

CHICAGO HEALTHY KIDS, HEALTHY COMMUNITIES PARTNERSHIP CASE REPORT

CHICAGO, ILLINOIS

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2008 to December 2012



ACKNOWLEDGMENTS

Support for this evaluation was provided by a grant from the Robert Wood Johnson Foundation (#67099). Transtria LLC led the evaluation and dissemination activities from April 2009 to March 2014. Representatives from Chicago Healthy Kids, Healthy Communities partnership actively participated in the evaluation planning, implementation, and dissemination activities. This case report is a synthesis of information collected through multiple evaluation methods as part of a collaborative, community-based approach to evaluation.

We are grateful for the collaboration with and support from the Robert Wood Johnson Foundation (Laura Leviton, PhD and Tina Kauh, PhD), the Washington University Institute for Public Health (Ross Brownson, PhD), the Healthy Kids, Healthy Communities (HKHC) National Program Office (Casey Allred; Rich Bell, MCP; Phil Bors, MPH; Mark Dessauer, MA; Fay Gibson, MSW; Joanne Lee, LDN, RD, MPH; Mary Beth Powell, MPH; Tim Schwantes, MPH, MSW; Sarah Strunk, MHA; and Risa Wilkerson, MA), the HKHC Evaluation Advisory Group (Geni Eng, DrPH, MPH; Leah Ersoylu, PhD; Laura Kettel Khan, PhD; Vikki Lassiter, MS; Barbara Leonard, MPH; Amelie Ramirez, DrPH, MPH; James Sallis, PhD; and Mary Story, PhD), the Social System Design Lab at Washington University in St. Louis (Peter Hovmand, PhD), the University of Memphis (Daniel Gentry, PhD), and Innovative Graphic Services (Joseph Karolczak).

Special thanks to the many individuals who have contributed to these efforts from Transtria LLC, including Evaluation Officers (Tammy Behlmann, MPH; Kate Donaldson, MPH; Cheryl Carnoske, MPH; Carl Filler, MSW; Peter Holtgrave, MPH, MA; Christy Hoehner, PhD, MPH; Allison Kemner, MPH; Jessica Stachecki, MSW, MBA), Project Assistants (James Bernhardt; Rebecca Bradley; Ashley Crain, MPH; Emily Herrington, MPH; Ashley Farrell, MPH; Amy Krieg; Brandye Mazdra, MPH; Kathy Mora, PhD; Jason Roche, MPH; Carrie Rogers, MPH; Shaina Sowles, MPH; Muniru Sumbeida, MPH, MSW; Caroline Swift, MPH; Gauri Wadhwa, MPH; Jocelyn Wagman, MPH), additional staff (Michele Bildner, MPH, CHES; Daedra Lohr, MS; Melissa Swank, MPH), Interns (Christine Beam, MPH; Skye Buckner-Petty, MPH; Maggie Fairchild, MPH; Mackenzie Ray, MPH; Lauren Spaeth, MS), Transcriptionists (Sheri Joyce; Chad Lyles; Robert Morales; Vanisa Verma, MPH), and Editors (Joanna Bender and Julie Claus, MPH).

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Front page pictures source: Transtria LLC.

Suggested citation:

Kemner A, Mazdra B, Brennan LK. *Chicago Healthy Kids, Healthy Communities Partnership Case Report*. St. Louis, MO: Transtria LLC; 2014. <http://www.transtria.com/hkhc>. Accessed <Month Day, Year>.

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Sources of cover photos: Transtria LLC and Chicago Healthy Kids, Healthy Communities Partnership

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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.

Chicago HKHC Partnership

In December 2008, the Chicago Healthy Kids, Healthy Communities (HKHC) Partnership received a four-year \$400,000 grant as part of the HKHC national program. The partnership originally identified five communities in which to focus their efforts, including Logan Square, Humboldt Park, Garfield Park, Lawndale, and Little Village, although the majority of the work took place in Humboldt Park.

Logan Square Neighborhood Association was the lead agency for the Chicago HKHC partnership. The partnership and capacity building strategies of partnership included:

- **Community Engagement:** The Chicago HKHC partnership worked with Consortium to Lower Obesity in Chicago Children, Active Transportation Alliance, and the Chicago Park District to create a process for engaging residents in planning and decision-making for the healthy eating and active living strategies.

See Appendix A: Evaluation Logic Model and Appendix B: Partnership and Community Capacity Survey Results for more information.

Along with partnership and capacity building strategies, the Chicago HKHC 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 Chicago HKHC included:

- **Parks Healthy Vending:** The Chicago Park District created a new vending contract to offer healthier options in park vending machines to increase opportunities for healthy eating.
- **Safe Park Zones:** The Safe Park Zones was an Illinois state statute designed to prioritize traffic safety with slower speed limits and higher penalties for violation of traffic laws. The Chicago HKHC partnership worked on implementation of the Safe Park Zones through traffic calming and other environmental changes in Humboldt Park. Additionally, Open Streets events occurred, which were designed to open street to promote pedestrians, bicyclists, and other physical activity programming. The Open Streets events increased awareness about the Safe Park Zones.
- **Outdoor Nature Play:** A new ordinance was passed to require child care providers to provide more standards for nutrition and physical activity. The Chicago HKHC partnership created a curriculum to train providers to utilize nearby parks for outdoor, unstructured play.
- **Food Vendors in Parks:** The Cocineros Unidos, an association of food vendors that sold traditional Puerto Rican food around Humboldt Park, worked with Chicago HKHC to pilot healthier food options in their menus.

COMMUNITY DEMOGRAPHICS

Chicago is the nation’s third largest city with a population of 2,695,598. Approximately 25% of the residents speak Spanish, and 64% speak English. Chicago HKHC focused on impacting Chicago childhood obesity rates, which are higher than overall rates for the state of Illinois. Research has shown that these rates are significantly higher in low-resource communities of color. A lack of access to healthy foods and physical activity resources are key factors in the elevated rate.

Table 1: Chicago and Neighborhood Demographics

Community	Population	African American	Hispanic/Latino	White	Asian/Pacific Islander	Native American	Percent living below poverty line
Chicago ²	2,695,598	36.8%	26%	42%	4.5%	0.4%	19.6%
Garfield Park ³	10,609	97.8%	1%	0.6%	0.9%	0%	40-60%
Humboldt Park ³	65,836	46.6%	48%	3.2%	0.5%	0%	40-60%
Lawndale ³	24,831	97.4%	1.1%	0.7%	0.5%	0%	>60%
Little Village ³	66,623	2.1%	94.5%	2.7%	0.2%	0%	40-60%
Logan Square ³	12,888	2.9%	49.3%	43.3%	1.2%	0%	20-40%

Figure 2: Map of Chicago, Illinois⁴



CHICAGO HKHC PARTNERSHIP

Lead Agency and Leadership Teams

Logan Square Neighborhood Association (LSNA) was the lead agency for the Chicago HKHC partnership. Its mission was to convene a network of neighbors, schools, businesses, social service agencies, faith-based communities, and other organizations. LSNA was committed to empowering and maintaining these communities as diverse, safe, and affordable neighborhoods in which to live and work, learn, and grow.

LSNA, along with representatives from the key partners, Consortium to Lower Obesity in Chicago Children, Active Transportation Alliance (formerly Chicagoland Bicycle Federation), Chicago's Inter-Departmental Task Force on Childhood Obesity, Chicago's Park District, and Sunday Parkways Stakeholders - formed the leadership team to support the Chicago HKHC partnership. These partners formed subgroups for certain strategies.

- Active Transportation Alliance's mission was to make bicycling, walking, and public transit safe, convenient, and fun. The Alliance served the entire metropolitan region - Chicago and its six collar counties. Active Transportation Alliance allocated several key staff members to the project, including the Executive Director and Sunday Parkways Organizer. Active Transportation Alliance was responsible for coordinating and planning each Sunday Parkways event and provided key support on policy and system change initiatives.
- Consortium to Lower Obesity in Chicago Children (CLOCC) established a mission to confront the childhood obesity epidemic by promoting healthy and active lifestyles for children throughout the Chicago metropolitan area. Since 2002, CLOCC engaged over 1,300 organizations with approximately 700 organizations across Chicago to implement childhood obesity prevention strategies in specific neighborhoods. The consortium led the healthy vending in parks work.
- Chicago Park District was an instrumental partner for the healthy vending policy that was passed in Chicago Parks. They were also involved with implementation of the policy through a new vending contract.
- City of Chicago's Inter-Departmental Task Force on Childhood Obesity was established to address childhood obesity by bringing together city resources and city agencies to work in a collective manner, thereby fostering a high-level of coordination, the strategic provision of city services, and the advancement of evidence-based practices and policies to improve nutrition and physical activity. The Inter-Departmental Task Force on Childhood Obesity was a multi-agency taskforce that engaged Chicago's Department of Public Health, the Department of Family and Support Services, Chicago Public Schools, the Chicago Park District, Department of Planning and Development, Chicago Public Library, and the Mayor's Office on People with Disabilities. around city-level strategies and advocacy to prevent childhood obesity. It grew to include Chicago Department of Transportation, Chicago Transit Authority, Chicago Police Department, and Chicago Housing Authority. The Inter-Departmental Task Force on Childhood Obesity served as the government partner in this initiative.
- Open Streets Stakeholders (formally Sunday Parkways) were comprised of Local Initiatives Support Corporation New Communities Program leaders, a program designed to support comprehensive community development in 16 Chicago neighborhoods. Each community was actively engaged in addressing health issues that stemmed from a lack of opportunities for physical activity. There was an organization representing each of the five communities along the Open Streets route. Stakeholders performed three main activities, including increasing community support for Open Streets, developing activity stations along the route, and developing and implementing the Open Streets marketing plan.

See Appendix C for a list of all partners.

Organization and Collaboration

The leadership responded to partners' scheduling challenges by adjusting the partnership's meeting from monthly to quarterly meetings. Since the partnership meetings addressed topics that were not always relevant for all partners, the entire partnership met quarterly, while strategy-specific teams met monthly. Neighborhood group involvement in the meetings was low due to competing projects and limited resources.

PARTNERSHIP FUNDING

The HKHC Chicago partnership received funding from grants and in-kind support from many organizations and residents. Grants were received from national organizations (e.g., Center for Disease Control and Prevention), and local government bodies (i.e., 26th Ward Alderman city budget). See Appendix D: Sources and Amounts of Funding Leveraged for more information. As part of 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.

- The Alderman of the 26th Ward directed \$190,000 in city funds for capital improvements on Humboldt Boulevard.
- The CLOCC through a program Ann and Robert H. Lurie Children's Hospital of Chicago (formerly Children's Memorial) directed \$25,000 to contract a traffic engineering firm to provide an assessment and recommendations for a Student Travel Plan near schools and parks in the 35th Ward.
- The Northwestern Illinois University Alliance for Research in Chicagoland Communities provided \$20,000 in grant funding for the healthier snack vending project.
- A CLOCC grant for \$5,000 developed a Transportation Plan for Humboldt Park.
- Chicago Park District provided in-kind staff support of approximately \$30,000.
- The Chicago Partnership for Health Promotion at University of Illinois at Chicago provided in-kind staff support for nutrition education of approximately \$6,000.

INFLUENCE OF SOCIAL DETERMINANTS

Crime

The national violent crime arrest rates among males and females ages 10-24 have been decreasing since 1995 with the male violent crime arrest rate dropping from 851 arrests per 100,00 people in 1995 to 423 arrests in 2011. The corresponding rates in females has shown a similar pattern with 140 arrests per 100,000 in 1995 to 100 in 2011.⁵ The State of Illinois crime rate (e.g., murders, rapes, robberies, and aggravated assaults) was 414.8 per 100,000 people.⁶ However, in 2012 the crime rate in Chicago (Cook County) spiked to 782 arrests per 100,000 people and 532 for Illinois.⁷

Traffic Safety

In Illinois, there were 4,978 pedestrian crashes (i.e., any crash in which the first harmful event is the collision of a pedestrian and motor vehicle) in 2011, a decrease of 11.9% compared to the previous four-year average (5,649 pedestrian crashes). Pedalcycle crashes totaled 3,107 in 2011, a 14.9% decrease compared to the previous four-year average (3,649 pedalcycle crashes).⁸ In 2012, the motor vehicle crash death rate in Chicago (Cook County) was 9 per 100,000 people compared to 11 for Illinois.

Urban Agriculture

Recent evaluation of the regulatory environment around urban agriculture in the Chicago area has contributed to the growing documentation that urban planners and farmers face numerous challenges to integrating sources for locally grown, nutritious food in the established food system. Recent interviews identify regulations limiting urban agriculture. It requires extensive investment of time and resources to identify and understand the legal process for petitioning for exceptions to a variety of current regulations due to the lack of urban agricultural focus and clarity of language.

Access to Recreational Facilities

In Chicago (Cook County) the rate of recreational facilities is 8 per 100,000 people compared to 10 across the state in 2012. The national benchmark, 90th percentile, is 16.⁷

Access to Healthy Foods

In Chicago (Cook County) 1% of the population is low-income and does not live close to a grocery store compared to 4% across the state in 2012.⁷

COMMUNITY ASSESSMENT

Parks Healthy Vending

A pilot research project was conducted at four parks to understand the impact of nutrition education on park staff along with healthier items offered in the vending machines. Staff at two of the parks served as intervention groups and staff at the other two served as control groups. The intervention groups received a two-hour long nutrition education session and taste tested new, healthier vending food items, while the control groups did not. The investigators hypothesized that the intervention groups would show an increase in nutrition knowledge, support of healthier snack vending options, and sales of healthy vending items at their parks. Data collected included pre- and post-nutrition knowledge, attitude, and behavior of park staff; monthly vending sales; and patron satisfaction surveys about vending machine content. All four parks experienced a change in vending sales after two months. Regardless of intervention, sales of healthier vending items increased in three parks. However, sales of healthier vending items decreased by 7.8% at one of the intervention sites. Patron survey results from all four parks were consistent and showed that 80% or more consumers liked the new vending options and 90% or more would purchase the healthier snack item again.⁹

Sales data was collected from the vending machines to determine how healthy snacks impacted sales for the vendors. It also showed which snacks catered to the demand of residents using the parks. Because the Park District was not collecting data prior to the new healthy vending policy, one year of sales data will be necessary to determine impact.

Safe Park Zones

Traffic speed data was collected prior to a traffic calming pilot program (e.g., adding temporary barrels and signage) and during the pilot to observe changes in traffic speed. The Chicago Department of Transportation passed out surveys to local residents and gathered observational data on pedestrian walks. The findings suggested that the temporary barrels and signage reduced speeds.

The partnership conducted street design direct observation at three intersections near Humboldt Park to understand utilization and access to the park (See Appendix E). Selected results included:

- The 810 pre-observations and 756 post-observations showed an increase in activity counts per hour from 2012 to 2013 across all three intersections.
- The highest number of activity counts was observed at the intersection of North Avenue and California Avenue for both time periods (2012 = 563 counts per hour; 2013 = 850 counts per hour), while the lowest number of activity counts was observed at the intersection of Division Street and North Avenue (2012 = 309 counts per hour; 2013 = 362 counts per hour).
- Child activity levels varied across intersections between 2012 and 2013. For the intersection at Division Street and California Avenue, the majority of child activity observations in 2012 was moderate (76.9%), while the majority of child observations was split between moderate and sedentary categories in 2013 (sedentary = 48.3%; moderate = 40.6%). At both the intersections of Humboldt Boulevard and North Avenue and North Avenue and California Avenue, children were observed in predominantly moderate activity in both 2012 (Humboldt Boulevard and North Avenue: 61.2%, North Avenue and California Avenue: 66.1%) and 2013 (Humboldt Boulevard and North Avenue: 78.6%, North Avenue and California Avenue: 91.7%).

Outdoor Free Play

CLOCC received a healthy eating, active living rapid response research grant to evaluate the impact of physical activity policies on child care practices and created a pilot intervention. The pilot intervention evaluation found that children averaged 45 minutes of physical activity, mostly unstructured play, per day. The intervention also showed that the nutrition requirements were not difficult to meet, and many of the 18 child care providers interviewed and observed were already meeting the food and nutritional requirements for the most part, including the sugar-sweetened beverage requirements. However, none of them were meeting the dairy requirements, but they were new.

PLANNING AND ADVOCACY EFFORTS

Safe Park Zones

A community Safe Park Zones summit was held with the Chicago Park District and the Chicago Department of Transportation. Fifteen people representing five municipalities were in attendance. The summit was an effective conversation among representatives from smaller and larger cities and most actively involved in Safe Park Zones. Speed limits in and on the perimeter of parks were discussed. State law stated that the speed limit around parks was 20 miles per hour. Police without radar detection were reluctant to stop a speeding vehicle. Furthermore, enforcing vehicle speed based on speed cameras was difficult, and revenue generated from ticketing was not a worthwhile effort financially for police nor the municipality. Police and transportation officials agreed that design changes forcing reduced vehicle speed were best to create a safer pedestrian/bicycling environment. There had been limited campaigning and education around this work. Therefore, to make an effective change toward Safe Park Zones, there needs to be strong enforcement of the state law, more direct and targeted community education about the state law, or roadway design changes that support that state law for reduced vehicle speed near parks.

Community partners identified leaders within the partnership who could be effective and authentic “voices” for the work and help move it forward. Representatives from 17 Chicago neighborhoods attended a Complete Streets Workshop including over 50 participants from West Town, Albany Park, Humboldt Park, West Humboldt Park, South Chicago, Austin, Garfield Park, West Garfield Park, East Garfield Park, Pilsen, Englewood, North Lawndale, Lawndale, Logan Square, North Kenwood and Chicago Lawn. An Alderman’s staff member was present, as well as community organizers, planners and developers, and business owners. Nearly half (48%) of the participants knew what a Complete Street was before attending the event. It was helpful for the partnership to prioritize safety features through group collaboration and engage with other residents to find which features were appropriate for their particular intersection. The ability to visualize and manipulate the different features on the activity “map” allowed further development of a Complete Streets concept for the parks.

The Chicago HKHC partnership was supported by the Mayor of Chicago advocating for built environment changes around parks and schools. The partnership worked with Alderman Maldonado and the Chicago Department of Transportation in the development of a Committee on Pedestrian and Traffic Safety.

SAFE PARKS ZONE

The Safe Park Zones, established in Illinois in 2006, was a state statute designed to prioritize traffic safety with slower speed limits and higher penalties for violation of traffic laws. The state encouraged municipalities to adopt Safe Park Zones, which was a priority for the Chicago HKHC partnership to create safe streets within and around parks.

Policy, Practice, and Environmental Changes

As a traffic calming pilot, the Chicago Department of Transportation temporarily installed complete street barrels and signage to mimic the construction. After the pilot proved successful, a half-mile permanent road diet was implemented on Humboldt Boulevard, within Humboldt Park that reduced the four lane road to two lanes. Additionally, eleven speed bumps, three refugee islands, six curb cuts, and visible signage warning motorists of pedestrians were implemented.

As of March 6, 2012, only five Illinois municipalities adopted the Safe Park Zones: Park Ridge, Lemont, Chicago Heights, Midlothian, and Braidwood. Later in 2012, the first pedestrian plan was created (see [pedestrian plan](#)).

Complementary Programs/Promotions

Partners worked to promote local and state laws that allowed traffic calming treatments and citations for speeders around parks. Partners hosted a Safe Park Zones Summit for local leaders, planners, and transportation staff. The conference provided participants with the necessary tools and ideas to implement Safe Park Zones policies and traffic calming treatments.

Several workshops were hosted to help educate engineers and consultants on Complete Streets and gather feedback. Additionally, free workshops and block parties were held in underserved neighborhoods with residents to discuss their involvement with making built environment changes. During the resident workshops, several barriers because of vehicle traffic in the park were discussed. The problems identified by residents were shared with the Park District, Active Transportation Alliance, and Aldermen. The Chicago Department of Transportation was invited to present at the next workshops to allow residents the opportunity to engage and interact with transportation staff about traffic safety using interactive tools.

In 2008, Chicago started Sunday Parkways (renamed Open Streets Chicago) an event that closed the streets to cars on Sunday. The open roads would transform into parks, trails, and fairgrounds, filled with people biking, walking, skating, rolling, and running together. Open Streets Chicago kicked off with two events in October 2008 on the city's West Side. During the events, eight miles of streets weaving through Logan Square and Little Village turned into one long block party. The streets teemed with people and were dotted with activity stations where instructors demonstrated dances, exercises, and other activities. On most other days, those same streets were so dangerous that youth would not play near them. This event created awareness about active transportation and will continue to occur in Chicago neighborhoods with coordination from the Active Transportation Alliance.

Implementation

The former Chicago Mayor created the Mayor's Pedestrian Advisory Council in 2006 after learning that the City of Chicago had the third-highest number of pedestrian fatalities in the country.⁹ The Mayor's Pedestrian Advisory Council was co-chaired by the Commissioner of the Chicago Department of Transportation and included representatives from community groups; local advocacy organizations; and city, state, and federal transportation groups along with CLOCC and the HKHC Project Director. The council met quarterly to highlight pedestrian concerns and safety measures within the city. One of the goals of the Mayor's Pedestrian Advisory Council was to create the first-ever pedestrian plan in 2012. The pedestrian plan piloted some new efforts for public meetings, that were not always successful. The Advisory Council looked to Active Transportation Alliance for advice on outreach and partnering.

Both the Mayor's Pedestrian Advisory Council and the Chicago's Committee on Pedestrian and Traffic Safety helped prioritize projects in each ward to help the Aldermen reduce their number of requests and focus on the top identified priorities. The committees helped constituents understand and think through issues, understand transportation language, and sign petitions for changes to their blocks. The Alderman of West Humboldt Park

had an organization, West Humboldt Park Development Council, that held meetings every month and submitted priorities to the Alderman, who then followed through with requests for changes.

The Chicago HKHC partnership identified that a road diet would slow traffic in and near the park. The road diet was designed by engineers and piloted at a half-mile of the road, where the lanes reduced from four to two lanes. The cost of the temporary road diet was \$20,000 and funded by the Alderman that represented that area. They identified existing policies that allowed sections of streets around parks to be deemed Safe Park Zones by the City Council, which opened the door for implementing traffic calming measures.

Chicago Department of Transportation engineers conducted traffic studies during the pilot to see how nearby roads would be impacted by the lane reduction. The conclusions showed the road diet would not negatively impact the surrounding roads. By piloting the traffic calming, it allowed for potential changes to be studied and data to be collected to understand the impact of the new two-lane road on pedestrians and other roads.

Since the pilot was a success, the Alderman wanted to reduce speeds permanently, but did not want to provide a bike lane with the road diet. The permanent cost to implement the road diet was \$180,000 and funds came from the Alderman's menu money. Every year, each of Chicago's 50 wards can address their own specific local infrastructure needs through the Aldermanic Menu Program, which was allocated from the Capital Improvement Program general obligation bonds to provide a menu of infrastructure project options. With advisement from the Chicago HKHC partnership, the Chicago Department of Transportation and the Alderman compromised on the bike lane issue and the design allowed space for a bike lane to be painted in the future.

The Alderman funded a temporary study to reduce the traffic speed by reducing the number of lanes on the street. The results showed that the road diet was successful in reducing traffic speed and did not negatively impact traffic on other nearby roads. The Alderman funded 100% of the construction costs for the Chicago Department of Transportation to make the road diet permanent. He also formed a Transportation Safety Committee per the partnership's request to gather community input to inform policies.

Partners worked to pass state legislation enabling municipalities to create the Safe Park Zones law around parks and recreational facilities to allow easy access for bicyclists and pedestrians. Legislation existed at the city level and state level. At the city level, if there was a Safe Park Zone, a speed limit sign was posted for 20 miles per hour. A citation of up to \$500 was issued for speeding and all general traffic revenue went to the city general fund. Partners connected the Safe Park Zones law to the Open Streets event to get more exposure to the law.

The Consortium to Lower Obesity in Chicago Children, serving as the city's *bona fide* agent, was funded under the CPPW initiative. One component of the local project, called "Healthy Places," was the development of a safe park access plan. The resulting document, "Chicago Make Way for Play Guide," presents and describes a number of infrastructure treatments that can help to improve safety in and around Chicago parks. Recommendations are included that match treatments to park types based on population draw (low, medium, high). The parks typology document was used to train Chicago Department of Transportation's staff on Complete Streets issues and identified opportunities to improve on implementing Complete Streets efforts. Chicago HKHC and the Chicago Department of Transportation worked toward infrastructure improvements around parks and schools to improve safety.

Population Reach

Humboldt Park, a predominately African American and Latino community, was the location for street design and traffic calming changes. The road diet inside Humboldt Park influences residents in that area, while the Safe Park Zones law had the potential to influence Chicago more broadly and potentially the entire state of Illinois.

Challenges and Lesson Learned

High turnover in leadership positions and in city departments caused the partnership to lose relationships and the momentum they had developed. Transitions within core partner organizations caused the partnership to lose three members of the leadership team who had previously provided a great deal of input and support, causing more work to fall on the lead agency. Two of the three core partners had staff turnover in roles that

affected the partnership in the last year. The Chicago HKHC partnership initiatives continued to move forward; however, due to partner turnover, there was a change in priorities and a lack of connection and continuity with some partners.

Building relationships deep in bureaucracy was time consuming and difficult. Within government departments, there was a lack of internal communication.

Additionally, Chicago had wide streets (4-5 lanes) around parks, making them very dangerous areas for residents. The partnership knew it was expensive for implementation of built environment changes; therefore, there was a need to demonstrate community support for the changes.

Sustainability

Prior to the end of the HKHC grant, the leaders identified a contact or champion within the Chicago Park District who will actively and productively engage the Chicago Department of Transportation to continue supporting efforts for Safe Park Zones.

See Figure 3: Active Transportation Infographic, for more information.

Figure 3: Active Transportation Infographic



PARKS HEALTHY VENDING

The community partnership was aware that unhealthy options filled the 96 vending machines distributed in parks across Chicago. The parks were heavily used by children and teenagers during summer programs, and the vending machines offered only unhealthy options high in calories, fat, and sugar.

Policy, Practice, and Environmental Changes

The Fit Pick guidelines, requiring 100% healthy options in vending machines, were established district wide. The guidelines set nutrition standards per serving of no more than 250 calories, 35% calories from fat, 35% sugar by weight (excluding fruits and vegetables), 400mg sodium, and at least 5% daily value per 100 calories.

Complementary Programs/Promotions

To support the healthy vending machine contract change, the Chicago Parks Department partnered with a research faculty member at Northwestern University, University of Illinois at Chicago Partnership for Health Promotion to pilot nutrition education workshops for park staff and patrons. Educational workshops for staff were held, and nutritional workshops for youth patrons were ongoing within the Park District. Additional educational workshops were held in year three of HKHC (2011); interns conducted pre- and post-surveys with park staff and 300 patrons. During year four of HKHC (2012), park staff participated in a two-hour nutrition education and taste-testing session specific to healthier snack vending options. Nutrition education trainings were incorporated into existing park district conferences during which park district staff chose the sessions they wanted to attend. Promotional efforts to increase awareness for the Chicago Park District's healthier snack vending initiative occurred through a press conference, many local English and Spanish news reports, and a live television interview with Chicago Park District Wellness Manager.



Source: HKHC Chicago Partnership

Implementation

The Chicago HKHC partnership tried to work with the current food contractor to offer healthy options by providing free healthy snacks to sell and healthy choice advertisement stickers; however, healthy options were placed at the bottom of the machine where they were hard to see and stickers were ripped off. The partnership decided that pursuing a formal policy change would be the best way to guarantee that healthy options were offered.

The Chicago HKHC partnership utilized technical assistance from the National Policy and Legal Analysis Network to Prevent Childhood Obesity, an organization with expertise in writing healthy eating and active living policies. Other key partners (e.g., CLOCC and the Chicago Park District) wrote a contract with 100% Fit Pick healthier guidelines developed by the National Automated Merchandising Associations adapted from the American Heart Association and the Alliance for a Healthier Generation's guidelines.

The Chicago Park District Board of Commissioners voted in favor of a new two-year contract to a vendor who would honor the new guidelines. The vendor was required to provide monthly sales reports for each machine to share with the Chicago HKHC partnership.

Population Reach

Chicago Park District's 100% healthier food options vending contract affected 96 vending machines across the city with plans to add another 19.

Population Impact

As a result of the successful healthy vending contract in parks, during the summer of 2011, Chicago's City released its snack and beverage vending request for proposal (RFP). The city borrowed nutritional language found in Chicago Park District's RFP including city's guidelines were 75% healthier and Chicago Park District's were 100%. The city's contract will have a total of 373 machines, located in city offices. The city pushed for 100% healthier options, but negotiated 75% healthier options with the hope to improve to 100% over the coming years.

Challenges

One challenge the Chicago Parks Department faced was when staff members asked the vendor to stock noncompliant snacks into the machines. To overcome this challenge, fines had to be implemented for noncompliant snacks. Another challenge was keeping the machines properly stocked. Park administration and the vendor established communication processes to stock machines more frequently.

"Many other city departments (not all) and more office settings signed a contract with close to 300 [vending] machines, both beverage and snacks, a combined contract, and they took a lot of the language from the Park District RFP. Granted it's not 100% [healthier options], it's only 75% [healthier options]." — Staff

Lessons Learned

The Parks Board and District needed to approve and sign the contract, which was not easy to achieve, because some central office personnel objected, fearing new guidelines would not yield a profit for the vendor. Monthly sales data was collected and shared with the Chicago HKHC partnership, and the data showed that the vending machine owners were indeed making a profit.

Sustainability

The Chicago HKHC partnership's work around healthy snacks in vending machines set the expectation that healthy beverages in vending machines were next. Other partnerships across the country requested the RFP for the snack vending machine contract to borrow language from it. Political support was gained through the new Park District Superintendent who sent key staff to meetings and engaged in conversation around the park vending strategy. Additionally, momentum was gained to create a healthy beverage vending contract and this work will continue beyond HKHC.

EDIBLE GARDENS

The Chicago HKHC partnership sought to increase residents' access to healthy foods by establishing edible community gardens in local parks. The goal of this strategy was to promote the edible garden opportunity with the Park District, so more people would be aware of it and be encouraged to start their own gardens.

Policy, Practice, and Environmental Changes

Students and the Urban Agriculture Director from Pedro Albizu High School, an alternative high school, established multiple hydroponically-based rooftop gardens and integrated the gardens into the school science curriculum.

Complementary Programs/Promotions

The edible gardens feature a variety of opportunities, including allotment plot gardening, pantry gardening, and children's learning gardens. However, more promotion around these opportunities was needed to better inform residents. Therefore, the Chicago HKHC partnership worked with the Chicago Park District to hold workshops to educate residents on edible gardens and permits for residents to grow food in the garden. The space for the edible garden in Humboldt Park was less than half an acre in size.

Growing Power, a non-profit organization focused on providing technical assistance and training to communities on food systems, provided insights on some of Chicago's challenges regarding access to affordable soil and compost.



Source: HKHC Chicago Partnership

Implementation

The initial proposal for increasing access to food included a goal for expanding the raised beds within the park district for growing food. However, the Chicago Park District already had a system/program in place for community members to acquire permits to grow food in the park district gardens. In addition to the permits, the partnership learned there were mini-grants available to support the park district gardens, although the knowledge of this resource was not well-known among residents. Therefore, the Chicago HKHC partnership turned its efforts toward advocating and promoting the gardens.

A focus group held with Pedro Albizu High School, an alternative high school, led to the idea that the garden on park property could serve as an education opportunity for students in science class. A champion, the Urban Agriculture Director, raised money to apply for a permit to have a garden on Park District land. Pedro Albizu High School received its permit from the Chicago Park District in May 2011, later than expected due to the additional year-long process for obtaining a permit around a landmark building. This delay resulted in loss of some funding, coordination of volunteers for end-of-summer planting season, and six beds with plants were built. The garden harvest yield was limited due to the poor quality of soil that had been donated. The Park District adopted a practice to ensure that those using the gardens brought their own soil. The high school planned to bring in new soil for the garden in Spring of 2012.

Population Reach

The edible garden in Humboldt Park resided in a predominantly Latino community. One garden was connected to the Pedro Albizu High School and reached approximately 200 high school students.

Sustainability

The edible garden will be sustainable in the schools because of the high level of commitment and curriculum in place. The edible gardens in the parks were underutilized by residents; therefore, the sustainability is uncertain.

OUTDOOR FREE PLAY

The Chicago HKHC partnership sought to provide opportunities for students to be physically active. They coalesced around a recent ordinance that provided nutrition and physical activity standards for child care providers, and worked with providers to help them meet the requirements.

Policy, Practice, and Environmental Changes

In 2009, HKHC partners Chicago Department of Public Health (CDPH) and Family and Support Services led the effort, along with the Interdepartmental Taskforce on Childhood Obesity, to establish child care standards that met the national best practices for nutrition, physical activity, and screen-time. The Chicago Board of Health and CDPH passed a joint resolution recommending new obesity prevention standards for licensed child care centers in the city. In 2011, the Board amended the resolution to include additional standards relating to milk. The ordinance established minimum physical activity requirements, maximum screen time requirements, maximum sugar-sweetened beverage requirements, and low-fat dairy requirements for child care providers. The physical activity standards included 45 minutes of physical activity, but no more than a half hour at a time, and nutrition standards in the ordinance included no juice under the age of 1 year, and only 4 ounces of 100% juice and skim or 1% fat milk over the age of 2.

The Chicago HKHC partnership saw an opportunity to engage early child care providers around these new standards to promote outdoor play for children and encourage early child care centers to use the parks as a free resource. The Erikson Institute, an independent institution of higher education that prepared child development and family service professionals for leadership, and Illinois Action for Children, a state and national leader in the early care and education, with support from CDPH and CLOCC developed a curriculum and a training series of workshops at the park district to educate child care providers.

“When I started thinking about structured play in early childhood and thinking about where children were already, and what was a barrier to children playing outside? We quickly recognized that it was the adults that were the problem, not the kids...It’s not uncommon to hear an adult say to a child, ‘don’t touch that, you’re going to get dirty’ and, children’s natural instincts are stifled by adults not allowing them to do what they do instinctively. And so they grow up to be adults and do the same thing with their kids...we really try to tap into a particular adult quality and train the early childhood providers, like with Head Start and the nature centers to understand the importance of unstructured, outdoor free play.” — Staff

Implementation

The Chicago HKHC partnership trained early childhood providers from daycare centers (e.g., Head Start), providing them with tools and education about the importance of play at the local park. Nature play curriculum was developed to make training more structured. Following this nature play curriculum allowed child care agencies to present auditable information (e.g., the total minutes of curriculum connected to physical activity needs) to a licensing board during inspections. The training consisted of a three-hour presentation, which included information on the ordinance and interactive strategies for meeting the physical activity and nutrition requirements.

The partnership developed an agreement that enabled partners to utilize a facility with training space that would have otherwise cost \$8,000 to rent. In return for the opportunity to use the training space, the partners agreed to hold additional training sessions to benefit all HKHC partners. Partners mailed flyers to invite child care providers. The four-hour training was originally scheduled to be in the park, but was relocated to Garfield Park Conservatory due to inclement weather. A train-the-trainer session for Spanish speakers was also incorporated into the training schedule.

Population Reach

The target population for the curriculum and workshop trainings were providers in 200 child care facilities, including Head Start and other child care centers in Chicago. The group designed and conducted 87 trainings for child care providers between March 2011 and February 2012.

Challenges

Child care providers had some difficulty with the 30 minutes of unstructured physical activity component as opposed to structured physical activity. However, a component within nature play curriculum was structured activity, which was easier to plan for younger children. When providers combined activities to meet age-appropriate developmental priorities as well as physical activity policy, some benefits of free-play were diminished (e.g., too much structured activity diminished the sense of free play).

Lessons Learned

Participant feedback indicated a necessary awareness that various populations/demographics could respond to new policies differently. Small-scale pilot projects were recommended to integrate new curriculum into child care operations.

Sustainability

Sustainability planning, future funding, and prioritization of the work has been integrated into institutional partners (i.e., CLOCC and the Park District). The partnership's sustainability plan involved working with early childhood care providers near strategy implementation sites (e.g., parks). Roles and responsibilities are clearly defined for partners to continue to train child care providers to help them meet the ordinance standards. Additionally efforts are underway to expand the obesity prevention measures into statewide licensing requirements, which would take place in 2014 to 2015.

FOOD VENDORS IN PARKS

The Chicago HKHC partnership worked with Cocineros Unidos, an association of food vendors that sold traditional Puerto Rican food around Humboldt Park, to introduce healthier food options in their menus. The Chicago HKHC partnership offered Cocineros Unidos incentives for providing healthier options. One vendor piloted a healthy fruit cup, but then stopped selling it for an unclear reason. This strategy did not result in a policy or environmental change, but worked to change the perceptions of restaurant owners and staff about offering healthy foods.

Presentations were shared with the food vendors on making healthy smoothies. Also, the program included a cost analysis, nutrition information, and market research to help promote smoothies and other healthy food options on the menus. Cocineros that offered healthy foods received marketing exposure on a website and brochure developed by DePaul University.

The Chicago HKHC partnership believed the Park District would create new policies, such as enforcing nutrition standards of foods sold in the parks, and thought this work would help prepare for those Cocineros changes.

Implementation of healthier options required providing technical support and building trusting relationships with owners. It took two years to develop trusting relationships with the Cocineros Unidos. Partners conducted observations in the kitchens and interviewed restaurant owners to understand the nutritional quality of the food. The leadership partnered with researchers to conduct a nutritional analysis of some of the Puerto Rican dishes for the Cocineros. The goal of the nutrient analysis was to serve as the basis for healthier modifications, discover which changes could be made, and determine how those changes will improve the nutrition. To support implementation of healthier options, the partnership conducted customer and marketing surveys to see if people would buy healthier options and what they would be willing to pay for them. Survey data showing people like the food will help convince owners that there is a demand.

Restaurant owners were reluctant to sell healthier options, because they thought it was a financial risk. They also felt that healthy options did not fit into their restaurant niche.

SUSTAINABILITY OF THE PARTNERSHIP

The lead organization, Logan Square Neighborhood Association, does not have the resources to hire someone to continue the coordination of the Chicago HKHC partnership work; however, it will continue to fund a small portion of the work. Also, the partnership did not raise funds to sustain the lead agency's position, but instead chose to fold the existing work into the established organizations of core partners. Partnership success is attributed in large part to the fact that strategies formed out of existing work across a core group of five community organizations. Therefore, while the partnership will not continue in the same structured format that existed during the HKHC project time period, the work will continue through the ongoing efforts of core partner organizations.

The lead agency made formal presentations to local committees, promoting partnership accomplishments along with strategy-specific next steps to keep strategic work moving forward. For example, Logan Square Neighborhood Association presented a summary of the partnership's work during the city-wide Park Advisory Council meeting.

Additionally, the mayor's political will that propelled project efforts aimed at creating safe zones around parks and schools will continue to push implementation activities forward. Although the partnership will no longer shape this work, the City of Chicago is continuing to phase in these built environment improvements to increase the safety in areas near parks and schools across the city. The lead agency will continue to provide guidance through input during the community council meetings that the mayor attends.

Future Funding

The partnership decided that 80% of the work would be folded into the operations of core institutional partners (i.e., CLOCC, Active Transportation, and the Park District) that represented established organizations. Therefore, funding will be an ongoing responsibility within and across these organizations.

Some strategy-specific funding has the potential to continue through local funding to schools and aldermen. For example, edible gardens should be sustained because they are integrated into local school curriculum with ongoing support through school budgets. In Chicago, aldermen receive \$1 million of menu money annually for capital improvements (e.g., repainting street light poles, adding guard rails, and installing a new light signal). Aldermen typically choose capital improvements on smaller residential neighborhood streets because the amount of money can not cover large-scale capital improvements. The partnership is considering tracking (via public record) how aldermen spend their menu money and the number of transportation projects aldermen initiate with it.

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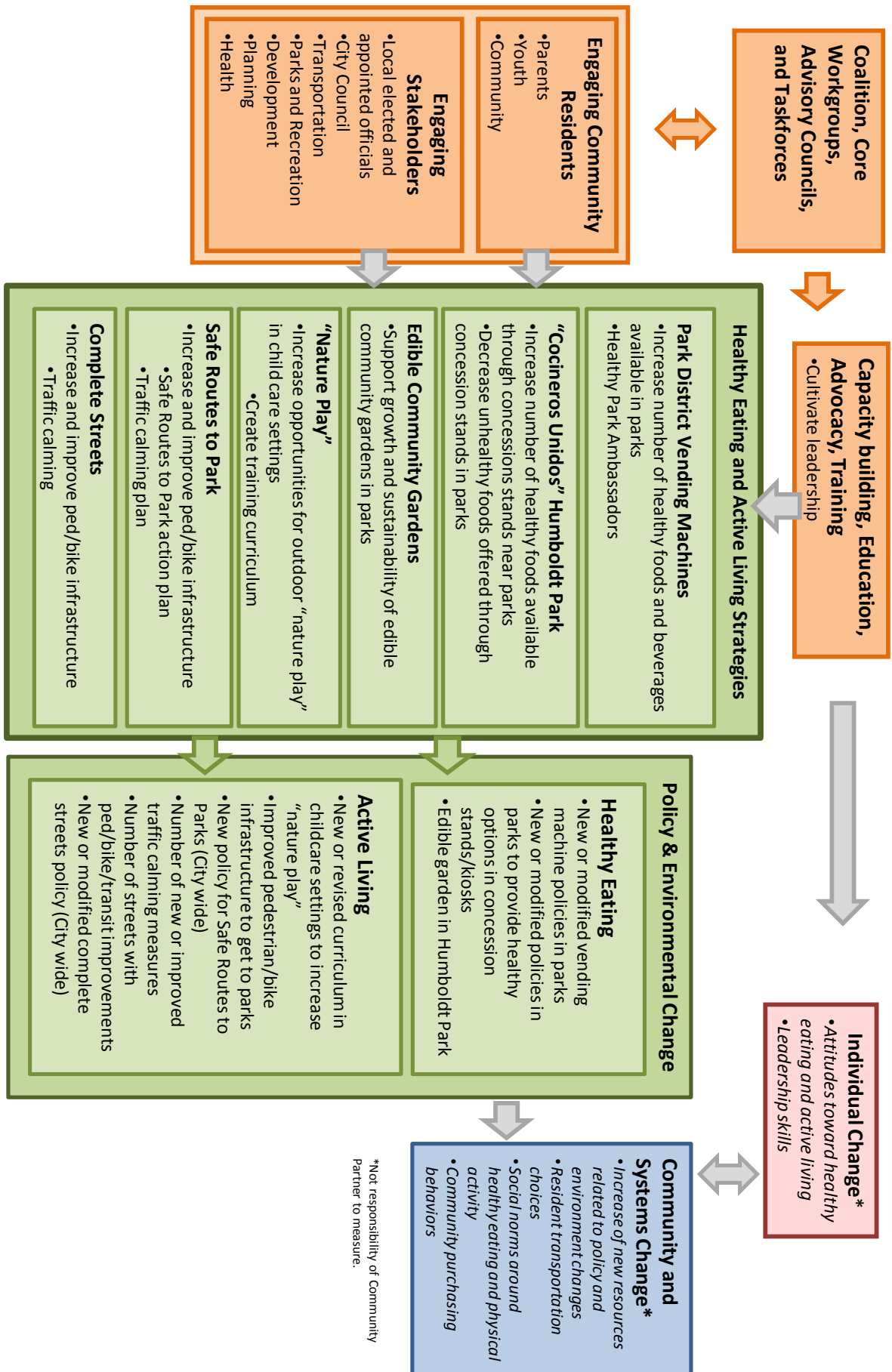
APPENDIX A: EVALUATION LOGIC MODEL

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 Chicago HKHC 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 Chicago HKHC included:

- *Parks Healthy Vending*: The Park District created a new vending contract to offer healthier options in park vending machines to increase opportunities for healthy eating.
- *Safe Park Zones*: The Safe Park Zones was an ordinance designed to prioritize traffic safety with slower speed limits and higher penalties for violation of traffic laws. Sunday Parkways, an open street event that closed the streets to cars and opened the road to pedestrians, bicyclists, and other physical activity programming, was held to increase awareness about the Safe Park Zones. Additionally, traffic calming environmental changes were made in Humboldt Park.
- *Outdoor Nature Play*: A new ordinance was passed to require child care providers to provide more standards for nutrition and physical activity. The Chicago HKHC partnership created a curriculum to train providers to utilize nearby parks for outdoor, unstructured play.
- *Food Vendors in Parks*: The Cocineros Unidos, an association of food vendors that sold traditional Puerto Rican food around Humboldt Park, worked with Chicago HKHC to pilot healthier food options in their menus.

APPENDIX A: EVALUATION LOGIC MODEL



Chicago, IL
 Logan Square
 Neighborhood Association
 Revised, March 10, 2011

*Not responsibility of Community Partner to measure.

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Partnership and Community Capacity Survey

To enhance understanding of the capacity of each community partnership, an online survey was conducted with project staff and key partners involved with Chicago Healthy Kids, Healthy Communities 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 Chicago Healthy Kids, Healthy Communities 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 Chicago Healthy Kids, Healthy Communities 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 December 2012 and April 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 13 individuals responded from Chicago Healthy Kids, Healthy Communities partnership. Of the sample, eight were female (62%) and five were male (38%). Respondents were all between the ages of 26-45 (5, or 38%) or 46-65 (8, or 62%). Fifty-three percent of respondents identified themselves as White, 33% as Hispanic or Latino, 7% as African American or Black, and 7% as Not Hispanic or Latino.

Partners were asked to identify their role(s) in the partnership or community. Of the 20 responses, seven were representative of the Community Partnership Lead (35%) and five were Community Partnership Partners (25%). Three respondents self-identified as Community Partnership Leaders (15%), three as Community Leaders (15%), and two as a Community Member (10%). Three respondents also provided additional roles within the partnership. Twenty-three percent of respondents (n=3) indicated affiliation to a local government agency (city or county), while two were associated to a faith- or community-based organization (15%) and two claimed affiliation to advocacy organizations. One respondent identified with each of the following organization types: university or research/evaluation organizations, health care organizations, or child care or afterschool organizations. No individuals identified their type of organization as schools/school districts or neighborhood organizations.

Leadership (n=8 items)

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Overall, responses strongly supported the leadership team. All respondents (100%) agreed or strongly agreed 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 (92% agreed/strongly agreed). Respondents unanimously (100%) agreed/strongly agreed that leaders worked to motivate others, work with diverse groups, and strived to follow through on initiative promises. Survey responses indicated that at least one member of leadership lived within the community (100% agree/strongly agree), and held a respected role (100% agree/strongly agree). Leaders were unanimously perceived to have shown compassion to the community members with whom they worked and motivated to help others (100%).

Partnership Structure (n=24 items)

Seventy-six percent of respondents 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. Yet, one fifth of those responding were not sure (21% provided “I don’t know” as a response). Most (64%) also agreed that the partnership has processes in place for dealing with conflict, organizing meetings, and structuring goals, although 28% responded “I don’t know”, indicating a lack of familiarity in this area, and 8% disagreed or strongly disagreed. 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 (92%), though 2% did not agree with such claims and 8% did not know.

Though 46% of respondents indicated agreement with statements supporting the partnership’s effectiveness in seeking learning opportunities, developing the partnership, and planning for sustainability, 17% of responses disagreed, and 35% were not aware of partnership activities specific to development and sustainability.

Relationship with Partners (n=4 items)

Ninety-four percent of responses to statements about leadership and partner relationships were positive (agree or strongly agree), indicating that the vast majority of respondents felt the partners and leadership trusted and worked to support each other. The remaining six percent was evenly divided among respondents who strongly disagreed, did not know, and did not provide a response.

Partner Capacity (n=18 items)

Nearly all responses (96% 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, 79% 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.

Political Influence of Partnership (n=2 items)

Respondents also 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.

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

While 18% of respondents indicated a lack of knowledge about the community, 76% of responses supported the idea that the community was a good place to live, with community members who share the same goals and values, help each other, and are trustworthy. In contrast, responses to statements suggesting that community members would intervene on behalf of another individual in their community in cases of disrespect, disruptive behavior, or harmful behavior were less clearly supportive, with 51% perceiving community members would intervene (agree/strongly agree), 31% indicating that community members would not intervene, and 18% remaining unsure. Furthermore, respondents agreed that some community members may take advantage of others if given the chance. However, respondents also supported suggestions that community members help their neighbors (83%).

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Most respondents felt community members were aware of the partnership's initiatives and activities; however, 17% of those responding to the survey disagreed with these statements.

Sixty-two percent of respondents agreed that the partnership equally divides resources among different community groups in need (e.g., racial/ethnic minorities, lower-income), though 15% disagreed and felt resources were not equally distributed and 23% did not know how resources were divided.

Respondents agreed or strongly agreed (80%) that members of the partners and community maintained active involvement in partnership decisions and activities, though 9% disagreed and 11% were unsure. The majority of respondents (82%) also felt that partners and community members have the opportunity to function in leadership roles and participate in the group decision-making process, though 8% did not feel this way, and 10% did not know.

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APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Partnership and Community Capacity Survey Respondent Summary

Community Partnership

Chicago

Respondents (n= 13)

Respondent Characteristics

Gender		Identified Race/Ethnicity				Identified Role	
Female	8	American Indian or Alaskan Native	0	Hispanic or Latino	5	Community Partnership Lead	7
Male	5	Asian	0	Not Hispanic or Latino	1	Community Partnership Partner	5
No response	0	White	8	Don't know/ Unsure ethnicity	0	Community Leader	3
Age Range		African American/ Black	1	Refused to identify ethnicity	0	Community Member	2
18-25	0	Pacific Islander/ Native Hawaiian	0	Other ethnicity	0	Public Official	0
26-45	5					Other role	3
46-65	8						
66+	0						
No response	0						

Type of Affiliated Organization

Faith- or Community Based Organization	2	15.4%	(1)
School (district, elementary, middle, high)	0	0.0%	(2)
Local Government Agency (city, county)	3	23.1%	(3)
University or Research/Evaluation Organization	1	7.7%	(4)
Neighborhood Organization	0	0.0%	(5)
Advocacy Organization	2	15.4%	(6)
Health Care Organization	1	7.7%	(7)
Child Care or Afterschool Organization	1	7.7%	(8)
Other	3	23.1%	(10)
No response	0	0.0%	(999)

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	38.46%	Strongly disagree	2.56%
Agree	37.61%	I don't know	20.51%
Disagree	0.00%	No response	0.85%

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	46.85%	Strongly disagree	0.00%
Agree	48.95%	I don't know	2.80%
Disagree	1.40%	No response	0.00%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

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	23.78%	Strongly disagree	1.40%
Agree	52.45%	I don't know	17.48%
Disagree	4.20%	No response	0.70%
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	32.31%	Strongly disagree	0.00%
Agree	47.69%	I don't know	10.77%
Disagree	9.23%	No response	0.00%
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	9.23%	Strongly disagree	0.00%
Agree	36.92%	I don't know	35.38%
Disagree	16.92%	No response	1.54%
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	30.77%	Strongly disagree	2.56%
Agree	33.33%	I don't know	28.21%
Disagree	5.13%	No response	0.00%
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	1.92%
Agree	44.23%	I don't know	1.92%
Disagree	0.00%	No response	1.92%
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	17.95%	Strongly disagree	7.69%
Agree	33.33%	I don't know	17.95%
Disagree	23.08%	No response	0.00%
Leadership motivation			

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

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	69.23%	Strongly disagree	0.00%
Agree	30.77%	I don't know	0.00%
Disagree	0.00%	No response	0.00%

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	51.28%	Strongly disagree	0.00%
Agree	30.77%	I don't know	10.26%
Disagree	7.69%	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	50.00%	Strongly disagree	0.00%
Agree	42.31%	I don't know	5.77%
Disagree	1.92%	No response	0.00%

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	48.08%	Strongly disagree	1.92%
Agree	34.62%	I don't know	13.46%
Disagree	1.92%	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	61.54%	Strongly disagree	0.00%
Agree	38.46%	I don't know	0.00%
Disagree	0.00%	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	15.38%	Strongly disagree	0.00%
Agree	64.10%	I don't know	12.82%
Disagree	7.69%	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	46.15%	Strongly disagree	0.00%
Agree	42.31%	I don't know	7.69%
Disagree	3.85%	No response	0.00%

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

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	69.23%	Strongly disagree	0.00%
Agree	30.77%	I don't know	0.00%
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	69.23%	Strongly disagree	0.00%
Agree	30.77%	I don't know	0.00%
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	15.38%	Strongly disagree	0.00%
Agree	38.46%	I don't know	30.77%
Disagree	15.38%	No response	0.00%
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	15.38%	Strongly disagree	0.00%
Agree	46.15%	I don't know	23.08%
Disagree	15.38%	No response	0.00%

APPENDIX C: PARTNERSHIP LIST

Type	Partner
Business/Industry/ Commercial	Cocineros Unidos, United Cooks
	Growing Power
	Lekotek/Institutional Stakeholders
	SRAM Corporation (Director of SRAM Cycling Fund)
Civic Organization	Junior League of Chicago
College/University	DePaul University's Steans Center
	Erikson Institute/Institutional Stakeholders
	Northeastern Illinois University
	University of Illinois
Community Residents/ Representatives	Chicago neighborhood representatives (West Town, Albany Park, Humboldt Park, West Humboldt Park, South Chicago, Austin, Garfield Park, West Garfield Park, East Garfield Park, Pilsen, Englewood, North Lawndale, Lawndale, Logan Square, North Kenwood and Chicago Lawn)
	Future Home Zone Resident
Foundation	Parkways Foundation, Director
Government	26th Ward Alderman
	Police Officers
	Chicago Park District Harvest Garden Coordinator
	Chicago Park District
	Chicago Park District Therapeutic Recreation Program
	Mayor's Pedestrian Advisory Council
	Congressional Hunger Center-Emerson Fellow
	City of Chicago Office of People with Disabilities
	Chicago Department of Transportation, Assistant Commissioner; Chicago Park District Representatives, Board of Commissioners, Supervisors, Advisory Council
	Other Community-Based Organization
Active Transportation Alliance	
Consortium to Lower Childhood Obesity in Chicago Children (Executive Director; Health Community Workgroup)	
Enlace Chicago	
Garfield Park Conservatory Alliance	
Wellness Centers (located within Chicago Parks)	
Shedd Park Partnership	
After School Matters	
Chicago Children's Museum	
Other Research/Evaluation Organization	
	National Policy and Legal Analysis Network
Policy Advocacy Organization	Active Transportation Alliance
	Friends of the Park
	Green NET
	New Communities Program/Local Initiatives Support Corporation Chicago Illinois Action for Children
School	Pedro Albizu Campos High School Urban Agricultural Program

*Denotes the lead agency for the partnership.

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Sources of Revenue			
Community Partnership	Chicago		
Resource source	Year	Amount	Status
Business			
Matching funds			
	2011		Annual total \$31,000.00
		\$25,000.00	Accrued
		\$5,000.00	Accrued
		\$1,000.00	Accrued
	2012		Annual total \$1,000.00
		\$1,000.00	Accrued
Sum of revenue generated by resource source		\$32,000.00	
Individual/private donor			
Matching funds			
	2011		Annual total \$4,000.00
		\$2,000.00	Accrued
		\$2,000.00	Accrued
	2012		Annual total \$6,000.00
		\$3,000.00	Accrued
		\$3,000.00	Accrued
Sum of revenue generated by resource source		\$10,000.00	
Local government			
Matching funds			
	2008		Annual total \$30,000.00
		\$30,000.00	Accrued
	2011		Annual total \$272,000.00
		\$190,000.00	Accrued
		\$22,000.00	Accrued
		\$30,000.00	Accrued
		\$30,000.00	Accrued
	2012		Annual total \$6,000.00
		\$6,000.00	Accrued
Sum of revenue generated by resource source		\$308,000.00	
National government			

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership		Chicago		
Resource source			Amount	Status
Matching funds				
	2011			Annual total
				\$6,000.00
			\$6,000.00	Accrued
Sum of revenue generated by resource source			\$6,000.00	
Foundation		Year		
HKHC funds				
	2008			Annual total
				\$85,900.00
			\$55,031.00	Accrued
			\$512.00	Accrued
			\$4,939.00	Accrued
			\$23,980.00	Accrued
			\$1,438.00	Accrued
	2009			Annual total
				\$102,418.00
			\$3,276.00	Accrued
			\$9,878.00	Accrued
			\$65,284.00	Accrued
			\$23,980.00	Accrued
	2010			Annual total
				\$107,382.00
			\$9,878.00	Accrued
			\$68,545.00	Accrued
			\$2,996.00	Accrued
			\$1,983.00	Accrued
			\$23,980.00	Accrued
	2011			Annual total
				\$108,792.00
			\$2,735.00	Accrued
			\$66,996.00	Accrued
			\$3,425.00	Accrued
			\$11,656.00	Accrued
			\$23,980.00	Accrued
Sum of revenue generated by resource source			\$404,492.00	
Non-profit organization		Year		
Matching funds				

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Chicago		
Resource source		Amount	Status
	2008		Annual total \$1,500.00
		\$1,500.00	Accrued
	2011		Annual total \$232,250.00
		\$5,000.00	Accrued
		\$24,000.00	Accrued
		\$3,000.00	Accrued
		\$32,000.00	Accrued
		\$2,000.00	Accrued
		\$3,000.00	Accrued
		\$30,000.00	Accrued
		\$6,000.00	Accrued
		\$123,250.00	Accrued
		\$4,000.00	Accrued
	2012		Annual total \$352,183.00
		\$322,183.00	Accrued
		\$30,000.00	Accrued
Sum of revenue generated by resource source		\$585,933.00	
School	Year		
	Matching funds		
	2011		Annual total \$72,000.00
		\$5,000.00	Accrued
		\$10,000.00	Accrued
		\$20,000.00	Accrued
		\$15,000.00	Accrued
		\$2,000.00	Accrued
		\$6,000.00	Accrued
		\$4,000.00	Accrued
		\$10,000.00	Accrued
	2012		Annual total \$19,000.00
		\$6,000.00	Accrued
		\$2,000.00	Accrued
		\$6,000.00	Accrued

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Chicago		
Resource source		Amount	Status
		\$5,000.00	Accrued
Sum of revenue generated by resource source	\$91,000.00		
Grand Total			\$1,437,425.00

Healthy Kids, Healthy Communities: Chicago Initiative

Street Design Direct Observation

Summary Report

Prepared by Transtria LLC



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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. Healthy Kids, Healthy Communities places special emphasis on reaching children who are at highest risk for obesity on the basis of race/ethnicity, income, and/or geographic location.

Chicago, Illinois was selected as one of 49 communities to participate in HKHC, and the Logan Square Neighborhood Association is the lead agency for their community partnership, Healthy Kids, Healthy Communities: Chicago Initiative. Chicago has chosen to focus its work on healthy eating and active living strategies around complete streets, community gardens, and vending machines with the goal of creating safe routes for children and improving their nutritional environment. 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.

In order to better understand the impact of their work in street design, specifically their work on safe parks zones for children, partnership representatives chose to participate in the enhanced evaluation data collection activities. This supplementary evaluation focuses on the six cross-site HKHC strategies, including: parks and play spaces, active transportation, farmers' markets, corner stores, physical activity standards in childcare settings, and nutrition standards in childcare settings. Communities use two main methods as part of the enhanced evaluation, direct observation and environmental audits. Chicago chose to collect data on street design using the direct observation method.

METHODS

Street Design Direct Observation

The street design direct observation tool was 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. Direct observation is a method used to assess individuals' behaviors in their natural setting. An Evaluation Officer from Transtria LLC trained representatives of Chicago's community partnership on proper data collection methods using the tool.

Data were collected between July 24, and August 7, 2012 for the pre-observation and between July 10 and July 13, 2013 for the post-observation at the following three intersections: (1) Division Street and California Avenue, (2) Humboldt Boulevard and North Avenue, and (3) North Avenue and California Avenue. Observers collected data between 10:02 AM and 8:53 PM for the pre-observation and between 9:00 AM and 5:56 PM for the post-observation.

The observations were conducted on eleven separate days (eight for the pre and three for the post) by nine different observers. For the pre-observation, observers collected data for an average of 3.4 hours per day or 9.0 hours per street. For the post-observation, observers collected data for an average of 8.3 hours per day or 8.3 hours per street. For the duration of each observation period, observers scanned the street for one minute and recorded observations for one minute. Each observation represents an individual's activity level in the

area at the specified time. Because individuals may have exited and re-entered the area during observation periods, the individuals observed in each time period were not the same. This method allowed observers to capture overall changes in activity level as time lapsed, but it did not allow observers to record individual behavior changes.

During the scan, the observer completed the observation tool by tallying individuals in the designated area by age group (i.e., children = 3-12 years; adolescents = 13-18 years; adults = 19+ years).

- **Sedentary** behaviors are defined as activities in which individuals are not moving (e.g., standing, sitting, playing board games).
- **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).

Observers also reported the activity codes for the individuals in the designated area, including:

No Identifiable Activity	Walking	Speed walking	Biking
Roller-blading	Jogging	Skate boarding	Other activity

The activity code “No Identifiable Activity” was used to indicate no movement. The activity code “None of the Above” was used when an individual was engaging in an activity not included in the other activity codes.

In addition to recording individuals’ activity levels, observers created maps of the intersections. These data were collected once for each of the three intersections observed. The maps included a form for 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).

One Transtria staff member entered the data and a second Transtria staff member conducted validity checks on 10% of observations (i.e., every tenth observation) to ensure accuracy and validity of the data. Of the 10% checked, 6 errors were found among the 54,810 observations (99.9% correct).

RESULTS

Overall Results

Direct observations were conducted at three intersections (Division Street and California Avenue, Humboldt Boulevard and North Street, and North Street and California Avenue). Pre-observations were collected in July and August 2012 and post-observations in July 2013. Activity levels were collected over a total of 1,566 one-and-a-half or two minute observation periods with 810 collected at the pre and 756 collected at post.

For the 1,566 observation periods, there were a total of 10,117 activity counts recorded by observers. The activity counts reflect activity levels at a particular moment in time as opposed to unique individuals observed. A person counted during the first minute of scanning is also counted during the fifth minute of scanning, if that person is still in the area. It is likely that the unique number of individuals observed in the area is a small fraction of the number of activity counts recorded for each site.

In order to better compare the data collected at the four sites, the rate of activity (activity counts per hour) was calculated for each site (see Table 1).

$$\frac{\text{Number of activity counts}}{\text{Total number of observation periods}} \times 60 \text{ (minutes per hour)}$$

Table 1. Activity Counts per Hour

	Division Street and North Avenue	Humboldt Boulevard and North Avenue	North Avenue and California Avenue
Pre-observation	309.3	290.1	563.4
Post-observation	362.1	408.1	849.5

Results by Intersection

Division Street and California Avenue

Rates of Activity

For the intersection at Division Street and California Avenue there were 270 observation periods completed for the pre-observation and 252 completed for the post-observation. For each of the 522 pre- and post-observation periods completed, observers collected data for one minute and recorded data for one minute.

The rate of activity was 309.3 activity counts per hour for pre and 362.1 activity counts per hour for the post. The majority of activity observed in the pre-observation was moderate (60.0%), followed by very active (29.1%) and sedentary (10.9%) (see Table 2). The overall activity among children (5.6%) and adolescents (2.6%) was much less than that of adults (91.9%). For the pre-observation about half of all activity observed was among moderately active adults (53.9%), followed by very active adults (28.4%).

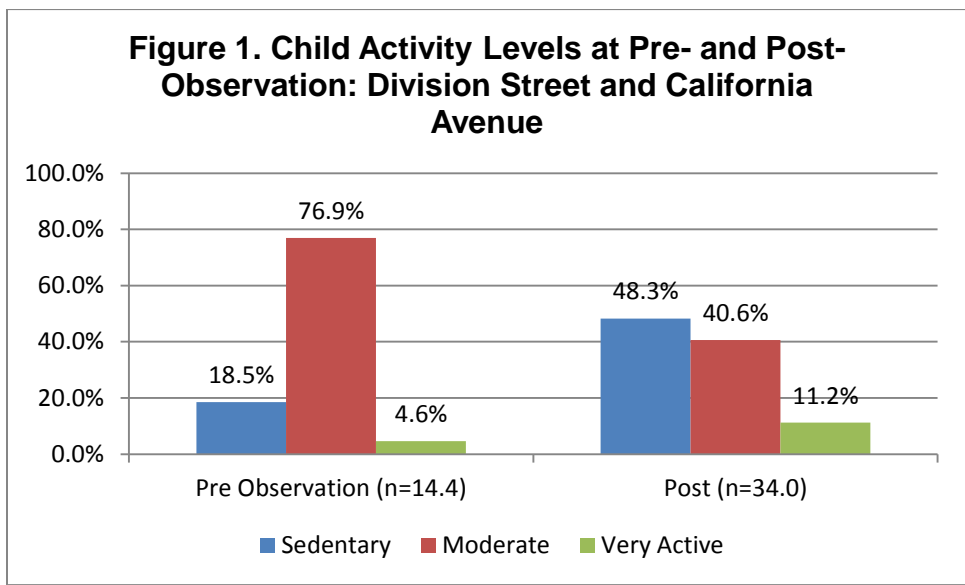
During the post-observation, the overall activity observed was among adults (82.5%). Among all age groups sedentary (33.0%), moderate (39.8%), and very active (27.2%) behaviors were observed in similar amounts.

Table 2. Overall Activity Rates (activity counts/hour) by Age Group and Activity Level Observed at the Division Street and California Avenue Intersection

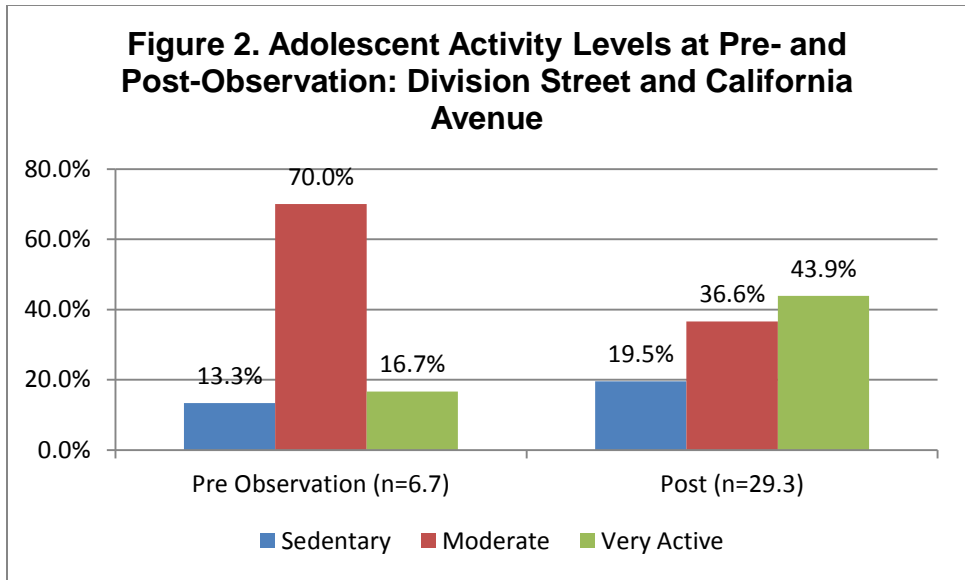
Age Group	Pre				Post			
	Sedentary	Moderate	Very Active	Total	Sedentary	Moderate	Very Active	Total
Children	1.0%	4.3%	0.3%	5.6%	4.5%	3.8%	1.1%	9.4%

Adolescents	0.3%	1.8%	0.4%	2.6%	1.6%	3.0%	3.6%	8.1%
Adults	9.6%	53.9%	28.4%	91.9%	26.9%	33.1%	22.6%	82.5%
Total	10.9%	60.0%	29.1%	100%	33.0%	39.8%	27.2%	100%

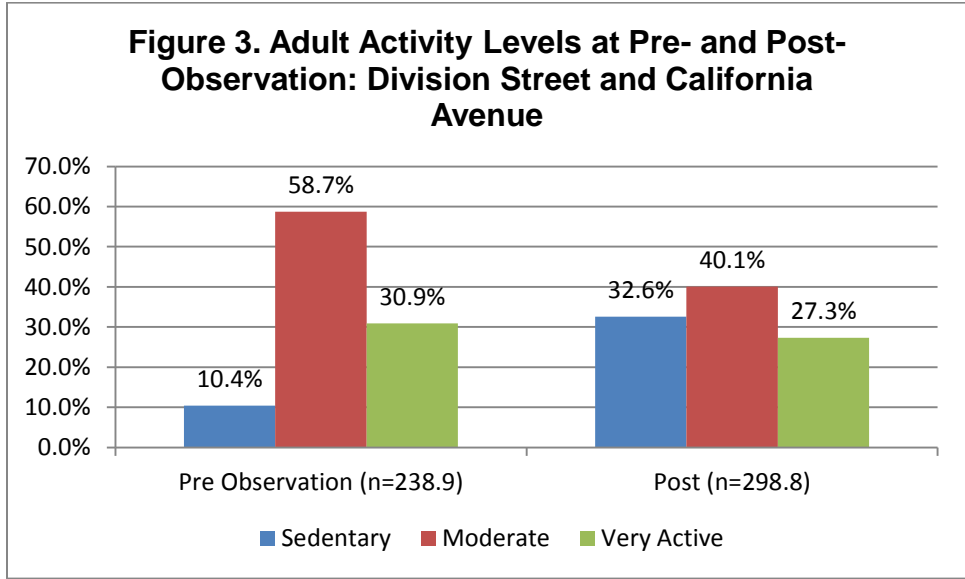
When we look at activity levels within each age group, we see that among children activity levels during the pre-observation were primarily moderate (76.9%), followed by sedentary (18.5%) (see Figure 1). During the post-observation the majority of activity was sedentary (48.3%), though it composed less than half of the total post-observation activity. Very active behavior among children increased from pre- (4.6%) to post-observation (11.2%). Moderate behavior decreased from pre- (76.9%) to post-observation (40.6%).



Among adolescents, the majority of activity was moderate (70.0%) during the pre-observation, followed by very active (16.7%) and sedentary (13.3%) (see Figure 2). During the post-observation very active behavior (43.9%) was most commonly observed. Adolescents were also moderately active (36.6%) and sedentary (19.5%).



During the pre-observation more than half of adult activity was moderate (58.7%), followed by very active (30.9%) and sedentary (10.4%) behaviors (see Figure 3). During the post-observation activity among adults was moderately active (40.1%), sedentary (32.6%), and very active (27.3%).



Types of Activity

At the Division Street and California Avenue intersection a total of seven activity types were observed at the pre-observation and post-observation (see Table 3). During the pre-observation children were observed walking, biking, and participating in other, unspecified activity. Adolescents were observed walking, biking, and skate boarding. Adults were observed walking, speed walking, biking, jogging, skate boarding, participating in other, unspecified activity, and participating in no identifiable activity (i.e. sitting). During the post-observation children were walking, biking, and, and skate boarding. Adolescents were observed walking, biking, and

participating in other, unspecified activity. Adults were observed walking, speed walking, biking, roller blading, jogging, skate boarding, and participating in other, unspecified activity.

Activity	Pre-Observation			Post-Observation		
	Children	Adolescents	Adults	Children	Adolescents	Adults
No identifiable activity			X			
Walking	X	X	X	X	X	X
Speed walking			X			X
Biking	X	X	X	X	X	X
Roller blading						X
Jogging			X			X
Skate boarding		X	X	X		X
Other activity	x		x		X	X

Humboldt Boulevard and North Avenue

Rates of Activity

For the intersection at Humboldt Boulevard and North Avenue there were 270 observation periods completed for the pre-observation and 252 completed for the post-observation. For each of the 522 pre- and post-observation periods completed, observers collected data for one minute and recorded data for one minute.

The rate of activity was 180.0 activity counts per hour for pre and 408.1 activity counts per hour for the post. Overall, the majority of activity observed during the pre-observation was moderate (54.2%), followed by very active (38.4%), and sedentary (7.4%) (see Table 4). Most of the overall activity was observed among adults (76.9%). In terms of activity level, the majority of activity observed was moderate and among adults (40.0%), followed by very active adults (31.5%).

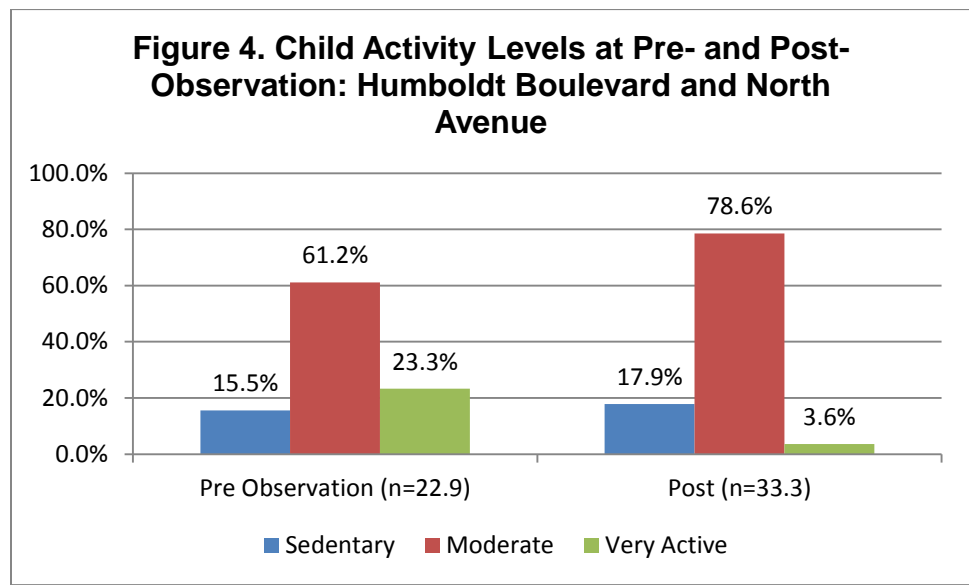
During the post-observation, the majority of activity was moderate (75.7%) and primarily observed among adults (68.7%). Most activity, in fact, was observed among adults with 90.8% of all activity observed among adults.

Table 4. Overall Activity Rates (activity counts/hour) by Age Group and Activity Level Observed at the Humboldt Boulevard and North Avenue Intersection

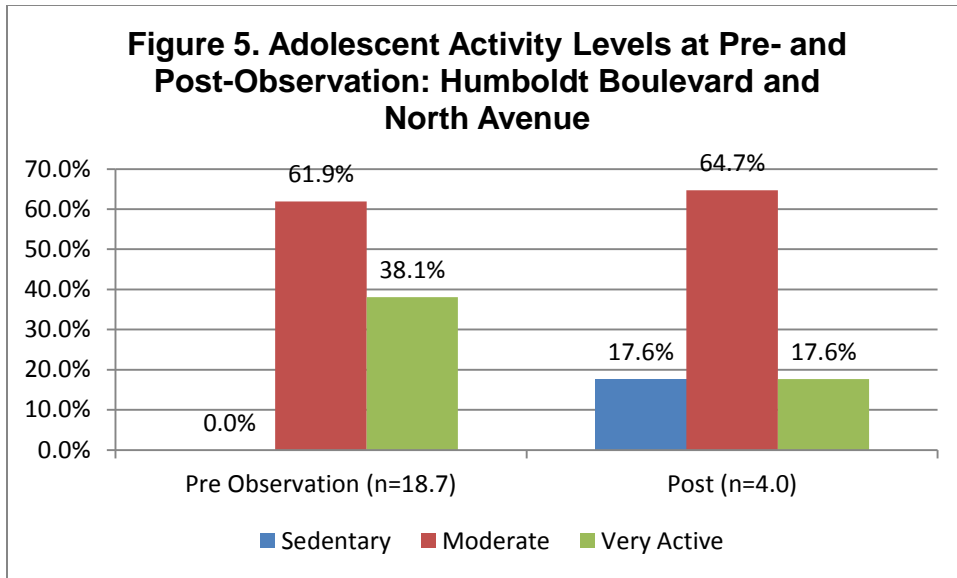
Age Group	Pre				Post			
	Sedentary	Moderate	Very Active	Total	Sedentary	Moderate	Very Active	Total
Children	2.0%	7.8%	3.0%	12.7%	1.5%	6.4%	0.3%	8.2%

Adolescents	0.0%	6.4%	4.0%	10.4%	0.2%	0.6%	0.2%	1.0%
Adults	5.4%	40.0%	31.5%	76.9%	2.3%	68.7%	19.8%	90.8%
Total	7.4%	54.2%	38.4%	100%	4.0%	75.7%	20.3%	100%

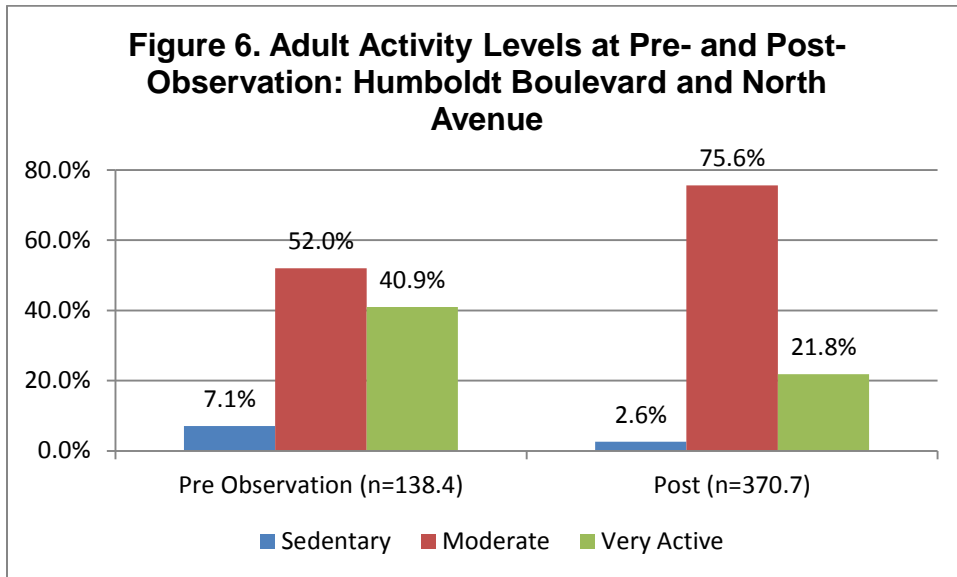
When we look at activity levels within each age group, we see that among children moderate activity is the most prominent activity level during both the pre- (61.2%) and post-observations (78.6%) (see Figure 4). Less than one-fifth of activity was sedentary during the pre-observation. A similar proportion of sedentary behavior (17.9%) was observed during the post-observation. Very active behavior decreased among children from the pre-observation (23.3%) to post (3.6%).



Among adolescents, the majority of activity was moderate during both the pre- (61.9%) and post-observation (64.7%) (see Figure 5). During the pre-observation more than one-third of adolescent activity was very active (38.1%). Very active behavior decreased during the post-observation (17.6%) compared to the pre, comprising about one-fifth of adolescent activity.



Adults were more likely to be moderately active during the pre- and post-observation with about half of adults moderately active (52.0%) during the pre and three-quarters of adults moderately active (75.6%) during the post-observation (see Figure 6). Very active behavior was observed among adolescents during the pre-observation (40.9%). Though it decreased compared to the pre, very active behavior (21.8%) was also observed during the post-observation. Sedentary behavior was less frequently observed during both the pre- (7.1%) and post-observation (2.6%) compared to moderate and very active behaviors.



Types of Activity

A variety of activity types were observed at the Humboldt Boulevard and North Avenue intersection. During the pre-observation children were observed walking, biking, roller-blading, skate boarding, and participating in other, unspecified activity (see Table 5). Adolescents were observed walking, biking, roller blading, and jogging. Adults were observed walking, speed

walking, biking, roller blading, jogging, participating in other, unspecified activity, and no identifiable activity (i.e. sitting). During the post-observation children were observed walking, speed walking, biking, skate boarding, participating in other, unspecified activity, and no identifiable activity. Adolescents were observed walking, and biking. Adults were observed walking, speed walking, biking, roller blading, jogging, skate boarding, participating in other, unspecified activity, and no identifiable activity.

Table 5. Types of Activity Observed at Humboldt Boulevard and North Avenue						
Activity	Pre-Observation			Post-Observation		
	Children	Adolescents	Adults	Children	Adolescents	Adults
No identifiable activity			X	X		X
Walking	X	X	X	X	X	X
Speed walking			X	X		X
Biking	X	X	X	X	X	X
Roller blading	X	X	X			X
Jogging		x	X			X
Skate boarding	X			X		X
Other activity	x		x	X		X

North Avenue and California Avenue

Rates of Activity

For the intersection at North Avenue and California Avenue there were 270 observation periods completed for the pre-observation and 252 completed for the post-observation. For each of the 522 pre- and post-observation periods completed, observers collected data for one minute and recorded data for one minute.

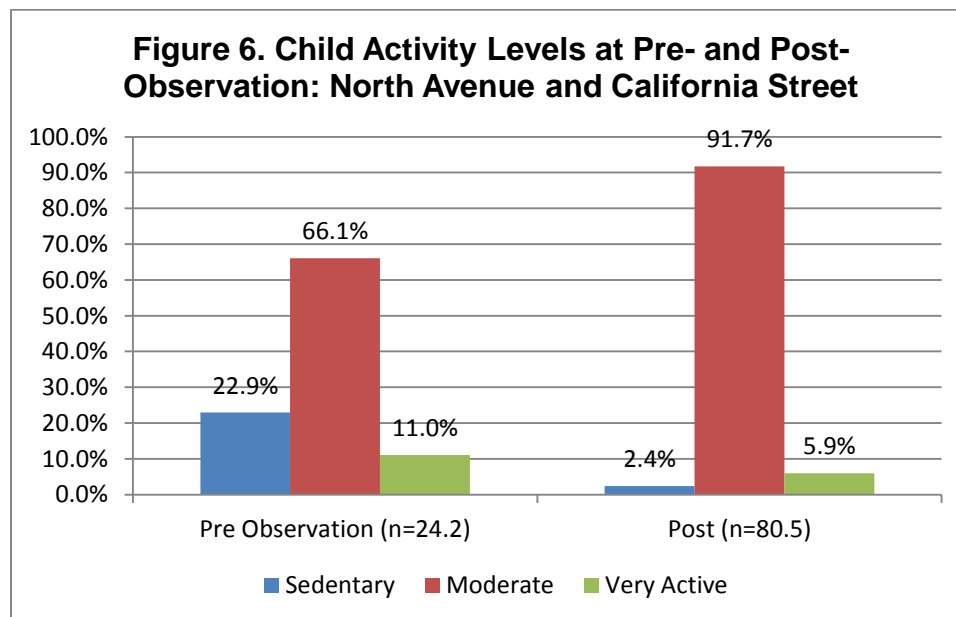
The rate of activity was 296.4 activity counts per hour for pre and 849.5 activity counts per hour for the post. Overall, the majority of the activity observed during the pre-observation was moderate (63.0%), followed by very active (24.9%) and sedentary (12.1%) (see Table 6). The majority of activity was observed among adults (82.9%), who were primarily moderately active (51.9%) and very active (22.5%).

During the post-observation about half of all activity was among adults who were moderately active (50,9%), followed by very active behavior also among adults (33.2%).

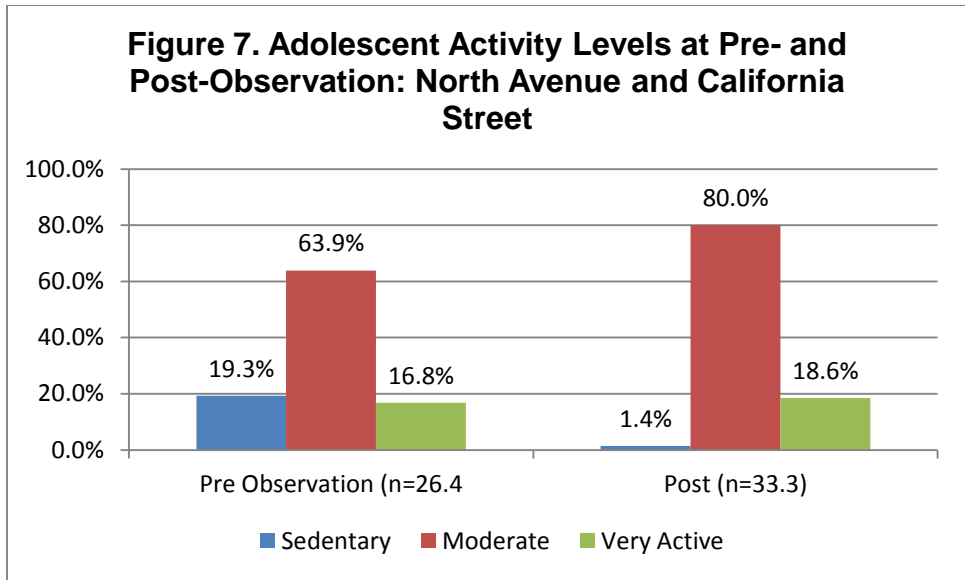
Table 6. Overall Activity Rates (activity counts/hour) by Age Group and Activity Level Observed at the North Avenue and California Intersection

Age Group	Pre				Post			
	Sedentary	Moderate	Very Active	Total	Sedentary	Moderate	Very Active	Total
Children	1.9%	5.4%	0.9%	8.2%	0.2%	8.7%	0.6%	9.5%
Adolescents	1.7%	5.7%	1.5%	8.9%	0.1%	3.1%	0.7%	3.9%
Adults	8.5%	51.9%	22.5%	82.9%	2.5%	50.9%	33.2%	86.6%
Total	12.1%	63.0%	24.9%	100%	2.7%	62.8%	34.5%	100%

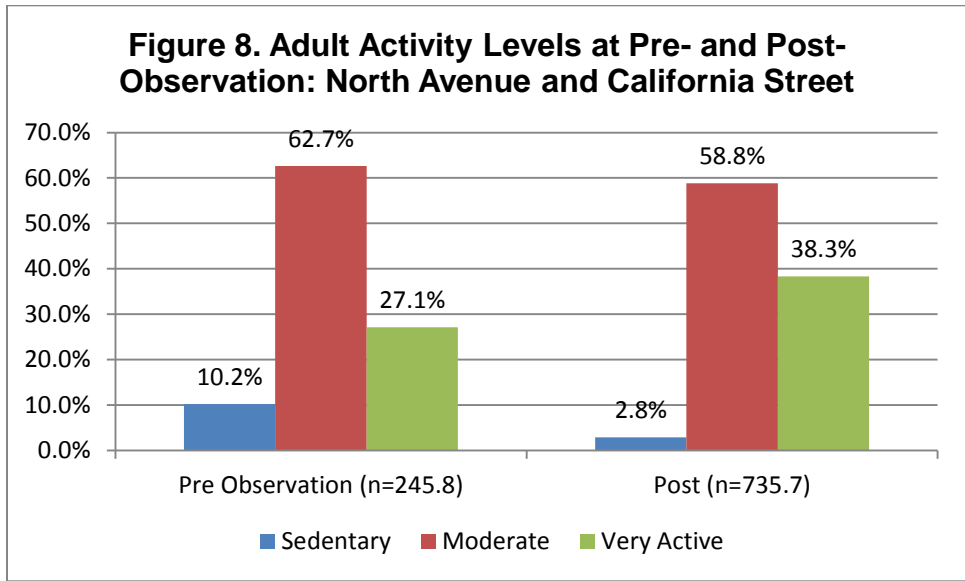
When we look at activity rates within age groups, we see that the majority of activity observed among children was moderate for both the pre-observation (66.1%) and the post- (91.7%) (see Figure 6). During the pre-observation about one-fifth of activity among children was sedentary (22.9%). Sedentary behavior among children decreased during the post-observation to 2.4% of all child activity. Very active behavior was also observed among children, but in small amounts, 11.0% for the pre-observation and 5.9% for the post-observation.



The majority of adolescent behavior observed was moderate during both the pre-observation (63.9%) and the post-observation (80.0%) (see Figure 7). Very active behavior remained consistent from pre- (16.8%) to post (18.6%). Though sedentary behavior was observed during the pre-observation (19.3%), very little sedentary behavior was observed among adolescents during the post-observation.



The majority of adult activity was moderate during both the pre-observation (62.7%) and post-observation (58.8%) was moderate (see Figure 8). Very active behavior was observed during the pre-observation (27.1%) and increased during the post-observation (38.3%). Though sedentary behavior was observed, it comprised the smallest proportion of activity both during the pre-observation (10.2%) and post (2.8%).



Types of Activity

During the pre-observation children were observed walking, biking, roller blading, and participating in other, unspecified activity (see Table 7). Adolescents were observed walking, speed walking, biking, jogging, skate boarding, and participating in other, unspecified activity. Adults were observed walking, speed walking, biking, jogging, skate boarding, and participating in other, unspecified activity. During the post-observation children were observed walking, biking, participating in other, unspecified activity and no identifiable activity. Adolescents were

observed walking, speed walking, biking, jogging, and participating in no identifiable activity. Adults were observed walking, speed walking, biking, roller blading, jogging, skate boarding, participating in other, unspecified activity and no identifiable activity.

Table 7. Types of Activity Observed at North Avenue and California Avenue						
Activity	Pre-Observation			Post-Observation		
	Children	Adolescents	Adults	Children	Adolescents	Adults
No identifiable activity				X	X	X
Walking	X	X	X	X	X	X
Speed walking			X		X	X
Biking	X	X	X	X	X	X
Roller blading	X	X				X
Jogging		X	X		X	X
Skate boarding		X	X			X
Other activity	X		X	X		X

Key Takeaways

- Among adolescents observed at Division Street and California Avenue, very active behavior nearly doubled from pre- to post-observation.
- Though very active behavior decreased from pre- to post-observation for the Humboldt Boulevard and North Avenue intersection, moderate activity was observed the majority of the time for pre- and post-observation among all age groups.
- At the North Avenue and California Avenue intersection moderate activity was observed most often among all age groups in the pre- and post-observations. Among adults very active behavior increased from pre- to post-observation.

Appendix A: Street Design Direct Observation Tool