall with the highest proportion of adults observed at Lucas Avenue and Washington Avenue.
- Most observations were of moderate intensity (95.7%) with only 1.8% engaged in very active intensity physical activity.
- Overall, walking was observed for 88.1% of the recorded activity codes, and biking was observed for 5.2% of the recorded activity codes.

Background

Healthy Kids, Healthy Communities (HKHC) is a national program of the Robert Wood Johnson Foundation (RWJF) whose primary goal is to implement healthy eating and active living policy, system, and environmental change initiatives that can support healthier communities for children and families across the United States. HKHC places special emphasis on reaching children who are at highest risk for obesity on the basis of race/ethnicity, income, and/or geographic location. For more information about HKHC, please visit www.healthykidshealthycommunities.org.

Kingston, New York is one of 49 HKHC communities. Their initiative, Healthy Kingston for Kids (HKK), is led by the Cornell Cooperative Extension Ulster County. HKK focuses its work on healthy eating and active living strategies around complete streets and community gardens with the goal of creating safe routes for children and improving their nutritional environment during after school hours.

Transtria LLC, a public health evaluation and research consulting firm located in St. Louis, Missouri, is funded by the Robert Wood Johnson Foundation to lead the evaluation and dissemination activities from April 2010 to March 2014. For more information about the evaluation, please visit www.transtria.com/hkhc. A supplementary enhanced evaluation component focuses on six cross-site HKHC strategies, including: parks and plays spaces, street design, farmers' markets, corner stores, physical activity standards in childcare settings, and nutrition standards in childcare settings. Communities are trained to use two main methods as part of the enhanced evaluation, direct observation and environmental audits. Tools and training are provided by Transtria staff (see www.transtria.com/hkhc). In order to prioritize and evaluate their Safe Routes to School work, Kingston chose to participate in the enhanced evaluation data collection activities focused on the street design strategy using the direct observation method.

Methods

The Street Design Direct Observation Tool was used to collect data (see Appendix). The tool and protocol were adapted from the System for Observing Play and Leisure Activity (SOPLAY) and System for Observing Play and Recreation in Communities (SOPARC) tools, protocols, and operational definitions. An Evaluation Officer from Transtria LLC trained members of the Healthy Kingston for Kids partnership on proper data collection methods using the tool. Ten high school students along with the Project Director collected the data.

Five intersections were assessed within close proximity of four schools, described in Table 1.

Table 1: Intersections and Proximity to Local Schools

	George Washington Elementary School	Edson Elementary School	Bailey Junior High School	John F. Kennedy Elementary School
Henry Street & Fair Street	X			
Lucas Avenue & Washington Avenue		X	X	
Millers Lane & Lucas Avenue		X	X	
Murray Street & Delaware Avenue				X
Washington Avenue & Linderman Avenue	X	X	X	

Observers collected data during after-school hours at each intersection. Observers counted individuals in the area of interest for one minute and then took a one-minute break to record the observations; this was repeated for a set period of time. The observer tracked individuals' activity levels by age groups (i.e., children = aged 3-12 years; adolescents = aged 13-18 years; adults = aged 19+ years) and by activity codes. Each user was counted once.

All people were accounted for as either participating in very active, moderate, or sedentary activity. **Sedentary** behaviors are defined as activities in which people are not moving (e.g. standing, sitting). **Moderate** intensity behaviors require more movement but no strenuous activity (e.g. walking, biking slowly). **Very active** behaviors show evidence of increased heart rate and inhalation rate (e.g. running, biking vigorously,).

In addition to identifying the number of individuals at each activity level, observers reported the activity codes by age groups. The activity code "No Identifiable Activity" was used to indicate no movement (over 95% of these codes were correlated with sedentary observations). The activity code "Other Activity" was used when an individual was engaging in an activity not included in the other activity codes (e.g., biking). These activity codes were recorded for each one-minute observation period, not for each person observed. For this direct observation report, there were 746 activity codes recorded across all observation periods and age groups. Activity codes are not linked to specific activity levels—in other words; we are unable to tell if a child biking was biking at a moderate or very active level. Results do indicate what sorts of activities observed individuals were participating in.

Data were collected for 14 days between October 22, 2012 and November 16, 2012. Except the Lucas Avenue and Washington Avenue intersection, which was observed for eight days, all intersections were observed for six days each, under different weather conditions. Data were collected on week days between 2:18PM and 3:33PM. On each day of data collection, one or two of the ten observers collected data at each of the five intersections.

In addition to observation data, mapping data were collected at the intersections being observed. These data were collected once for each of the five intersections observed. The observer recorded the setting, location, type of intersection, condition of the intersection (e.g., accessible or usable for all types of pedestrians/cyclists), and any permanent modifications (e.g., alterations present that assist people in using the intersections such as ramps for wheelchairs).

Table 2: Intersection Mapping				
	Sidewalk	Accessible	Useable	Other Comment
Henry Street & Fair Street	X	X	X?	Intersection as ramps for wheelchairs, but sidewalks are bumpy bluestone & unusable by wheelchairs.
Lucas Avenue & Washington Avenue	X	X	X	Sidewalks are useable at intersection, but may not be a block down road.
Millers Lane & Lucas Avenue*				
Murray Street & Delaware Avenue	X	X		No handicapped accessible curb cuts. Sidewalks leading to intersection are ok.
Washington Avenue & Linderman Avenue	X	X		The intersection has handicapped accessible ramps but sidewalks are narrow, bumpy bluestone & unusable by wheelchairs.

*No mapping data were recorded for the intersection of Millers Lane & Lucas Avenue.

All observation data were entered and reviewed by Transtria staff and checked by another individual by reentering 10% of the total observation data and comparing with the original data entry. There were no data entry errors in the observation data. Due to the small quantity of mapping data, all mapping data points were reentered by a second data entry specialist, and 99.1% of the data matched. All errors were recorded and corrected.

Results

Overall Observations

When comparing intersections, the age composition of the observations differed. The intersection with the highest percentage of children was Henry Street and Fair Street. The intersection with the highest percentage of adolescents present was Washington Avenue and Linderman Avenue, and the highest percentage of adults was observed at Lucas Avenue and Washington Avenue. This information is displayed below in Table 3.

	Children (n=741) N (%)	Adolescents (n=403) N (%)	Adults (n=898) N (%)
Henry Street & Fair Street (n=1,060)	539 (50.8)	193 (18.2)	328 (31.0)
Lucas Avenue & Washington Avenue (n=484)	34 (7.0)	87 (18.0)	363 (75.0)
Millers Lane & Lucas Avenue (n=134)	56 (41.7)	43 (32.0)	35 (26.1)
Murray Street & Delaware Avenue (n=224)	103 (46.0)	30 (13.4)	91 (40.6)
Washington Avenue & Linderman Avenue (n=140)	9 (6.4)	50 (35.7)	81 (57.9)

Overall Activity Levels

There were 2,042 observations of individuals' activity levels recorded over the 14 days. The activity level of nearly all (95.7%) observations was moderate, followed by sedentary (2.5%), and very active (1.8%; see Table 4).

	Sedentary	Moderate	Very Active
Children	0.5% (4)	99.5% (737)	0.0% (0)
Adolescents	2.0% (8)	97.3% (392)	0.7% (3)
Adults	4.3% (39)	92.0% (826)	3.7% (33)
All Ages	2.5% (51)	95.7% (1955)	1.8% (36)

There were some variations by age – adults tended to be slightly more sedentary and very active than children, who in turn were most likely to be moderate – but this may be linked to many of the observations taking place outside of schools as children were returning home.

Activity Levels by Intersection

Observations were recorded at five intersections: Henry Street and Fair Street, Lucas Avenue and Washington Avenue, Millers Lane and Lucas Avenue, Murray Street and Delaware Avenue, and Washington Avenue and Linderman Avenue. Lucas Avenue and Washington Avenue had the highest percentage of sedentary intensity observations, Washington Avenue and Linderman had the highest percentage of very active intensity observations, while Henry Street and Fair Street had only moderate intensity observations (Table 5).

	Sedentary	Moderate	Very Active
Henry Street & Fair Street (n=1,060)	0.0% (0)	100.0% (1060)	0.0% (0)
Lucas Avenue & Washington Avenue (n=484)	7.4% (36)	87.8% (425)	4.8% (23)
Millers Lane & Lucas Avenue (n=134)	3.0% (4)	97.0% (130)	0.0% (0)
Murray Street & Delaware Avenue (n=224)	2.7% (6)	97.3% (218)	0.0% (0)
Washington Avenue & Linderman Avenue (n=140)	3.6% (5)	87.1% (122)	9.3% (13)

Henry Street and Fair Street intersection is located near George Washington Elementary School and 1,060 observations were recorded at that location. This may explain the large number of children (539) and adult (328) observations as well as the fact that all observations, regardless of age, were of moderate intensity activity. There were 193 observations of adolescents engaged in moderate intensity activity as well.

Lucas Avenue and Washington Avenue had a greater variety in activity levels and ages observed than Henry and Fair. There is no adjacent school to this intersection, although it is a few blocks from a private school and Forsyth Park (which is used to access Edson Elementary and Bailey Middle Schools by some students). Again, most observed activity intensities were moderate (87.8%; see Table 6). There was some variation between ages

	Sedentary	Moderate	Very Active
Children (n=34)	5.9% (2)	94.1% (32)	0.0% (0)
Adolescents (n=87)	3.5% (3)	94.3% (82)	2.3% (2)
Adults (n=363)	8.5% (31)	85.7% (311)	5.8% (21)
All Ages	7.4% (36)	87.8% (425)	4.8% (23)

Millers Lane and Lucas Avenue intersection was located a few blocks from Washington Avenue, except this intersection was adjacent to Forsyth Park (which is used to access Edson Elementary

and Bailey Middle Schools by some students). There were fewer observations in total at this intersection, and none of them were of individuals engaged in very active behavior (Table 7).

	Sedentary	Moderate	Very Active
Children (n=56)	3.6% (2)	96.4% (54)	0.0% (0)
Adolescents (n=43)	0.0% (0)	100.0% (43)	0.0% (0)
Adults (n=35)	5.7% (2)	94.3% (33)	0.0% (0)
All Ages	3.0% (4)	97.0% (130)	0.0% (0)

There were 224 observations of activity intensity at the intersection of Murray Street and Delaware Avenue near John F. Kennedy Elementary School. Like all the other intersections, the vast majority (97.3%) were of moderate intensity activity (Table 8).

	Sedentary	Moderate	Very Active
Children (n=103)	0.0% (0)	100% (103)	0.0% (0)
Adolescents (n=30)	16.7% (5)	83.3% (25)	0.0% (0)
Adults (n=91)	1.1% (1)	98.9% (90)	0.0% (0)
All Ages	2.7% (6)	97.3% (218)	0.0% (0)

There were 140 observations of individuals' intensity levels at the intersection of Washington Avenue and Linderman Avenue near the George Washington and Edson Elementary Schools and Bailey Junior High School, and these were predominantly (87.1%) moderate intensity observations (Table 9).

	Sedentary	Moderate	Very Active
Children (n=9)	0.0% (0)	100.0% (9)	0.0% (0)
Adolescents (n=50)	0.0% (0)	98.0% (49)	2.0% (1)
Adults (n=81)	6.2% (5)	79.0% (64)	14.8% (12)
All Ages	3.6% (5)	87.1% (122)	9.3% (13)

Overall Activity Types

Across all ages, walking was by far the most prevalent (88.1%) activity type recorded during the direct observations (Table 10). Biking (5.2%) and no identifiable activity (5.2%; e.g., sedentary activity like standing or sitting) were tied for the second most commonly recorded activity type,

while jogging (0.9%) and other activities (0.7%) were both below one percent of all recorded activity types.

Age	No Identifiable Activity*	Walking	Biking	Jogging	Other Activity**
Children (n=157)	3.4% (4)	94.3% (148)	0.6% (1)	1.9% (3)	0.6% (1)
Adolescents (n=193)	3.1% (6)	93.3% (180)	2.6% (5)	0.5% (1)	0.5% (1)
Adults (n=396)	7.3% (29)	82.8% (328)	8.3% (33)	0.8% (3)	0.8% (3)
All Ages	5.2% (39)	88.1% (656)	5.2% (39)	0.9% (7)	0.7% (5)

*No Identifiable Activity is generally sedentary like standing or sitting

**Other Activity is a combination of “Other Activity”, “Speed Walking” and “Skating”

There were some differences by age in frequency of activity codes. Among children, 1.9% of activity types were jogging, with lower percentages observed for adolescents and adults. The frequencies of activity types coded as no identifiable activity (7.3%), biking (8.3%), or some other activity (0.8%) were highest among adults. Walking was the most prevalent activity type recorded among children (94.3%).

Walking and Biking: Age and Intersection

There was a difference in the activity type and age composition of the observations made at each intersection. Walking among children was the highest recorded activity type at the Murray Street & Delaware Avenue intersection (38.2%). The Washington Avenue & Linderman Avenue intersection had the highest percentage of activity codes with adolescents biking (2.1%). The frequency of activity codes for walking and biking was highest among adults at Lucas Avenue and Washington Avenue (59.3% and 10.2%, respectively). This information is reported in detail below (see Table 11). At Millers Lane and Lucas Avenue, there were two activity codes not recorded, one for children and one for adults. For Lucas Avenue and Washington Avenue, there was one activity code missing for children. For Murray Street and Delaware Avenue there was one activity code missing for adolescents and one for adults.

Intersection	Children (N (%*))		Adolescents (N (%*))		Adults (N (%*))	
	Walking	Biking	Walking	Biking	Walking	Biking
Henry St. & Fair St. (n=228)	72 (31.6)	1 (0.4)	70 (30.7)	1 (0.4)	82 (36)	2 (0.9)
Lucas Ave. & Washington Ave. (n=216)	17 (7.9)	0 (0)	47 (21.8)	2 (0.9)	128 (59.3)	22 (10.2)
Millers Ln. & Lucas Ave. (n=53)	15 (28.3)	0 (0)	14 (26.4)	0 (0)	24 (45.3)	0 (0)
Murray St. & Delaware Ave. (n=102)	39 (38.2)	0 (0)	18 (17.6)	0 (0)	45 (44.1)	0 (0)
Washington Ave. & Linderman Ave. (n=96)	5 (5.2)	0 (0)	31 (32.3)	2 (2.1)	49 (51)	9 (9.4)

*Percent of recorded activity codes in which activity type was observed.

Appendix: Street Design Direct Observation Tool

Street Design Direct Observation

Introduction

This tool and protocol were developed by the evaluation team from Transtria LLC (Laura Brennan, PhD, MPH, Principal Investigator; Allison Kemner, MPH; Tammy Behlmann, MPH; Jessica Stachecki, MSW, MBA; Carl Filler, MSW) and Washington University Institute for Public Health (Ross Brownson, PhD, Co-Principal Investigator; Christy Hoehner, PhD, MSPH) as well as feedback from national advisors and partners. This tool and protocol were adapted from the System for Observing Play and Leisure Activity (SOPLAY) and System for Observing Play and Recreation in Communities (SOPARC) tools, protocols, and operational definitions.

Funding was provided for the *Evaluation of Healthy Kids, Healthy Communities* by a grant from the Robert Wood Johnson Foundation (#67099). Transtria LLC is leading the evaluation and dissemination activities from April 2010 to March 2014. For more information about the evaluation, please contact Laura Brennan (laura@transtria.com) or Allison Kemner (akemner@transtria.com).

Prior to conducting the observations

Safety

- Assess the safety of the environment for observing before entering the area:
 - If dangerous or suspicious activities are taking place, leave the premises, notify the Project Director or Coordinator, and determine whether to schedule a new observation.
 - If weather conditions (ice or snow, thunder or lightning) are not ideal for collecting data, leave the premises, notify the Project Director or Coordinator, and determine whether to schedule a new observation period.

Items to remember

- Pencils, a copy of the paper tools for all data collectors, clipboards
- Comfortable shoes, umbrella (if it's raining), sunscreen
- Data collectors' contact information (in case of emergency)
- List and map of sites for data collection, identifying boundaries of the area
- Letter from the Project Director or Coordinator explaining the reason for data collection
- Transportation to and from the site for observers, if needed

Direct Observation schedule

Recommended timeframe for observations:

- Count street users crossing an imaginary plane for 15-30 minutes.
- Counts should last for 30 seconds to 1 minute (depending on the number of people in the area).
- There should be a 1 minute rest between recorded observations.

Schedule observations at different times of the day (2-3 times per day recommended). Example times:

- Morning (7:30 AM)
- Noon (11:30 AM)
- Afternoon (3:30 PM)
- Evening (6:30 PM)

Schedule observations for multiple times a week (2-3 days recommended). Example schedules:

- Two weekdays (Monday through Friday) and one weekend day (Saturday and Sunday)
- Example: Tuesday, Thursday, Saturday

Street Design Direct Observation Mapping Table (Instruction Sheet)

The purpose of mapping is to record various features on different street segments or intersections. Completing the map will allow for a better understanding of the individual behaviors observed in the designated street segment or intersection.

Before observing activities, recorders should have knowledge of the segment or intersection where they are going to conduct observations. A rough sketch should be made of the overall street (and if it has been divided into areas for different observers as necessary). Each segment, intersection, or area should be numbered on the sketch. In addition, all permanent structures and natural and constructed boundaries should be recorded in the sketch. A copy of the sketch should be retained for reference during data analysis.

Below you will find detailed descriptions for each column within the Street Design Mapping Table.

Street segment or intersection: All descriptive details about the street(s) should be easily referenced between the sketched map and the Mapping Table. From the sketched map, place the area number in the first column of the Mapping Table and follow the row across to complete all categories. [Note: The area numbers will also be referenced in the second sheet: "Street Design Direct Observation tool."]

Setting: Record whether the area is a street segment, intersection, or other thoroughfare (specify).

Type: Record the types of facilities to support active transportation or recreation (i.e., non-motorized). Choose from the following categories.

- Trail/greenway: A designated trail or greenway for active transportation or recreation immediately adjacent to the segment or intersection.
- Sidewalk: A continuous, designated walking route through the segment or intersection.
- Bike lane or sharrows: A continuous, designated biking route through the segment or intersection.
- Public transit: A sign, bench, or covered shelter indicating the availability of public transportation in the segment or intersection.
- Other (specify): Record any other type of facility that supports active transportation or recreation not specified above.

Condition: This section provides basic descriptive information about the designated segment or intersection.

- Accessible: Segment or intersection is not restricted from public use (e.g., sidewalk is not blocked off for construction).
- Usable: Segment or intersection is safe for pedestrians (including wheelchairs, walkers, and strollers), bicyclists, and public transit users (e.g., no high speed traffic).
- Amenities: Segment or intersection has public drinking fountains, restrooms, benches, trash bins, shade trees, or other characteristics to facilitate public use of the segment or intersection.
- Other (specify): Record any other descriptive information not specified above.

Intervention: Record the specific intervention changes that assist children in walking, biking, or using public transit in this segment or intersection. This will include modifications such as street markings (e.g., sharrows, bike lanes), sidewalk or street improvements (e.g., curb cuts, speed humps), and signage (e.g., "Share the Road," pedestrian crossing). **Do not** record temporary improvements such as portable speed trailers.

Street Design Mapping Table

Street or Intersection Name: _____ Observer Name: _____

Community Partnership: _____ Weather Condition: _____ Date: _____

Segment/ Intersection	Setting	Type	Condition	Intervention
1	<input type="checkbox"/> Street Segment <input type="checkbox"/> Intersection <input type="checkbox"/> Other:	<input type="checkbox"/> Trail/greenway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Bike lane <input type="checkbox"/> Public transit <input type="checkbox"/> Other:	<input type="checkbox"/> Accessible <input type="checkbox"/> Usable <input type="checkbox"/> Amenities <input type="checkbox"/> Other:	
2	<input type="checkbox"/> Street Segment <input type="checkbox"/> Intersection <input type="checkbox"/> Other:	<input type="checkbox"/> Trail/greenway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Bike lane <input type="checkbox"/> Public transit <input type="checkbox"/> Other:	<input type="checkbox"/> Accessible <input type="checkbox"/> Usable <input type="checkbox"/> Amenities <input type="checkbox"/> Other:	
3	<input type="checkbox"/> Street Segment <input type="checkbox"/> Intersection <input type="checkbox"/> Other:	<input type="checkbox"/> Trail/greenway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Bike lane <input type="checkbox"/> Public transit <input type="checkbox"/> Other:	<input type="checkbox"/> Accessible <input type="checkbox"/> Usable <input type="checkbox"/> Amenities <input type="checkbox"/> Other:	
4	<input type="checkbox"/> Street Segment <input type="checkbox"/> Intersection <input type="checkbox"/> Other:	<input type="checkbox"/> Trail/greenway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Bike lane <input type="checkbox"/> Public transit <input type="checkbox"/> Other:	<input type="checkbox"/> Accessible <input type="checkbox"/> Usable <input type="checkbox"/> Amenities <input type="checkbox"/> Other:	
5	<input type="checkbox"/> Street Segment <input type="checkbox"/> Intersection <input type="checkbox"/> Other:	<input type="checkbox"/> Trail/greenway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Bike lane <input type="checkbox"/> Public transit <input type="checkbox"/> Other:	<input type="checkbox"/> Accessible <input type="checkbox"/> Usable <input type="checkbox"/> Amenities <input type="checkbox"/> Other:	

Street Design Direct Observation Instruction Sheet

Use the following codes and definitions to assist you in completing the observation tool.

Observers: Observers will be split into groups of two to observe different segments, intersections, or parts of segments and intersections (depending on volume of users) at the same time. See the example below that corresponds with the segments and intersections on the Street Design Mapping Table.

- Segment 1: Observer 1
- Observer 2
- Segment 2: Observer 3
- Observer 4

Start Time: This is the clock time for the beginning of each observation period. Each observation will last the same amount of time (with the length of time dependent on the number of individuals within the observed area) with a one minute break in-between observations to record (see below for an example). In the first column, record the start time for each period of observation.

- Period 1: Minute 1 – Observation
- Minute 2 – Break/Record
- Period 2: Minute 3 – Observation
- Minute 4 – Break/Record
- Period 3: Minute 5 – Observation
- Minute 6 – Break/Record

Map: Before observation begins, the observers will split the street into sections (e.g., segments and intersections) and each observer will be responsible for observing his/her section. The observers should record the appropriate number in the second column of the observation tool.

Counting: When counting users in the segment or intersection, the observer should identify an imaginary plane in front of them. Each time a user crosses that plane, the observer should complete the observation tool by tallying activity by age group, in addition to reporting the activity codes for the age group. Try to count each individual only one time, recording the activity code and intensity level (see below). [Note: the imaginary plane should only include one side of the segment or intersection to increase accuracy of the counts, particularly along busy thoroughfares. In addition, individuals passing back-and-forth should only be counted once, if possible.]

Ages: Each age category has its own count. Please provide the number of individuals represented during the observation period participating in different intensity levels of activity and their specific activity (i.e., activity code).

Activity Level: During counts of individuals passing through the imaginary plane, all people should be accounted for as either participating in very active, moderate, or sedentary behaviors. Mark a tally for each individual in the proper activity level and age box (i.e., if you see a 14 year old walking, put a tally mark in Moderate under Adolescents).

- **Sedentary** behaviors are defined as activities in which people are not moving (e.g., standing, sitting).
- **Moderate** intensity behaviors require more movement but no strenuous activity (e.g., walking, biking slowly).
- **Very active** behaviors show evidence of increased heart rate and inhalation rate (e.g., running, biking vigorously, playing basketball).

Activity Codes: During counts of individuals passing through the imaginary plane, all people should be accounted for as participating in a specific activity. All codes are labeled at the bottom of the observation tool.

