

LOUISVILLE'S HEALTHY KIDS, HEALTHY COMMUNITIES CASE REPORT

LOUISVILLE, KY

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2008 to June 2013



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For more information about the evaluation aims, methods, analyses, or products, please contact Laura Brennan (laura@transtria.com) or Allison Kemner (akemner@transtria.com).

TABLE OF CONTENTS

Background

Community Demographics

Influence of Social Determinants

Louisville's Healthy Kids, Healthy Communities Partnership

Partnership Funding

Community Assessment

Planning and Advocacy Efforts

Healthy Eating and Active Living Strategies

Corner Stores

Active Transportation

Urban Agriculture

Sustainability of the Partnership and Initiative

Tables

Table 1: Sociodemographic Characteristics of Louisville's HKHC Neighborhoods

Table 2: Street Design Summary Results

Figures

Figure 1: Map of Healthy Kids, Healthy Communities Partnerships

Figure 2: Map of Louisville's HKHC Neighborhoods

Figure 3: Estimated Unemployment Rates in Louisville Metro by Race/Ethnicity, 2005-2009

Figure 4: Grandparent Heads of Households

Figure 5: Access to Healthy Foods

Figure 6: Shelby Park Walkability Results

Figure 7: Healthy in a Hurry Corner Stores Infographic

Appendices

Appendix A: Louisville Evaluation Logic Model

Appendix B: Partnership and Community Capacity Survey Results

Appendix C: Partner List

Appendix D: Sources and Amounts of Funding Leveraged

Appendix E: Enhanced Evaluation Report

BACKGROUND

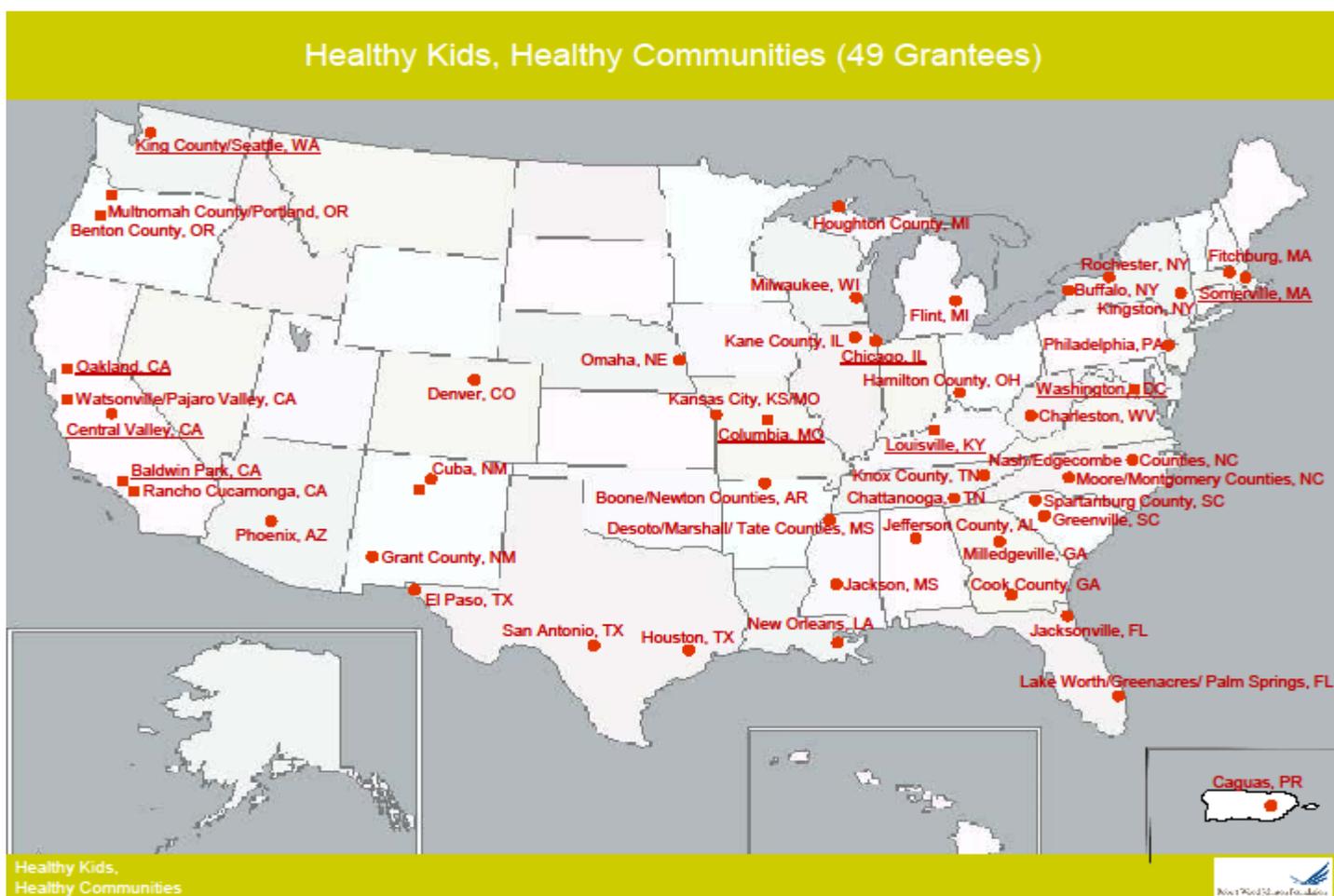
Healthy Kids, Healthy Communities National Program

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.

Louisville's Healthy Kids, Healthy Communities

In December 2008, Louisville's Healthy Kids, Healthy Communities partnership received a four-year, \$400,000 grant as part of the HKHC national program. This partnership focused on 12 neighborhoods located in northwest Louisville and east downtown Louisville, Kentucky. The communities included approximately 86,518 children, youth, or adults.

Louisville Metro Department of Public Health and Wellness was the lead agency for the partnership. The partnership and capacity building strategies included:

- *Food Policy Council (FPC)* began as a development committee under an executive order signed by the former Mayor. The committee and new Mayor made recommendations for membership; there were 26 people initially appointed to the FPC. The FPC was directed to work on four goals, including Locally Integrated Food Economy (LIFE) zoning (i.e., canning or local processing and retail in Portland neighborhoods); increasing revenue for farmers (i.e., bolster the farm to table movement); and assessing the demand for local food among food buyers, sellers and preparers (not consumers).
- *Louisville Youth Advocates (LYA)*, a group of 50 youth activists from the 12 HKHC-designated neighborhoods, canvassed Louisville and documented its findings with Photovoice and digital storytelling methods. Results were presented back to policymakers, such as city council members.

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

Along with partnership and capacity building strategies, Louisville's Healthy Kids, Healthy Communities partnership incorporated assessment and community engagement activities to support the partnership and the healthy eating and active living strategies.

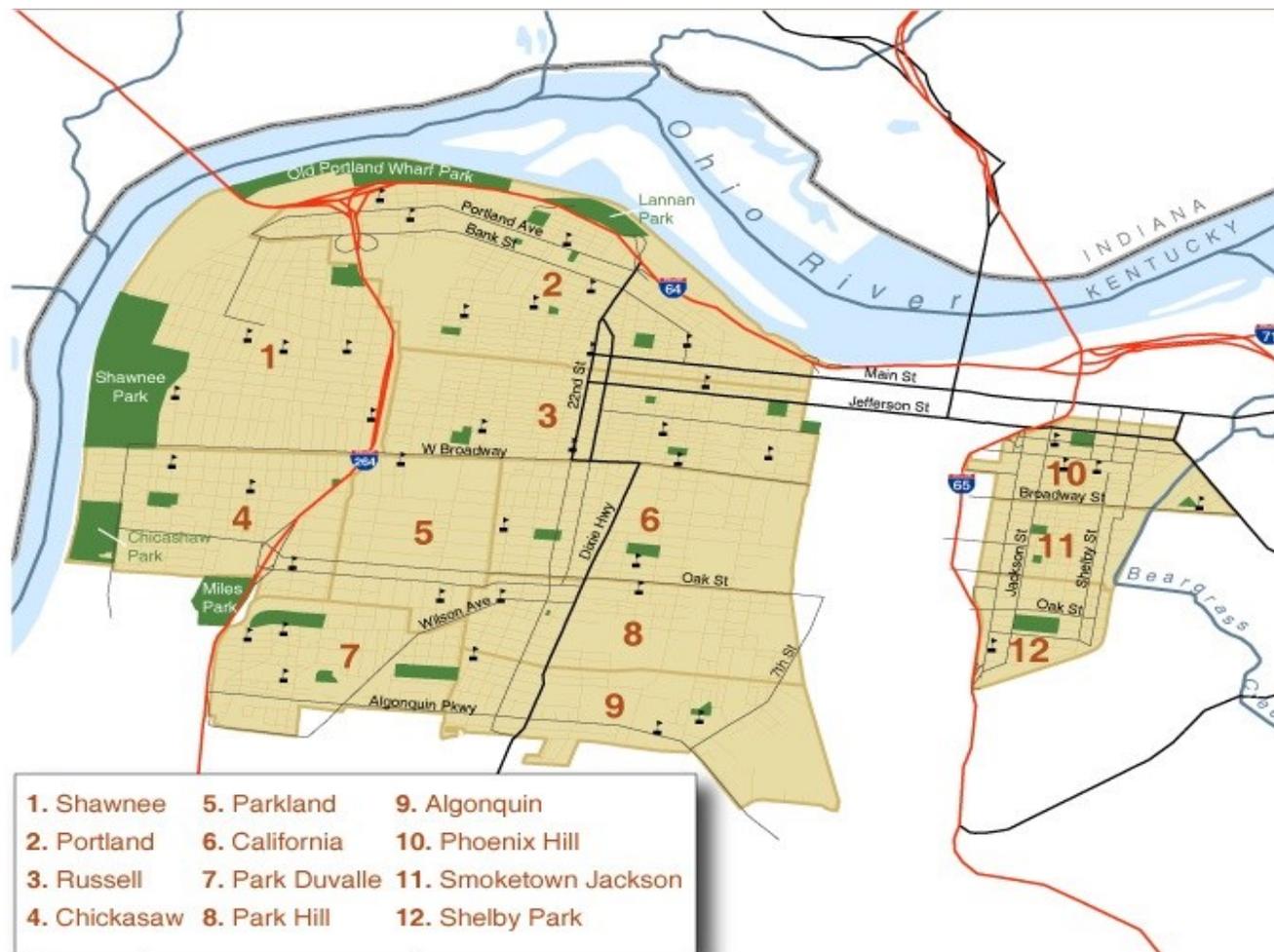
The healthy eating and active living strategies of the partnership included:

- *Healthy in a Hurry Corner Stores*: The goal of this healthy eating initiative was to increase access to fruits and vegetables in underserved communities. Louisville started working on its corner store strategy in December of 2007 under the umbrella of the Food Security Taskforce, with partners from the YMCA, Louisville Metro Department of Public Health and Wellness, and Center for Health Equity. Healthy in a Hurry (HiaH) Corner Store initiative launched in early 2009 with two initial stores.
- *Active Transportation*: Efforts focused on connecting the Louisville Loop with Mayor's Miles in order to increase residents' awareness of and access to physical activity opportunities in their neighborhoods. The Louisville Loop was a trail system, encircling the city and linking existing parks, new parks, and neighborhoods to civic attractions, transportation alternatives, and recreation opportunities. Mayor's Miles was a distance-marking system for walking paths, with wayfinding signage every tenth of a mile.

COMMUNITY DEMOGRAPHICS

Louisville's Healthy Kids, Healthy Communities partnership worked in 12 neighborhoods in northwest Louisville and east downtown Louisville (see Figure 2). These communities were all identified by the city as distressed communities with significant environmental and social barriers to active living and healthy eating. In 2008, there were approximately 86,518 residents in the 12 neighborhoods, with 11 neighborhoods having predominantly African American populations.

Figure 2: Map of HKHC Neighborhoods in Louisville²



*Map replicated from www.healthykidshealthycommunities.org/communities/louisvill-ky.

- **Portland** is at the northern tip of urban Louisville. Portland is the only predominantly white neighborhood on Louisville's West Side. Portland is among the most economically challenged areas of Louisville, which includes the lowest median house value in the city, a high poverty rate, and over 100 abandoned buildings. Portland also has a higher violent crime rate than surrounding neighborhoods.
- **Russell** is immediately west of downtown Louisville. There are vacant lots and abandoned buildings throughout the district. Russell's decline as a posh place to live and as a center for black-owned businesses began during the 1960s. Longtime residents say the neighborhood's downturn was hastened by integration, which opened the doors for middle-class blacks to move to other areas, and urban renewal, which decimated the population in eastern Russell.³
- **Chickasaw** is predominantly black and middle-class. Before integration, Shawnee Park was reserved for whites, while Chickasaw Park was reserved for blacks. Integration has led to a decrease in use for Chickasaw as more persons prefer the larger Shawnee to the north.
- **Shawnee** Shawnee Park is a community asset for the African American community of Louisville. The park is used as an unofficial central gathering place for youth of Western Louisville.

LOUISVILLE’S HEALTHY KIDS, HEALTHY COMMUNITIES

- **California** neighborhood is located in western Louisville, with surrounding neighborhoods of Portland, Russell, Park Hill, and Limerick. Oral tradition states that the land was named “California” because it was located far west of the city.⁴ After the Civil War, many African Americans settled the area.
- **Parkland** is often referred to as Little Africa. It was one of the many all-black neighborhoods that developed during the last decades of the nineteenth century. In addition to California and Smoketown, the neighborhood grew as the city’s African American population rose and the pattern of segregation evolved.⁵
- **Algonquin** was established in the 1920s and is primarily a residential neighborhood, named for nearby Algonquin Park. Algonquin borders Park Duvalle and Park Hill neighborhoods.
- **Park Duvalle** was developed during the 1950s, when more than 1,500 units of federally-assisted affordable housing were constructed in three separate units in the neighborhood. By the early 1990s, Park Duvalle had some of the worst living conditions in Louisville, due to poor design, layout, management, and a lack of nearby social services.
- **Park Hill** area was once one of Louisville’s centers of industry but now includes several former manufacturing plants and closed industrial facilities. It borders portions of Old Louisville and the University of Louisville.
- **Phoenix Hill** is a neighborhood just east of Downtown Louisville. It is a neighborhood of mixed but compatible uses. Much of the residential part of the neighborhood is included in the National Historic District.
- **Smoketown** has been a historically black neighborhood since the Civil War. It is the only neighborhood in the city that has had such a continuous presence.
- **Shelby Park** is a neighborhood two miles southeast of downtown Louisville and is considered a “sister neighborhood” with Smoketown.

Table 1: Sociodemographic Characteristics of HKHC Louisville Neighborhoods⁶

Location	Population	Female	<18 years	African American	Latino	White	Housing Units	
							Owner-Occupied	Vacant
Louisville	597,337	51.6%	23.6%	22.1%	3.2%	73.5%	56.1%	9.0%
Algonquin/ Park Duvalle/ Park Hill	13,277	55.9%	24.2%	91.9%	0.6%	6.10%	35.5%	15.0%
California/ Parkland	9,283	53.7%	23.5%	92.9%	1.0%	5.0%	29.4%	27.0%
Chickasaw/ Shawnee	17,591	54.2%	19.7%	92.6%	0.6%	5.6%	48.6%	15.6%
Phoenix Hill/ Smoketown/ Shelby Park	9,328	48.8%	21.5%	66.5%	1.6%	29.5%	15.0%	16.1%
Portland	10,389	50.6%	21.5%	27.8%	1.0%	70.1%	34.0%	8.8%
Russell	10,209	55.5%	33.6%	94.0%	0.8%	4.0%	16.2%	19.7%

INFLUENCE OF SOCIAL DETERMINANTS

Crime and Violence

As one of the most frequently cited barriers, crime and violence were described at multiple levels, including:

- There was a shooting during a kickball game, with three people shot and injured. In response, the Shawnee Neighborhood Association started a walking club including a police officer.
- There were shootings in the west end that were not random acts, but, were rather among people who knew each other. These were shootings in broad daylight in front of the police and media. In response, representatives started a program with youth focused on violence prevention, and they assembled a violence prevention taskgroup to develop priorities around violence prevention.

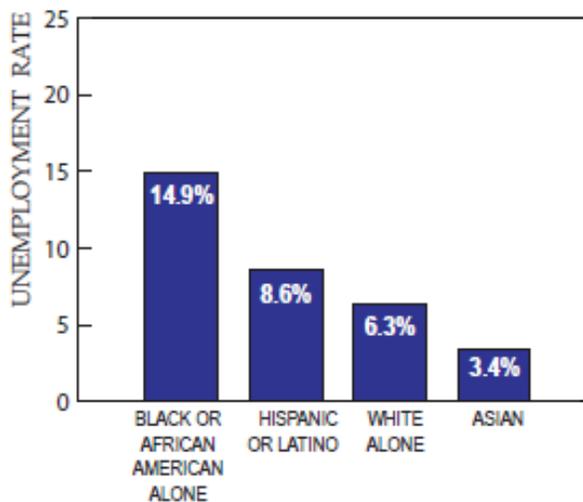
Although people were seen walking in parks during the day, crime abounded at night. Photovoice and digital storytelling showed that area students felt unsafe and did not visit parks due to violent crimes.

Economic Influences

The poverty rate in Louisville Metro is 18.2%, slightly lower than the state average (19.3%), but higher than the national average (15.9%). As the other most frequently cited barrier, economic influences including low wages and unemployment rates coupled with high costs of living force low income people to make difficult choices in paying for basic healthcare needs (e.g., housing, food, transportation, health insurance coverage).⁷

A 2011 Health Equity report cited that poverty rates for African Americans (31.9%) in Louisville were three times higher than for Whites (11.1%) – this is particularly pertinent as 11 of the 12 target HKHC communities are mostly African American.⁷ Additionally, unemployment rates for African Americans (14.9%) in Louisville were double that of whites (6.3%). See Figure 3.

Figure 3: Estimated Unemployment Rates in Louisville Metro by Race/Ethnicity, 2005-2009

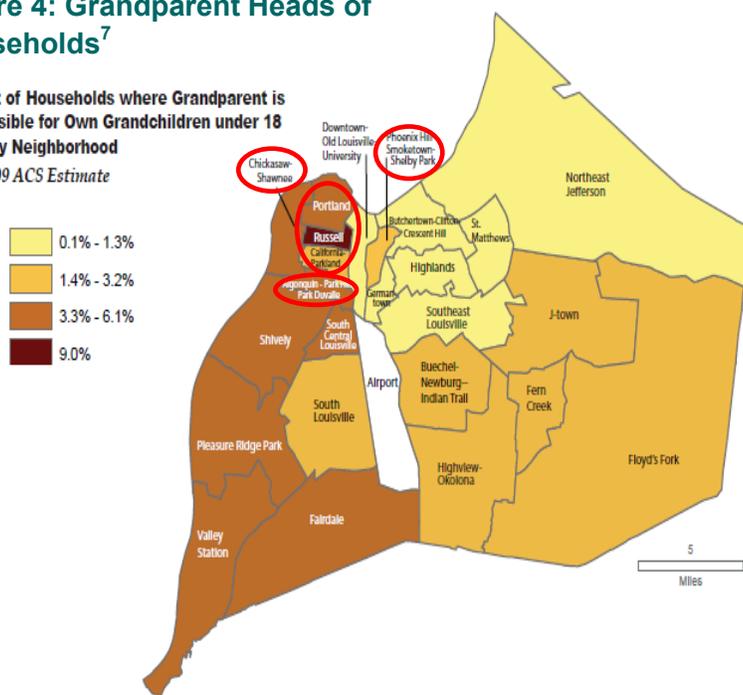


Children in Single Parent Households

According to data compiled by the Kentucky State Data Center, University of Louisville⁶, 62.7% of white youth under 18 lived with husband and wife heads of households in 2010. The number of husband and wife heads of households among African American youth under 18 was 23.6%, over a third less compared to whites. Among African Americans, heads of households were mostly reported to be female-only (53.8%), followed by grandparents (11.0%); only 5.9% were males only. White female-only heads of households were a third less compared to African Americans (17.9%), followed closely by grandparents (7.9%) and males only (7.3%). See Figure 4 for an estimate of grandparent heads of households by Louisville neighborhoods.

Figure 4: Grandparent Heads of Households⁷

Percent of Households where Grandparent is Responsible for Own Grandchildren under 18 Years by Neighborhood
2005-2009 ACS Estimate



Historical and Institutional Racism

Historical and institutional racism were cited as reasons for the perpetuation of many of

the negative impacts on community cohesion and health (e.g., poverty, crime). The practice of slavery was prevalent among the first generations of Louisville's existence.⁷ However, the Civil War brought an increase to the African American population in Louisville that, consequently, brought overcrowding and established majority-black neighborhoods (i.e., Smoketown, California).

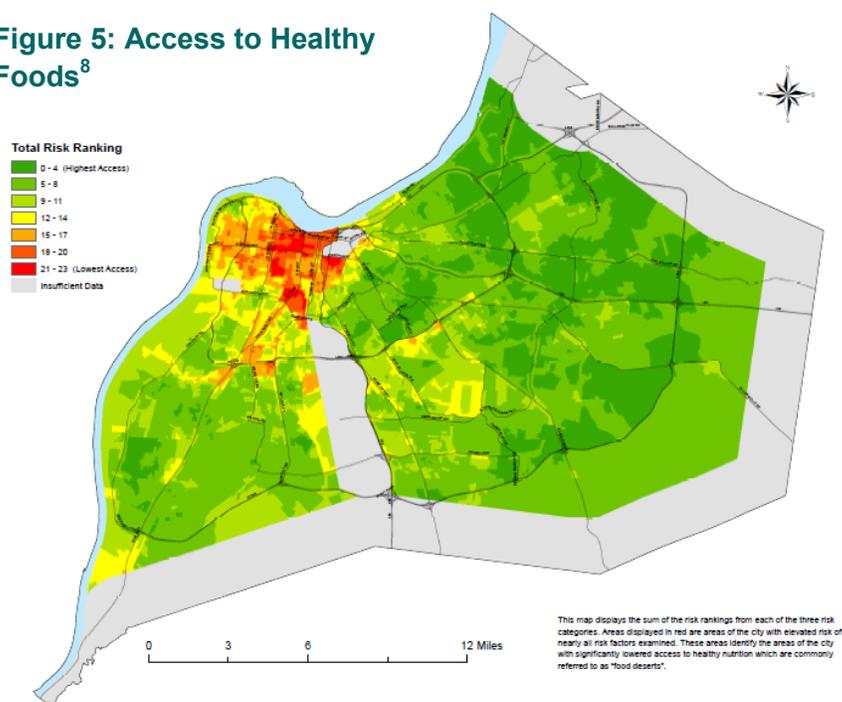
A city ordinance segregated housing by race until 1917 and other instances of institutionalized racism remained prevalent until mid-century; African Americans were unwelcome in most restaurants prior to the 1960s and discriminated against in higher-paying industrial positions in the workplace. Schools were not integrated until 1975, when county-wide busing began.

Healthy Food Access

There is a lack of healthy eating opportunities in the neighborhoods while unhealthy corner stores and restaurants abound. West Louisville, home to 9 of the 12 target communities, is considered a food desert, as is East Louisville – home to the remaining three target communities. See Figure 5. A 2007 report produced by the Community Farm Alliance found that there is an average of only one full-service grocer per 25,000 residents in West Louisville, compared to 1 per every 12,500 in Jefferson County.⁷ Equally significant, East Louisville was underserved by supermarkets and grocery stores.

Access to large retail grocers such as Wal-Mart is limited for Louisville residents without personal vehicles. They must rely on public transportation and travel a long distance to shop there.

Figure 5: Access to Healthy Foods⁸



LOUISVILLE'S HEALTHY KIDS, HEALTHY COMMUNITIES PARTNERSHIP

Louisville's obesity prevention work began in 2003 with the ACTIVE Louisville partnership, supported by a grant from the Robert Wood Johnson Foundation as part of the Active Living by Design initiative and became institutionalized in 2004 with the establishment of the Mayor's Healthy Hometown Movement.



Lead Agency and Leadership Teams

The partnership was led by the HKHC Project Director (PD) and Project Coordinator (PC), who were representatives of the lead agency, the Louisville Metro Department of Public Health and Wellness, Community Health Education and Promotion Division. Instrumental support was also provided by the Center for Health Equity, another division of Metro Public Health and Wellness. Although the health department changed directors midway through the HKHC grant, the partnership maintained the same leadership staff for all four years, and both department leaders were supportive of the HKHC efforts.

The PD and PC strived to ensure that HKHC project work was connected between healthy eating and active living strategies and they often convened meetings with committee chairs. In addition to those roles, Louisville's Healthy Kids, Healthy Communities benefited from the expertise of an on-staff Dietitian and a CPPW school committee staff member who assisted with funding the schools for nutrition and physical activity policy implementation.

The Louisville Metro Department of Public Health and Wellness became involved with a statewide coalition called the Partnership for a Fit Kentucky. This coalition had four working committees: built environment, worksite wellness, schools, and families and communities. These four committees became the four core committees of the Louisville Healthy Kids, Healthy Communities partnership.

Active Living Committee

The Active Living Committee worked on supporting active transportation infrastructure and Safe Routes to School programs. Bike Louisville, Step Up Louisville!, and the Active Living Committee were three groups underneath the Mayor's Healthy Hometown Movement. Bike Louisville was a bicycle program that advocated for built environment improvements (i.e. painting bike lanes). It was divided into five areas: education, encouragement, engineering, evaluation, and enforcement. Step Up Louisville! was a pedestrian group that advocated for improved walkability in Louisville, and was comprised of programs, policies, and projects. Subcommittees were composed of people from the community and within government agencies that helped implement bike and pedestrian master plans. These groups usually met once a month, and individuals also attended a quarterly meeting with bike, pedestrian, and transit partners (e.g., Transit Authority of River City, paddling community, greenways).

Food in Neighborhoods Committee

The Food in Neighborhoods committee (FIN) focused its goals on working to improve healthy eating options and access in corner stores and farmers' markets. The group consisted of non-profit organizations, local government officials, farmers, and concerned citizens formed under the Mayor's Healthy Hometown movement. The committee advocated for access to local, healthy foods through community engagement, economic development, and evaluation.

Organization and Collaboration

One of the strongest elements of HKHC was that this grant laid the foundation to develop partnerships with dozens of non-profit and community-based organizations and played a role in the Louisville Metro Department of Public Health and Wellness' additional funding.

Partnership with government agencies provided funding resources. The partnership received support from a council member, who worked with the Communities Putting Prevention to Work (CPPW) grant.

Establishing relationships with community-based organizations was beneficial, as well. Community-based partnerships allowed more freedom to carry out advocacy campaigns. There were fewer restrictions for conducting the work, and processes were in general less hindered by bureaucratic systems compared to relationships with local policy-makers. In addition, interaction with community members was a valuable asset to the partnership, especially in terms of building capacity.

In building its partnership, Louisville involved partners from a tobacco-focused grant to incorporate smoking cessation into its healthy eating and active living initiatives.

See Appendix C for a list of all partners.

Community Champion

Several community champions were engaged in the HKHC efforts through photovoice projects, assessments, planning, and decision-making. Community members often served in roles on councils (e.g., Neighborhood Council for Pedestrian Access) and advisory committees to ensure their voice was heard.

Challenges

Because the award periods for CPPW and HKHC coincided, the partnership could have benefitted from better strategic planning with stakeholders; this would have improved communication and collaboration around both initiatives.

PARTNERSHIP FUNDING

Starting in 2008, Louisville Metro Department of Public Health and Wellness received \$400,000 from the Robert Wood Johnson Foundation for a four-year HKHC initiative. Through a no-cost extension, Louisville partners continued their activities through June 2013. Since the HKHC grant award, the health department received \$11,730,000 in funding to address obesity, chronic diseases, and tobacco use in Louisville.

In 2010, the health department received a \$7.9 million dollar grant from the Centers for Disease Control and Prevention (CDC) for the Communities Putting Prevention To Work program (CPPW) that also focused on obesity prevention activities. The majority of CPPW funding was used for city-wide built environment improvements (e.g., park signage, restaurant and corner store improvements), but some funds and resources were successfully leveraged with HKHC funds to create healthier policies as well. These funds also supported HKHC efforts in corner stores as well as social marketing campaigns to increase awareness of healthy eating and active living system and policy changes. Louisville partners felt their successful CPPW application was due in part to their HKHC efforts and the previous RWJF funding for ACTIVE Louisville.

Other significant grants included a Convergence Partnership grant in 2009 to reduce violence in Shawnee (\$80,000 for 18 months), a United States Conference of Mayors Childhood Obesity Prevention Award in 2012 to support the Louisville Youth Advocates Program (\$150,000 for 2 years), and flexible state funds (less than \$100,000 yearly) used for events or projects by the Healthy Hometown initiative.

In 2011, Louisville also received a \$3.6 million dollar Community Transformation Grant addressing tobacco-free living, healthy eating, and chronic disease prevention.

Mini-Grants

To continue to build the momentum and engage community organizations, mini-grants were awarded using general funds to support local programs. Louisville partners received \$85,000 in mini-grant application requests from more than 20 applicants, and they had \$35,000 to award.

HEALTHY IN A HURRY CORNER STORES FUNDING

In addition to HKHC funds, Louisville had a Pioneering Healthy Communities (PHC) grant that helped fund its work with corner stores, primarily initial investments, including a refrigeration unit and signage and marketing materials. With funding from CPPW, four additional stores opened in Louisville. HKHC funding paid for a portion of staff time for the initiative.

Challenges

Some partners were paid by the HKHC grant, but the health department was unable to allocate funds to all partners. Because the distribution of funds was not necessarily spread evenly among partners, some tension arose during the project.

See Appendix D for sources and amounts of funding leveraged.

COMMUNITY ASSESSMENT

Photovoice and Digital Storytelling

HKHC supported Photovoice, digital storytelling, and other community-based participatory research methods that empowered both youth and adults to identify strengths, weaknesses, and solutions in their neighborhoods. These methods engaged community residents in data collection, analysis, and presentation to local policy- and decision-makers, such as city council members.

In the first two years, youth residents created 30 Photovoice and 8 digital storytelling projects. These projects led to the identification of several policy priorities for the Louisville Youth Advocates (LYA), a group of young people from the 12 HKHC-designated neighborhoods. LYA collected over 500 surveys to understand the priorities of community members. The priorities identified were: improve neighborhood safety by fixing/tearing down vacant and abandoned homes and improving lighting in neighborhoods, increase opportunities for physical activity by making community centers more accessible to youth, and increase access to healthy foods through more full-service grocery stores.

Partners recruited community residents and youth through community centers, schools, after-school programs, and the Young Money Group to participate in Photovoice projects. Digital storytelling participants were recruited through a local community center.

During the project period, a lot of Photovoice projects emerged in Louisville. For instance, YouthBuild, a local youth organization, incorporated Photovoice into some of its projects.

Two events were held, one was hosted at Phillis Wheatley Elementary School to showcase digital stories and Photovoice projects. Ninety-three people were in attendance, including the young storytellers, policy-makers, neighborhood residents, school faculty/staff, and news media. The other event was hosted at the Shawnee Arts and Cultural Center in 2010.

Corner Stores

A corner store in Smoketown was assessed to determine whether or not the Healthy in a Hurry (HiaH) program was successful prior to expanding it to additional stores. Master of Public Health students from the University of Louisville conducted assessments that focused on attitudes toward purchasing healthy food, barriers in reaching neighborhood residents, and successes at the DollarPlus store.

Methods used during their evaluation included a store owner interview and 57 store intercept surveys over the span of one month among adult customers and students from Meyzeek Middle School. DollarPlus customers reported purchasing 97% more fruit and 94% more vegetables since the store initiated sales in 2009.

Three themes emerged from the store owner interview: challenges with customer buying habits, keeping inventory fresh, and maintaining break-even profits or generating profits.

Customers were also asked to reflect on what their opinions were of the "Healthy in a Hurry" signage. Responses were divided into themes of "convenience" (35%), "prompt to choose healthier foods" (19%), or "no opinion" (39%).



Source: Montgomery, Robinson, & Van Hoose⁹

Street Design

Direct observations, a method used to assess individuals' behaviors in their natural setting, were conducted along four Mayor's Miles (California, Fourth Street, Market and Shawnee, and Portland) in May, June, and July 2013. An Evaluation Officer from Transtria LLC trained representatives of Louisville's community partnership on proper data collection methods.

During the data collection period, observers scanned the street for one minute and recorded observations for one minute, with each observation representing an individual's activity level in the area at the specified time. Activity levels (i.e., sedentary, moderate, very active), ages (i.e., child, adolescent, adult), and type of activity (e.g., walking, jogging, biking) were recorded during the observations. In addition, observers created maps of the segments. 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).

Walking, jogging, and biking were the most commonly observed activity types observed among the four Mayor’s Miles. Additional summary results are in Table 2. For the full report, see Appendix E.

Walkability

Table 2: Street Design Summary Results

Mayor’s Mile	Key Takeaways
California	<ul style="list-style-type: none"> All activity among children and most activity among adolescents were moderate. A small proportion of activity among adolescents was very active. Adults were mostly observed being sedentary, except for a small proportion that was moderately active.
Fourth Street	<ul style="list-style-type: none"> Moderate activity was most commonly observed among all age groups. A small amount of very active behavior was observed among adults. The majority of the overall activity was observed among adults.
Market and Shawnee	<ul style="list-style-type: none"> The majority of activity overall was moderate. Nearly half of all activity observed among children was very active.
Portland	<ul style="list-style-type: none"> All activity observed was among adults, who were sedentary and moderately active.

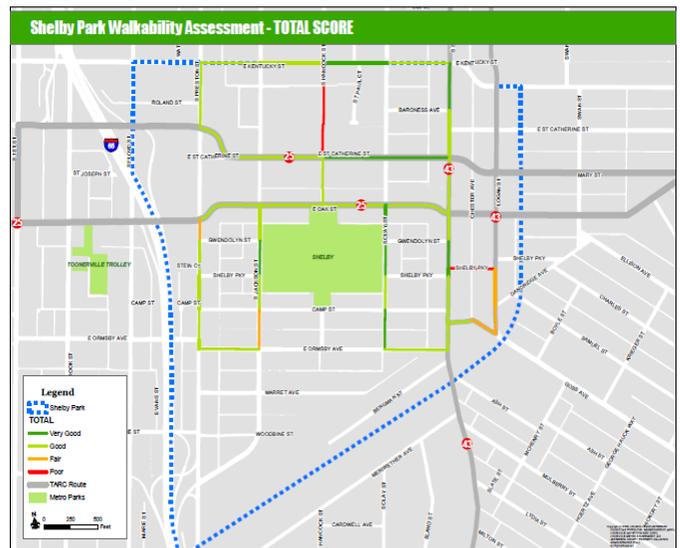
HKHC staff, in partnership with Louisville Metro Department of Planning and Design Services, hosted nine walkability assessments that were conducted by trained resident volunteers. A total of 87 miles of sidewalks were assessed using the Walkability Assessment Tool developed by staff from the department. Neighborhoods where the assessments occurred included: Portland, Smoketown, Chickasaw, Shelby Park, Shawnee, Phoenix Hill, and around Louisville Metro Department of Public Health and Wellness.

Some assessments were designed as neighborhood events; the “Shelby Park Stroll” was held to offer Shelby Park residents an opportunity to actively participate in analyzing their neighborhood's streets and sidewalks for safe walking conditions. Residents there covered 3.36 miles of sidewalk within the neighborhood and 80% of streets boasted a walkable score of good or higher (see Figure 7).

Final assessment reports from the Portland, Chickasaw, and Smoketown audits were disseminated at a “Scoop on the Loop” event at Shawnee Park Lodge. Remaining assessment results were compiled into reports designed to be communication tools with neighborhood improvements identified by residents and presented to city leaders and other decision-makers.

The assessments led to an increased interest in neighborhood walkability. For example, the volunteer training process was integrated into the Center for Neighborhoods’ training institute for neighborhood leaders. Five volunteer trainings were conducted by staff and the Mayor’s Healthy Hometown Movement (MHM) Active Living Committee. A Louisville Metro councilwoman hosted a built environment forum to continue the conversation about the importance of neighborhoods being safe and accessible for pedestrians and cyclists.

Figure 6: Shelby Park Walkability Results¹⁰



PLANNING AND ADVOCACY EFFORTS

Community Outreach, Engagement, and Advocacy

HKHC was the first grant-funded project at the health department that focused on policy, system, and environmental changes requiring a high level of community engagement. Staff built relationships in at-risk, high-need neighborhoods.

Community neighborhood associations provided a route to engage and listen to community residents. Representatives of neighborhood associations joined various committees; participation was particularly strong on the Active Living Committee and subcommittees.

Another partner, the YMCA, had a faith-based initiative and worked with four pastors in Louisville to help mobilize adults through faith-based organizations.

Neighborhood residents served as community champions in several ways, including:

- hosting planning meetings;
- serving on councils (e.g., Neighborhood Council for Pedestrian Access), boards (e.g., new healthcare center), or neighborhood associations;
- taking on roles and responsibilities in partner organizations (e.g., Assistant Director for Youth Development and Education at the Presbyterian Community Center);
- starting a weight-loss program in the neighborhood and motivating people to change their lifestyles; and
- leading economic and sustainable development efforts, including a Healthy in a Hurry corner store and community garden in addition to daycare services and other businesses.

HKHC partners and staff built a foundation for Communities United for Health (CUH), an advocacy coalition for identified health policy priorities. A workshop "Using Photovoice for Policy Advocacy" was hosted in 2009 for community members. CUH hosted the "My Normal" digital storytelling and Photovoice presentation to council members and the community at the Shawnee Arts and Cultural Center (n = 175 attendees). Policy priorities were identified through four showings of Photovoice projects through a partnership with the Louisville Youth Advocates (see below). Youth advocates presented priorities to government agency representatives in public works, metro parks, economic development, and codes and regulations.

Youth Engagement and Advocacy

Student engagement was supported by school principals, providing a gateway to access students for projects (e.g., Photovoice, digital storytelling). Many student advocates graduated and continued their involvement in the HKHC neighborhood efforts.

Louisville Youth Advocates were cultivated into community champions through advocacy training programs in order to promote policy, system, and environmental interventions to support healthy eating and active living. For instance, neighborhood youth planned to maintain vacant lots in the summer, and they reached out to the landowners to request payment to mow their lawns, creating jobs for youth while beautifying the neighborhood. Part of the plan was to figure out what to do with the other vacant lots, including new gardens, orchards, or other beautification projects.

One partner, the Kentucky YMCA Youth Association, administered programs for over 5,500 youth in the state related to policy advocacy. Together, the YMCA and the health department reinvigorated an existing program in Louisville, the Metro Youth Leaders. With the US Conference of Mayors award, the partnership funded the YMCA to rebuild this annual program. Ninety youth from Jefferson County were recruited, with special emphasis on youth from the 12 HKHC neighborhoods (i.e., "senior advocates" involved in training new members). The HKHC Project Coordinator worked with the YMCA staff to integrate Photovoice training into the Metro Youth Advocates curricula. Photovoice was designed to train the youth to present to policy- and decision-makers. When Metro Youth Advocates launched, the Mayor was the keynote speaker, the Metro United Way provided food and refreshments, and the library donated meeting space. It was a very diverse group of young people, representing 31 different high schools in 36 zip codes (28 within the city). HKHC staff encouraged youth to expand their ideas to include environments, violence prevention, food and agriculture, health, and education. As an example, the Metro Youth Advocates talked to representatives of Jefferson County Public Schools about putting calorie counts at the point of sales in the school lunch line. Another partner advocated for a change to the Jefferson County Public Schools garden policy to include a maintenance and sustainability plan or to allow shared use of the school gardens in the summer to help keep the gardens maintained.

HEALTHY IN A HURRY CORNER STORES

Louisville started working on its corner store strategy in December of 2007 when the YMCA was awarded a Pioneering Healthier Communities grant and that paid for the planning and development of the Healthy in a Hurry Corner Store initiative. Under the umbrella of the Food Security Taskforce, the YMCA, Louisville Metro Department of Public Health and Wellness, and Center for Health Equity staff all worked on the project. The goal was to increase access to fruits and vegetables in underserved communities. Healthy in a Hurry (HiaH) Corner Store initiative launched in early 2009 with two initial stores, DollarPlus (Smoketown) and Shorty's (California). While this previous work was completed under the taskforce, the HKHC initiative prompted a change to the structure and name of the umbrella organization to the Food in Neighborhoods (FIN) Committee. However, main partners in the FIN committee remained the same.

"You just have to listen to the folks to find out what they want, and it's just a trial and error, because it had never been in the store before. So I didn't know what their wants, what their needs, what their likes and dislikes were. So that was kind of fun, because we have a population of African Americans and Somalis. And what we found was that most of the Somalis tended to buy the fruits, whereas the African Americans bought salad fixings." -Corner Store Owner

Policy, Practice, and Environmental Changes

A total of six Healthy in a Hurry Corner Stores were established within the HKHC project area, including the Shawnee Market in Shawnee; Parkway Food Mart in Parkland; Farm Boy Food Mart in California; Curtis Market in Portland; Webb's Market in Phoenix Hill; and Happy Food Mart in Chickasaw. The Smoketown Dollar Plus store closed for business in summer 2012 due to a HOPE VI revitalization project in the surrounding Sheppard Square Housing Development.

The Mayor's Healthy Hometown Movement launched a corner store labeling initiative for Women, Infants, and Children (WIC)-approved items on store shelves, and six stores participated, surpassing the benchmark to recruit five stores. Funds for signage were leveraged from CPPW and labels were approved at the state level for the WIC program. WIC-approved items were labeled on the shelves to let customers know which items were healthiest. The WIC label was replaced with the "Make the Healthier Choice" label, which involved a state approval process. Corner stores that participated in the "Make the Healthier Choice" labeling initiative were West End Market, Corner Market-Grocery Plus, J & M Food Mart, City View Supermarket, City Market, and KNM Food Mart. The YMCA collected sales data and reports which indicated that the stores sold approximately \$10,000 worth of produce monthly, which equated to 20,000 servings of fresh fruits and vegetables. Farm Boy and Shawnee Market were the two most successful markets to date.

Complementary Programs/Promotions

For the Healthy in a Hurry launch at Shawnee Market, a press conference was held with media outlets from WLKY, WFPL, FOX41, and WHAS in the morning hours. And, on the same day in the afternoon, the Shawnee neighborhood held an event in conjunction with the Walgreens Wellness Tour which allowed them to distribute samples of fresh produce from the market, as well as coupons for buy-one-get-one-free fruits or vegetables. Smoketown students from Meyzeek Middle School received coupons to be redeemed for free fruit at the neighborhood HiaH corner store, DollarPlus.

Flyers and advertisements were created to promote the stores.

Implementation

Ten corner stores located in Shawnee, California, and Park Hill were selected to be assessed for inclusion in the HiaH initiative. MPH students from University of Louisville assessed the stores between April and May 2010. Of the ten stores, six were assessed due to availability, and three stores were approached to join the HiaH initiative.

The FIN committee, with implementation delegated to key YMCA healthy staff, provided infrastructure and staff time to participating HiaH owners. Additionally, resources and training materials were provided to corner store owners which were made available on the YMCA website (www.ymcalouisville.org). For example, DollarPlus received a new refrigeration unit (approximately \$6,000) and lighting, signage, and front façade improvements. Center for Health Equity staff likewise supported this work by teaching local elementary school students about healthy purchasing behaviors. Coupons for healthy food were also distributed at Meyzeek Middle school where Center for Health Equity staff conducted lessons on healthy lifestyles.

In year four of the initiative, Mayor's Healthy Hometown Movement partners convened the Healthy Corner Store Business Association to encourage participating stores to network and problem solve with each other. They began by hosting meetings with the six stores that indicated their desire to participate. One of the deliverables for HiaH was that FIN advocated to the state level to get WIC-approved labels to reflect the branding of HiaH (i.e., "Make the Healthier Choice" labeling). The committee utilized the business association to recruit other corner stores, provide mentoring from current HiaH corner store owners, and give them an option to promote healthy options that they already had before they brought in fresh produce using these labels. Partners from Louisville Metro Department of Public Health and Wellness frequently spot-checked corner stores' compliance with the HiaH initiative and offered guidance on ways to increase marketing.

Population Reach

Over 500,000 residents in Louisville were impacted as a result of the HiaH corner store initiative.

Population Impact

Some unintended benefits of the partnership and this work included:

- An increase in fruit and vegetable purchases with WIC vouchers and
- An increase in sales by corner store owners offering healthy options (i.e., fresh fruit and vegetables).

Lessons Learned

DollarPlus was located next to the Sheppard Square housing complex in the Smoketown neighborhood that was torn down to create new mixed-income housing through the Hope VI program from the United States Department of Housing and Urban Development. Once the housing complex was demolished, the market was closed as that was the main source of customers for the market. This pilot corner store, however, was helpful in identifying several challenges and successes of the HiaH initiative.

Challenges

While Smoketown DollarPlus continued strongly through the first few years of the HKHC grant, Shorty's in California did not last long; the owner soon reported that profits were lower than expected and did not see the benefit in stocking fresh food. The project team reflected that Shorty's was a convenience/gas station, making it a less than desirable place to shop and it had questionable security tactics; other probable reasons for customers' purchasing behavior and the resulting low profits were indicated by the shop owner.

One store owner expressed discontent with the WIC voucher system, because the vouchers were given in set dollar amounts. Because of this, customers were not able to purchase items as freely as they could with other government assistance programs such as Supplemental Nutrition Assistance Program (SNAP). Electronic Benefits Transfer (EBT) cards could be used for any dollar amount.

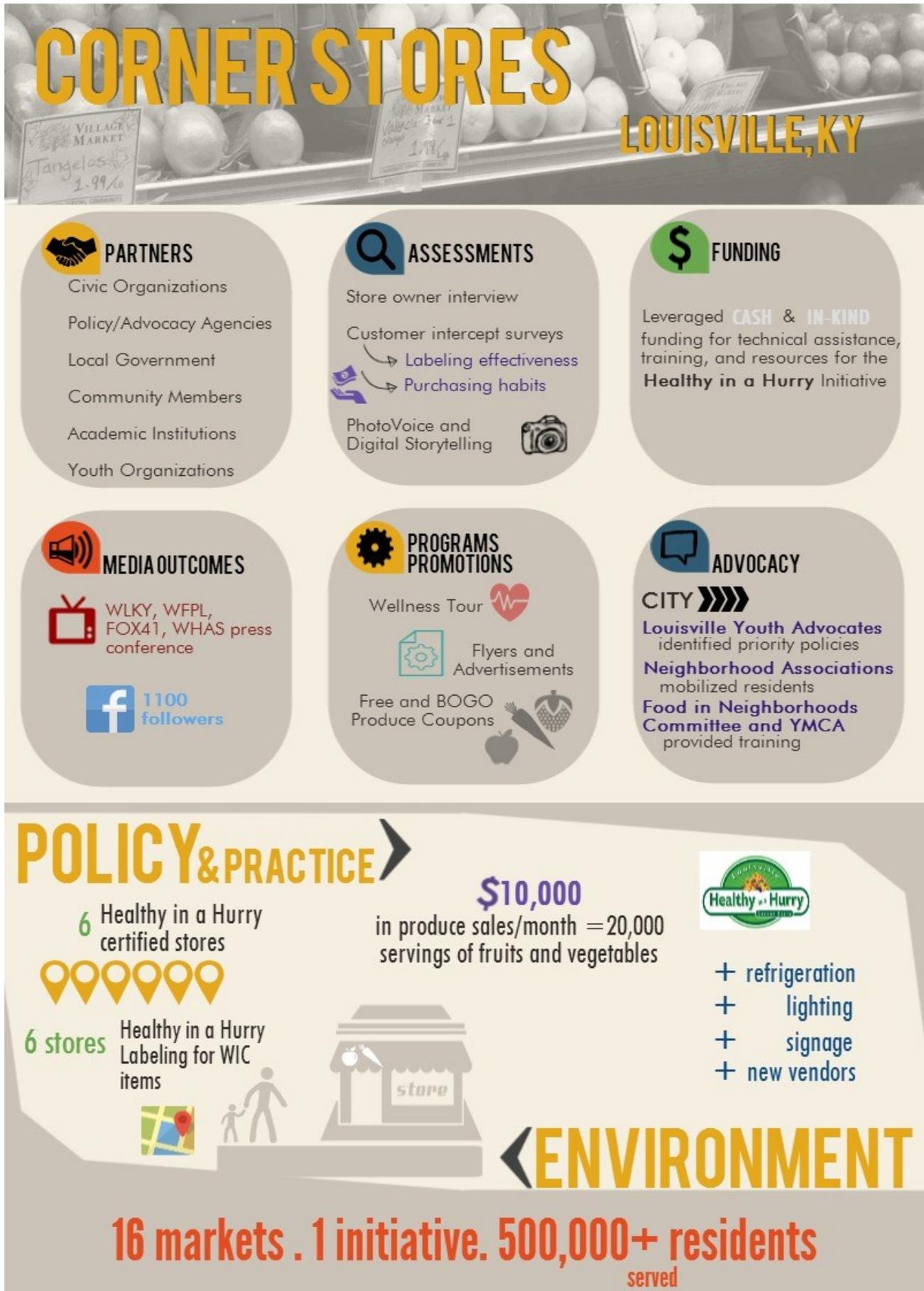
Customers indicated their disappointment with prices in the corner stores, saying that the cost of produce fluctuated. Some owners did not use a scale to weigh products, which most likely contributed to this issue.

Sustainability

A large percentage of produce sold in the pilot store was purchased with WIC vouchers. The store owner believed that this coincided with when vouchers started to allow fruits and vegetables, due to the policy change in 2009. The store sold approximately \$500 each month in produce amidst \$35,000 each month in total sales. The store owner estimated that around \$4,000 each month of total sales in the store was attributed to WIC voucher use, and around \$9,000 each month was in food stamps. Capitalizing on this opportunity can help ensure that stores generate profits, while continuing to promote WIC voucher use on healthy items.

See Figure 7 for more information on corner stores.

Figure 7: Healthy in a Hurry Corner Stores Infographic



ACTIVE TRANSPORTATION

The [Louisville Loop](#) is an estimated 100-mile trail system that serves a dual purpose as a park and a health initiative.¹¹ Because the city has over 100 parks, this loop creates more usage through connecting city parks with greenways, bike trails, and pedestrian trails; increases physical activity; and promotes active living. Specifically, the Louisville Loop is a trail system that encircles the city and links existing and new parks and neighborhoods to civic attractions, transportation alternatives, and recreation opportunities and is divided into five distinct physiographic regions. Three regions are complete (i.e., Ohio River Valley, Shale Lowlands, Floyds Fork) and two are in progress (i.e., The Knobs, Limestone Belt). The Metro Parks Department holds jurisdiction for the project, and planners work out of the Mayor's office. There are plans for bike lanes in the city limits, extending from downtown to the Shawnee Neighborhood.

The [Mayor's Miles](#) began in 2009 as a partnership with the Metro Parks Department. Mayor's Miles is a distance-marking system for walking paths. Ground markers and pole signs designate every tenth of a mile to help facilitate walking for groups and individuals.¹¹ Although Mayor's Miles is independent of the Louisville Loop project, connecting the two is an opportunistic way to let people know about physical activity opportunities in their neighborhoods. During the HKHC initiative, there were 19 Mayor's Miles in 17 different neighborhoods. By design, these routes connect neighborhoods with schools, Healthy in a Hurry stores, businesses, and other physical activity opportunities to create pedestrian access to routine destinations. A neighborhood association, businesses and employees, and other organizations can request a Mayor's Mile to be implemented.

Policy, Practice, and Environmental Changes

The Mayor's Mile in Portland was completed around the Family Health Center building and connected to the Louisville Loop through Lannan Park.

New Loop wayfinding signage was installed and unveiled by the Mayor, Director of Metro Parks, Director of Health, and a Councilman. The new Loop Bus service was initiated, and a bus was outfitted with a bike rack on the front and room for bikes inside.

Complementary Programs/Promotions

A pedestrian summit was held in 2008, and was supported by a grant from the Metropolitan Planning Organization. A consultant from the Toole Design Group was hired as a facilitator.

The first "Discover the Loop" event was held at Lannan Park, with 150-200 people in attendance, including youth and adults from the Shawnee Neighborhood Association and Portland NOW coalition members in May 2011.

The Courier Journal published an article about the Shawnee Neighborhood Association starting a walking club as a result of the "Shawnee Stroll," the walkability assessment that was conducted in June 2010.

Safe Routes to School (SRTS)

HKHC partnered with Safe Kids Louisville to host a walk-to-school day at Chickasaw Elementary School with a walk to Chickasaw Park at lunch so all students and parents could participate; approximately 600 people participated, including children, parents, faculty, and staff.

Implementation

At the beginning of the initiative, HKHC staff met with Metro Parks staff, including City of Parks Leadership, to connect HKHC work with the Louisville Loop Strategic Plan.

Walkability assessments were conducted, and data was compiled, analyzed, and presented to Metro Parks. Preliminary maps, such as Portland, were drafted with access points to the Louisville Loop, and signage requirements where Mayor's Miles and the Louisville Loop intersected were determined.



HKHC Project Director and partner from Public Works met with a City Councilman to discuss a road diet in the Russell neighborhood on Market Street between 8th and 20th streets and gain support for making the neighborhood more walkable. This would make the corridor more walkable for Russell residents. Public Works wanted to make Market Street a bikable and walkable corridor from Downtown to Shawnee Park and establish a connection to the Louisville Loop.

Population Reach

Connecting Mayor's Mile in Portland with the Louisville Loop in Lannan Park has the potential to reach over 10,000 area residents in addition to employees from the Family Health Center building and surrounding businesses.

Population Impact

Although the Louisville Loop is only 25% complete, completing the Mayor's Mile in Portland provided residents with physical activity opportunities they formerly lacked.

Challenges

A challenge with conducting the neighborhood walkability assessments was a lack of neighborhood engagement. At times, the partnership had to approach the same neighborhood multiple times to complete a full assessment.

SRTS

Although schools were assessed and participated in walk-to-school days, the Active Living Committee was not successful in institutionalizing SRTS strategies within the school system. Due to the Jefferson County Public Schools (JCPS) busing system, SRTS was not a widely accepted strategy in Louisville. For instance, one middle school was awarded funding in 2007 for an SRTS project and it was not completed. Efforts to implement SRTS in Jefferson County will require overcoming barriers within the state system.

Lessons Learned

Because there was no established system for tracking improvements (e.g., sidewalks), it would have been helpful to institute a shared system before planning environmental changes to improve active transportation. More collaboration between the department of public works and HKHC project staff could have facilitated this early on. The HKHC Project Director talked with Bike/Pedestrian Coordinator about what process they have for sidewalk improvements and they do not have a process.

Sustainability

Walk to school events will continue with the leadership of Louisville's Safe Kids Coalition.

Through school site visits, JCPS officials indicated that walkability assessments around more schools are needed because every school visited was interested in adopting SRTS principles (walking school buses). Louisville Metro Department of Public Health and Wellness staff and the Active Living Committee members plan on continuing work with the schools and public works to advance participation in SRTS. There is a grant writer for the school system who works closely with Louisville Metro Government on applying for SRTS grants at the state level.

URBAN AGRICULTURE

Policy, Practice, and Environmental Changes

Community and market gardens became permitted land use as a result of passing the 2013 amendment to the Land Development Code (LDC); ordinance no. 047 provided sections for community gardens (4.3.17) and market gardens (4.3.18) in Metro Louisville. The FIN committee convened partners and spent hundreds of hours researching model policies and operationalizing terms that represented the Louisville community. In partnership with Louisville Metro Department of Economic Growth & Innovation, a zoning checklist was also developed.

Community gardens were defined as “an area of land less than 5 continuous acres in size managed and maintained by a group of individuals to grow and harvest food and/or non-food crops for personal or group use, consumption, donation or off-site sales. Plots for cultivation by one or more individuals and may include common areas maintained and used by group members. Community gardens may be principal or accessory uses and may include structures such as greenhouses, hoop houses, high tunnels, and storage sheds.”

Market gardens were defined similarly: “Community Garden - An area of land less than 5 continuous acres in size managed and maintained by a group of individuals to grow and harvest food and/or non-food crops to be sold for profit or an area of land of any size used for greenhouses, hoop houses, high tunnels, rooftop gardens, vertical gardens, hydroponic systems or aquaponic systems alone or in combination with other techniques for growing food or non-food crops. Market gardens may be principal or accessory uses, and may consist entirely of growing areas enclosed in structures.

See the Louisville Metro website (www.louisvilleky.gov/planningDesign/ldc/) for the full LDC.

The Mayor's Healthy Hometown Movement partners built six new gardens and orchards in the HKHC project area.

The Gray Street Farmers' Market opened in 2009 in partnership with the University of Louisville School of Public Health and Information Sciences (SPHIS). The Supplemental Nutrition Assistance Program (SNAP) benefits and Senior Farmers' Market Nutrition Program (SFMNP) vouchers were accepted there. FIN was able to facilitate obtaining an EBT machine through a grant process at the Gray Street Market.

A new healthy eating initiative emerged in Louisville. The New Roots Fresh Stop Project was modeled after a similar community-supported agriculture (CSA) program in Cleveland, Ohio. New Roots had four “fresh stops” operating in West and Southwest Louisville that provided shares of produce bi-weekly or monthly.

Complementary Programs/Promotions

An 8-week urban agriculture program curriculum was developed by interns to train youth in advocating according to their passions related to healthy eating access.

A farmers' market guide was designed by the FIN committee and approximately 15,000 were printed for distribution every year starting in 2009.

FIN committee members assisted with the planning and execution of the 1st and 2nd Annual Louisville Food Summits, hosted by Community Farm Alliance in 2009 and 2010. Members attended meetings for the West Louisville Food Summit, hosted by Louisville Grows and Shawnee Neighborhood Association, with the intention of providing guidance and support based on past experiences with food summits.

The Mayor's graphic designer redesigned the farmers' market flyer to include farmers' markets by neighborhood as well as New Roots Fresh Stops located in Shawnee, Old Louisville, and Newburg.

Implementation

The partnership was able to leverage work performed during both HKHC and Louisville Metro Department of Public Health and Wellness' Community Transformation Grant (CTG). A CTG intern, worked on the policy document for community gardens, which informed the Land Development Code Policy manual.

Partners often met together to pursue community garden efforts. Shawnee Neighborhood Association met with Louisville Grows to plan for implementing a community garden with an urban agriculture program at the People's Garden location.

Shawnee Neighborhood Association worked with the Metro Youth Advocates on a business plan to address

vacant lots in the community. The Youth drafted a plan for maintaining vacant lots in the neighborhood in the summer.

Population Reach

Adopting the land use amendment affected the entire Louisville metro area, totaling over half a million people. Residents now have the ability to implement urban food systems in their own backyards, neighborhood gardens, or other public spaces.

Gray Street farmers' market was in a centrally located area, increasing its potential to reach a wide range of Louisville residents.

The New Roots Fresh Stops created healthy eating opportunities for residents in four distinct neighborhoods that they otherwise lacked.

Challenges

Due to low farmer/vendor retention rate, misperceptions about local food prices, lack of community support, and technical difficulties with EBT machines, implementing farmers' markets in West Louisville and East Downtown was more difficult than originally planned. In fact, the Smoketown/Shelby Park farmers' market disbanded after the 2009 season, and the California/Victory Park Market also closed.

Sustainability

Annual sales data at the Gray Street market indicated that only about 10% of sales were attributed to EBT usage, but the market managers remain committed to increasing that percentage and continuing community outreach efforts in Phoenix Hill and Smoketown.

SUSTAINABILITY

The partnership made efforts to ensure that the healthy eating and active living strategies they employed will be sustained long-term. The project office was structured with economic and social sustainability in mind. In addition, project team members plan to attend a sustainability workshop. The partnership has also applied for a Community Transformation grant that will help carry over project objectives. State funds will also be allocated. Perhaps the most important aspect to sustainability is the growing leadership among community partners, who have now assumed leadership roles, to continue the HKHC-initiated work.

Partnership Sustainability

The Mayor's Healthy Hometown Movement, the project coalition, is reviewing its operations and scope, adopting a new structure. The Mayor's Healthy Hometown Movement community coalition completed Healthy Louisville 2020 strategic plan, which will inform future healthy eating and active living policy and environmental changes.

The Louisville Youth Advocates have expanded to become the Louisville Metro Youth Advocates, with a reach going beyond the initial 12 HKHC neighborhoods. They are involved in initiatives such as "Investing in Kentucky's Future." In 2013, approximately 100 youth applied for fellowship positions, limited to 25 youth, as a Healing Futures Fellow with the Louisville Metro Department of Public Health and Wellness Center for Health Equity.

Partners plan on continuing with their commitment to the work begun by HKHC such as with the Center for Neighborhoods and neighborhood associations, YMCA, Cooperative Extension, and the University of Louisville.

Mentorship and National Leadership

As a leading site, Louisville partners served as mentors to other HKHC grantees, including Baldwin Park, California; Birmingham, Alabama; Buffalo, New York; Charleston, West Virginia; Grant County, New Mexico; Hamilton County, Ohio; Kansas City, Missouri; and Knox County, Tennessee, regarding healthy corner stores, land development code/zoning, and Photovoice as a policy advocacy tool. These partners also presented on these topics to the HKHC network through annual meetings and learning network calls. Louisville partners hosted the final annual meeting and planned seven field trips to highlight healthy eating and active living efforts in Louisville, Kentucky.

The Project Coordinator joined the board for America Walks.

Lessons Learned

Representatives of grant-funded programs recognized the need to coordinate projects on a larger scale, and the partnership was able to leverage resources across projects. For example, the youth advocacy initiative expanded participation beyond the Shawnee neighborhood to all Louisville Metro, and more Healthy in a Hurry stores were established and evaluated.

Co-branding all initiatives under the umbrella of the Mayor's Healthy Hometown Movement (MHHM) became extremely important for the reach of HKHC.

REFERENCES

1. Healthy Kids Healthy Communities National Program Office. *Home and About*. 2009. <http://www.healthykidshealthycommunities.org/>. Accessed <January 1, 2014>.
2. Healthy Kids Healthy Communities National Program Office. *Healthy Kids, Healthy Communities: Louisville, KY*. 2013. <http://www.healthykidshealthycommunities.org/communities/louisville-ky>. Accessed <January 1, 2014>.
3. Baye, BW. "Russell". *Louisville Kentucky: The Courier Journal*. n.d. Accessed <March 28, 2014>.
4. University of Louisville. *Neighborhood Snapshot: California*. 2007. https://louisville.edu/cepm/wlou/uncategorized/California%20Snapshot.pdf/at_download/file. Accessed <March 31, 2014>.
5. City of Louisville. *Louisville Landmarks Commission Design Guidelines, Parkland Preservation District*. <http://www.louisvilleky.gov/NR/rdonlyres/6C73BA2B-3ABE-4139-BA0C-7E1B3432C37E/0/ParklandNG.pdf>. Accessed <March 31, 2014>.
6. University of Louisville, Kentucky State Data Center. *Kentucky Decennial Census Data*. 2012. <http://ksdc.louisville.edu/index.php/kentucky-demographic-data/decennial-census>. Accessed <February 2, 2014>.
7. Louisville Metro Department of Public Health and Wellness. *Louisville Metro Health Equity Report: The Social Determinants of Health in Louisville Metro Neighborhoods*. 2012. <http://louisvilleky.gov/health/equity/healthequityreport>. Accessed <March 1, 2014>.
8. Yeager, R. *A Geographic Analysis of Access to Healthy Foods*. 2010. Louisville, KY: University of Louisville, School of Public Health & Information Sciences.
9. Montgomery P, Robinson T, and Van Hoose B. *Healthy Corner Store Initiative: An Evaluation*. 2009. Louisville, KY: University of Louisville, School of Public Health & Information Sciences.
10. Sizemore, S. *Shelby Park Walkability Assessment Results Maps*. 2013. Louisville, KY: Louisville Metro Economic Growth & Innovation.
11. City of Louisville. *Walk a Mayor's Mile*. 2014. <http://www.louisvilleky.gov/HealthyHometown/activeliving/MayorMile.htm>. <Accessed March 28, 2014>.

APPENDIX A: LOUISVILLE EVALUATION LOGIC MODEL

In the first year of the grant, this evaluation logic model identified short-term, intermediate, and long-term community and system changes for a comprehensive evaluation to demonstrate the impact of the strategies to be implemented in the community. This model provided a basis for the evaluation team to collaborate with the Healthy Kids Healthy Communities Louisville 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 Louisville's Healthy Kids, Healthy Communities partnership included:

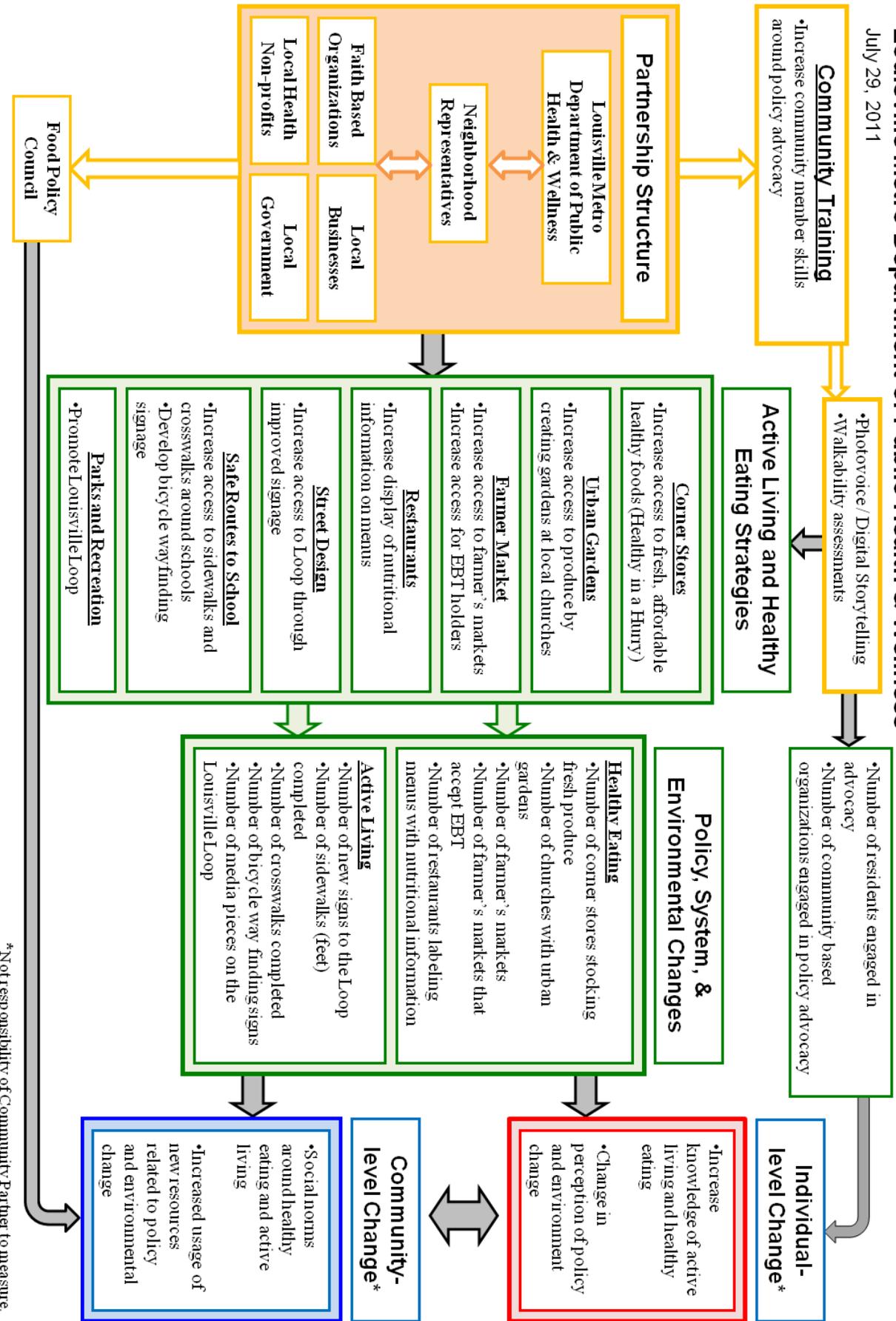
- *Healthy in a Hurry Corner Stores*: The goal of this healthy eating initiative was to increase access to fruits and vegetables in underserved communities. Louisville started working on its corner store strategy in December of 2007 under the umbrella of the Food Security Taskforce, with partners from the YMCA, Louisville Metro Department of Public Health and Wellness, and Center for Health Equity. Healthy in a Hurry (HiaH) Corner Store initiative launched in early 2009 with two initial stores.
- *Active Transportation*: Efforts focused on connecting the Louisville Loop with Mayor's Miles in order to increase residents' awareness of and access to physical activity opportunities in their neighborhoods. The Louisville Loop was a trail system, encircling the city and linking existing parks, new parks, and neighborhoods to civic attractions, transportation alternatives, and recreation opportunities. Mayor's Miles was a distance-marking system for walking paths, with wayfinding signage every tenth of a mile.

APPENDIX A: LOUISVILLE EVALUATION LOGIC MODEL

Louisville, KY HKHC Logic Model

Louisville Metro Department of Public Health & Wellness

July 29, 2011



*Not responsible 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 Healthy Kids, Healthy Communities Louisville during the final year of the grant. Partnership capacity involves the ability of communities to identify, mobilize, and address social and public health problems.¹⁻³

Methods

Modeled after earlier work from the Prevention Research Centers and the Evaluation of Active Living by Design,⁴ an 82-item partnership capacity survey solicited perspectives

of the members of the Healthy Kids, Healthy Communities Louisville partnership on the structure and function of the partnership. The survey questions assisted evaluators in identifying characteristics of the partnership, its leadership, and its relationship to the broader community.

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

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

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

Findings

Five of the project staff and key partners involved with Healthy Kids, Healthy Communities Louisville completed the survey.

References

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

Partnership and Community Capacity Survey

Respondent Summary

Community Partnership

Louisville

Respondents (n= 5)

Respondent Characteristics

Gender

Female	4
Male	1
No response	0

Identified Race/Ethnicity

American Indian or Alaskan Native	0	Hispanic or Latino	0
Asian	0	Not Hispanic or Latino	0
White	4	Don't know/ Unsure ethnicity	0
African American/ Black	1	Refused to identify ethnicity	0
Pacific Islander/ Native Hawaiian	0	Other ethnicity	0

Identified Role

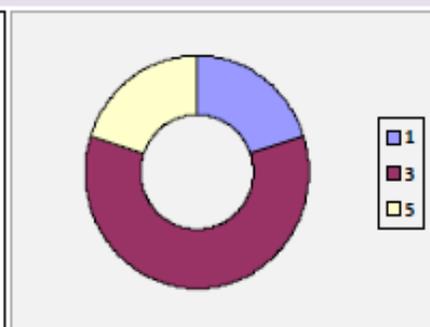
Community Partnership Lead	5
Community Partnership Partner	2
Community Leader	1
Community Member	1
Public Official	0
Other role	0

Age Range

18-25	0
26-45	4
46-65	1
66+	0
No response	0

Type of Affiliated Organization

Faith- or Community Based Organization	1	20.0%	(1)
School (district, elementary, middle, high)	0	0.0%	(2)
Local Government Agency (city, county)	3	60.0%	(3)
University or Research/Evaluation Organization	0	0.0%	(4)
Neighborhood Organization	1	20.0%	(5)
Advocacy Organization	0	0.0%	(6)
Health Care Organization	0	0.0%	(7)
Child Care or Afterschool Organization	0	0.0%	(8)
Other	0	0.0%	(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	33.33%	Strongly disagree	0.00%
Agree	51.11%	I don't know	0.00%
Disagree	15.56%	No response	0.00%

Partner skills and communication

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

Strongly agree	29.09%	Strongly disagree	1.82%
Agree	63.64%	I don't know	1.82%
Disagree	3.64%	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	30.91%	Strongly disagree	0.00%
Agree	56.36%	I don't know	10.91%
Disagree	1.82%	No response	0.00%
Partner and community involvement			
Participants provided level of agreement to statements indicating partners and the community were actively involved in partnership activities, meetings, and decisions.			
Strongly agree	24.00%	Strongly disagree	0.00%
Agree	72.00%	I don't know	0.00%
Disagree	4.00%	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	12.00%	Strongly disagree	4.00%
Agree	56.00%	I don't know	24.00%
Disagree	4.00%	No response	0.00%
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	20.00%	Strongly disagree	0.00%
Agree	43.33%	I don't know	10.00%
Disagree	26.67%	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	30.00%	Strongly disagree	0.00%
Agree	65.00%	I don't know	5.00%
Disagree	0.00%	No response	0.00%
Community members intervene			
Participants provided level of agreement to statements indicating that community members can be counted on intervene in instances where someone is disrespectful, disruptive, or harmful to another community member.			
Strongly agree	20.00%	Strongly disagree	6.67%
Agree	40.00%	I don't know	6.67%
Disagree	26.67%	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	60.00%	Strongly disagree	0.00%
Agree	40.00%	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	40.00%	Strongly disagree	0.00%
Agree	60.00%	I don't know	0.00%
Disagree	0.00%	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	5.00%	Strongly disagree	0.00%
Agree	80.00%	I don't know	0.00%
Disagree	15.00%	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	60.00%	Strongly disagree	0.00%
Agree	25.00%	I don't know	10.00%
Disagree	5.00%	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	20.00%	Strongly disagree	0.00%
Agree	80.00%	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	26.67%	Strongly disagree	0.00%
Agree	66.67%	I don't know	0.00%
Disagree	6.67%	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	40.00%	Strongly disagree	0.00%
Agree	40.00%	I don't know	20.00%
Disagree	0.00%	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	40.00%	Strongly disagree	0.00%
Agree	0.00%	I don't know	0.00%
Disagree	60.00%	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	40.00%	Strongly disagree	0.00%
Agree	60.00%	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	0.00%	Strongly disagree	0.00%
Agree	40.00%	I don't know	20.00%
Disagree	20.00%	No response	20.00%

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	0.00%	Strongly disagree	0.00%
Agree	60.00%	I don't know	40.00%
Disagree	0.00%	No response	0.00%

APPENDIX C: HEALTHY KIDS, HEALTHY COMMUNITIES LOUISVILLE PARTNER LIST

Members of Louisville Healthy Kids, Healthy Communities Partnership	
Organization/Institution	Partner
Business/Industry/Commercial	Farm Boy Food Mart Parkway Food Mart Shawnee Market Webb’s Market Happy Food Mart Curtis Market West End Market Corner Market—Grocery Plus J&M Food Mart City View Supermarket City Market KNM Food Mart
Community Residents	Shawnee Neighborhood Association
Government and/or Civic Organizations	Louisville Metro Department of Public Health & Wellness (lead agency)
	The Center for Health Equity
	Mayor’s Healthy Hometown Movement
	Safe Kids Louisville
	Louisville Economic Development Department Chamber of Commerce
	The Transit Authority of River City
	Louisville Metro Department of Planning and Design Services
	Louisville Metro Department of Public Works and Assets
	Louisville/Jefferson Metro Parks Department
	Center for Neighborhoods
	The YMCA
	Metro United Way
	Louisville Grows
Food Policy Council	
Colleges/Universities	University of Louisville School of Public Health & Information Sciences
	University of Kentucky College of Agriculture, Jefferson County Cooperative Extension
	Presbyterian Community Center
	PAL Coalition Park Hill (Center for Neighborhoods)
	Community Farm Alliance
	Bike Louisville
Other Youth Organization	Newburg Portland Big Brothers/ Big Sisters
Schools	Jefferson County Public Schools

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Sources of Revenue			
Community Partnership	Louisville		
Resource source	Year	Amount	Status
Business			
Matching funds	2011		Annual total \$1,500.00
		\$1,500.00	Accrued
Other	2009		Annual total \$2,000.00
		\$2,000.00	Accrued
Sum of revenue generated by resource source		\$3,500.00	
Local government			
Matching funds	2010		Annual total \$110,624.00
		\$1,315.00	Accrued
		\$76,174.00	Accrued
		\$31,135.00	Accrued
		\$2,000.00	Accrued
	2011		Annual total \$244,019.00
		\$1,200.00	Accrued
		\$76,164.00	Accrued
		\$32,836.00	Accrued
		\$14,800.00	Accrued
		\$1,200.00	Accrued
		\$76,164.00	Accrued
		\$41,655.00	Accrued
	2012		Annual total \$6,116.00
		\$4,916.00	Accrued
		\$1,200.00	Accrued
Other	2009		Annual total \$6,300.00
		\$6,300.00	Accrued
Sum of revenue generated by resource source		\$367,059.00	
State government			

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership		Louisville	
Resource source		Amount	Status
Other			
	2009		Annual total \$99,000.00
		\$99,000.00	Accrued
	2010		Annual total \$99,000.00
		\$99,000.00	Accrued
	2011		Annual total \$198,000.00
		\$99,000.00	Accrued
		\$99,000.00	Accrued
Sum of revenue generated by resource source		\$396,000.00	
National government		Year	
Matching funds			
	2010		Annual total \$66,901.00
		\$4,901.00	Accrued
		\$62,000.00	Accrued
	2011		Annual total \$245,790.00
		\$245,790.00	Accrued
	2012		Annual total \$271,323.00
		\$46,696.00	Accrued
		\$150,000.00	Accrued
		\$20,827.00	Accrued
		\$53,800.00	Accrued
Other			
	2009		Annual total \$14,200.00
		\$14,200.00	Accrued
	2010		Annual total \$7,900,000.00
		\$7,900,000.00	Accrued
	2011		Annual total \$3,600,000.00
		\$3,600,000.00	Accrued
Sum of revenue generated by resource source		\$12,098,214.00	
Foundation		Year	
HKHC funds			
	2008		Annual total \$57,096.76

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership		Louisville	
Resource source	Amount	Status	
	\$15,000.00	Accrued	
	\$331.19	Accrued	
	\$1,346.30	Accrued	
	\$291.17	Accrued	
	\$2,608.69	Accrued	
	\$389.66	Accrued	
	\$37,129.75	Accrued	
2009		Annual total	\$121,936.04
	\$80,091.68	Accrued	
	\$954.51	Accrued	
	\$1,449.58	Accrued	
	\$3,325.39	Accrued	
	\$179.57	Accrued	
	\$14,349.31	Accrued	
	\$21,586.00	Accrued	
2010		Annual total	\$128,155.00
	\$800.00	Accrued	
	\$74,160.00	Accrued	
	\$4,220.00	Accrued	
	\$5,650.00	Accrued	
	\$2,000.00	Accrued	
	\$10,675.00	Accrued	
	\$22,000.00	Accrued	
	\$8,650.00	Accrued	
Sum of revenue generated by resource source	\$307,187.80		
Non-profit organization		Year	
	Matching funds		
2010		Annual total	\$29,725.00
	\$29,100.00	Accrued	
	\$625.00	Accrued	
2011		Annual total	\$95,140.00
	\$66,040.00	Accrued	

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Louisville		
Resource source		Amount	Status
		\$29,100.00	Accrued
	2012		Annual total
		\$80,226.00	Accrued
		\$80,226.00	Accrued
Other			
	2009		Annual total
		\$2,000.00	Accrued
		\$2,000.00	Accrued
Sum of revenue generated by resource source		\$207,091.00	
School	Year		
Matching funds			
	2010		Annual total
		\$1,500.00	Accrued
	2011		Annual total
		\$3,000.00	Accrued
		\$3,000.00	Accrued
	2012		Annual total
		\$3,000.00	Accrued
		\$3,000.00	Accrued
Sum of revenue generated by resource source		\$13,500.00	
Other	Year		
Matching funds			
	2011		Annual total
		\$40,000.00	Accrued
		\$40,000.00	Accrued
Sum of revenue generated by resource source		\$40,000.00	
Grand Total			\$13,432,551.80

Louisville's Healthy Kids, Healthy Communities

Street Intersection Direct Observations

Summary Report

Prepared by Transtria LLC



Table of Contents

Background.....	3
Methods.....	3
Results.....	5
Appendix A: Parks and Play Spaces Direct Observation Tool	19

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.

Louisville, Kentucky was selected as one of 49 communities to participate in HKHC and the Louisville Metropolitan Department of Public Health and Wellness is the lead agency for their community partnership, Louisville's Healthy Kids, Healthy Communities. Louisville has chosen to focus its work on healthy eating and active living strategies around complete streets, community gardens, and corner stores with the goal of creating safe routes for children and improving their nutritional environment during after school hours. Transtria LLC, a public health evaluation and research consulting firm located in St. Louis, Missouri, is funded by the Robert Wood Johnson Foundation to lead the evaluation and dissemination activities from April 2010 to March 2014. For more information about the evaluation, please visit www.transtria.com.

In order to better understand the impact of their work in street design, representatives from Louisville's Healthy Kids, Healthy Communities 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. Louisville 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 Louisville's community partnership on proper data collection methods using the tool.

Data were collected over a 63-day period from May 5, 2013 to July 14, 2013 at the 15 segments within 4 Mayor's Miles. Five observations were collected for the Market and Shawnee Mayor's Mile, three for the Fourth Street Mayor's Mile, four for California Mayor's Mile, and three for the Portland Mayor's Mile. Observers collected data between 9:39 AM and 5:01 PM. The weather for data collection varied from sunny to cloudy, and mild to hot. Rain or inclement weather did not occur for any observation periods.

The observations were conducted on nine separate days (5/11, 5/17, 5/21, 5/23, 6/7, 6/25, 6/27, 6/29, 7/13) by ten different observers. Observers collected data for 18 to 52 minutes per street for an average of 54.6 minutes per day. For the duration of each observation period, observers scanned the street for one minute and recorded observations for one minute, except for the Market Street and Southwest Parkway segment for which observers scanned the street for one

minute and recorded observations for 30 seconds. 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; and adults = 19+ years) and activity level (i.e., sedentary, moderate, or very active behaviors).

- **Sedentary** behaviors are defined as activities in which children 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 15 segments that were 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, 2 errors were found among the 10,116 data points (99.9% correct).

RESULTS

Overall Results

Street Design Direct Observations

Direct observations were conducted along four Mayor's Miles (California, Fourth Street, Market and Shawnee, and Portland). Observations were collected in May, June, and July 2013. Activity levels were collected over a total of 280 one-minute observation periods, with 56 observation periods for California, 56 for Fourth Street, 84 for Shawnee and Market, and 84 for Portland.

For the 280 observation periods, there were a total of 1154 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	
Mayor's Mile	
California	128.6
Fourth Street	777.9
Shawnee and Market	414.7
Portland	27.5
Total	1348.7

Results by Individual Mayor's Mile

California Mayor's Mile

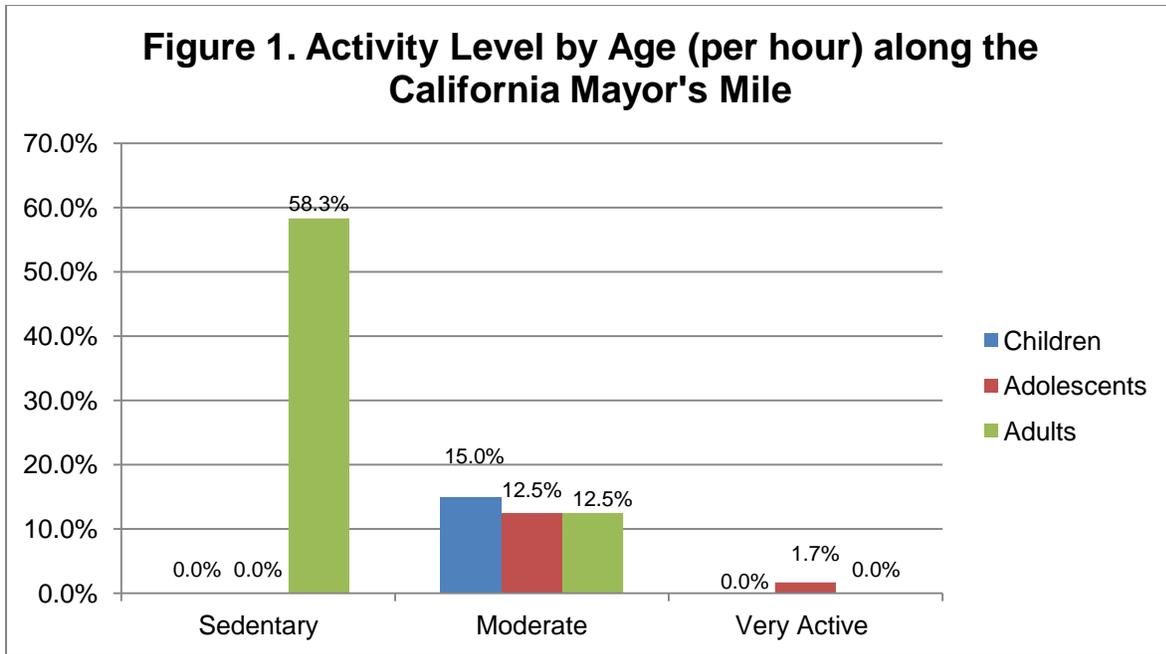
Rates of Activity

A total of four segments were observed along the California Mayor's Mile. Data were collected over two days (5/17/2013 and 5/21/2013) for a total of one hour and twenty-six minutes from 4:38 PM to 5:01 PM on 5/17/2013 and from 12:30 PM to 12:56 PM on 5/21/2013. A total of 56 observation periods were completed.

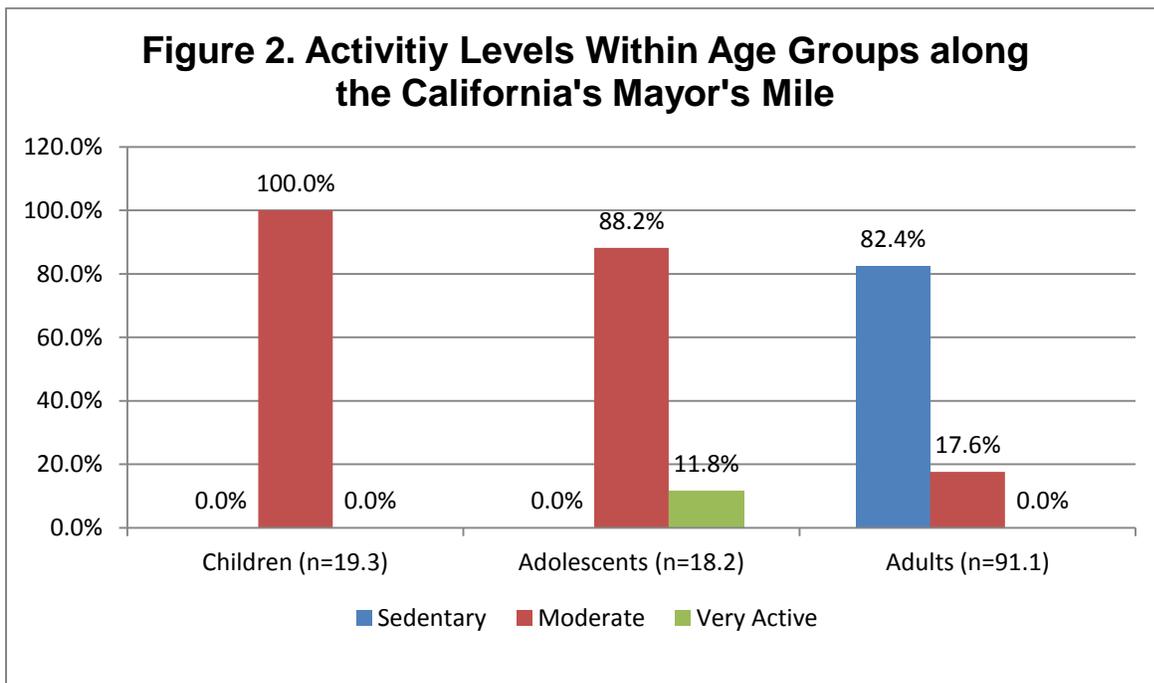
Most of the overall activity (70.8%) observed on the California Mayor's Mile was among adults (see Table 2 and Figure 1). Activity among children (15.0%) and adolescents (14.2%) constituted less than one-third of the overall activity. Among all age groups observed, the majority of activity was sedentary (58.3%) and was observed among adults only. Less than half of the overall activity observed was moderate (40%). Very little of the overall activity was very active (1.7%). Children and adolescents were moderately active (15.0% and 12.5%, respectively). Adolescents, though very rarely, were the only age group observed being very active (1.7%).

Table 2. Overall Activity Rates (counts per hour) along the California Mayor's Mile

	Sedentary	Moderate	Very Active	Overall Activity
Children	0.0 (0.0%)	19.3 (15.0%)	0.0 (0.0%)	19.3 (15.0%)
Adolescents	0.0 (0.0%)	16.1 (12.5%)	2.1 (1.7%)	18.2 (14.2%)
Adults	75.0 (58.3%)	16.1 (12.5%)	0.0 (0.0%)	91.1 (70.8%)
All Age Groups	75.0 (58.3%)	51.4 (40.0%)	2.1 (1.7%)	128.6 (100%)



When we look at activity levels within age groups, we see that all behavior among children was moderate (see Figure 2). Similarly, adolescent behavior was primarily moderate (88.2%) with a small degree of very active behavior (11.8%) observed. Among adults, the majority of activity was sedentary (82.4%), followed by moderate (17.6%). Very active behavior was not observed among children or adults.



Types of Activity

A total of three activity types were observed on California's Mayor's Mile (see Table 3). Children were seen walking. Adolescents were observed walking and biking. Adults were walking, biking and participating in no identifiable activity (i.e. not moving).

Table 3. Types of Activity Observed along the California Mayor's Mile

Activity Type	Children	Adolescents	Adults
No identifiable Activity (i.e. not moving)	Absent	Absent	Present
Walking	Present	Present	Present
Jogging/Running	Absent	Absent	Absent
Biking	Absent	Present	Present
Roller-blading	Absent	Absent	Absent
Speed walking	Absent	Absent	Absent
Skate boarding	Absent	Absent	Absent
Other activity	Absent	Absent	Absent

Fourth Street Mayor's Mile

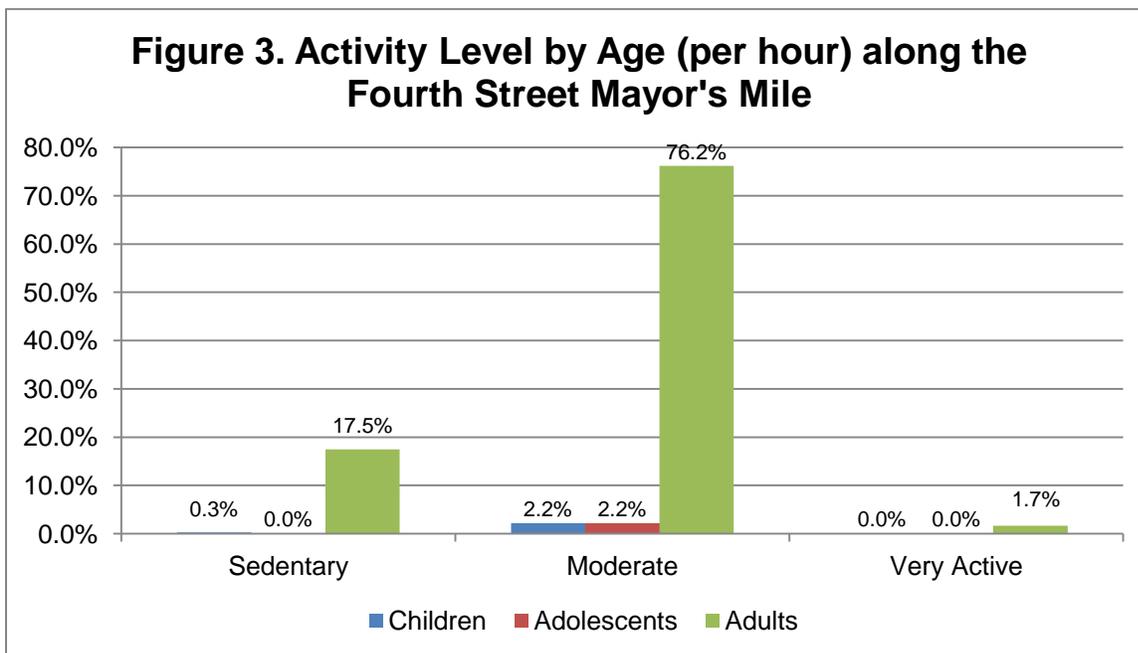
Rates of Activity

A total of three segments were observed along the Fourth Street Mayor's Mile. Data were collected over two days (6/25/2013 and 7/13/2013) for a total of one hour and forty-four minutes from 1:15 PM to 1:48 PM on 6/25/2013 and from 10:32 AM to 11:30 AM on 7/13/2013. A total of 56 observation periods were completed.

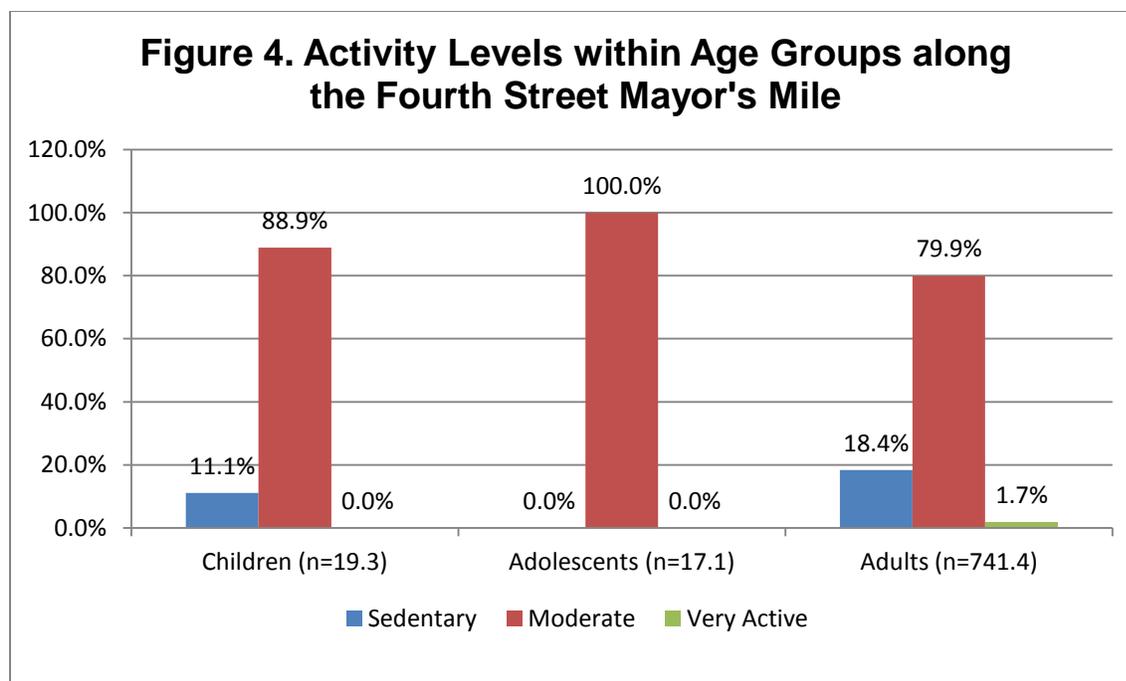
Most of the overall activity (95.3%) observed on the Fourth Street Mayor's Mile was among adults (see Table 4 and Figure 3). Small proportions of the overall activity were observed among children (2.5%) and adolescents (2.2%). The majority of activity among all age groups was moderate (80.6%), followed by sedentary (17.8%). Sedentary behavior was primarily observed among adults (17.5%) with children less often observed being sedentary (0.3%). No sedentary adolescents were observed. The only age group observed being very active was adults, though this was only rarely observed (1.7%).

Table 4. Overall Activity Rates (counts per hour) along the Fourth Street Mayor's Mile

	Sedentary	Moderate	Very Active	Overall Activity
Children	2.1 (0.3%)	17.1 (2.2%)	0.0 (0.0%)	19.3 (2.5%)
Adolescents	0.0 (0.0%)	17.1 (2.2%)	0.0 (0.0%)	17.1 (2.2%)
Adults	136.1 (17.5%)	592.5 (76.2%)	12.9 (1.7%)	741.4 (95.3%)
All Age Groups	138.2 (17.8%)	626.8 (80.6%)	12.9 (1.7%)	777.9 (100.0%)



When we look at activity levels within age groups, we see that moderate activity levels were most common for children (88.9%), adolescents (100.0%), and adults (79.9%) (see Figure 4). For activity levels observed among children, some sedentary behavior (11.1%) was observed. Similarly, sedentary behavior (18.4%) was observed among adults. A small proportion of adult activity was very active (1.7%).



Types of Activity

Four types of activity were observed along the Fourth Street Mayor’s Mile (see Table 5) including walking, jogging/running, biking, and other, unspecified activity. Children were observed walking and participating in other activity that was not specified. Adolescents walked, jogged/ran, and biked. Adults were observed walking, jogging/running, biking, and participating in other unspecified activity.

Table 5. Types of Activity Observed along the Fourth Street’s Mayor’s Mile

Activity Type	Children	Adolescents	Adults
No identifiable Activity (i.e. not moving)	Absent	Absent	Present
Walking	Present	Present	Present
Jogging/Running	Absent	Absent	Present
Biking	Absent	Absent	Present
Roller-blading	Absent	Absent	Absent
Speed walking	Absent	Absent	Absent
Skate boarding	Absent	Absent	Absent
Other activity	Present	Absent	Present

Market and Shawnee Mayor's Mile

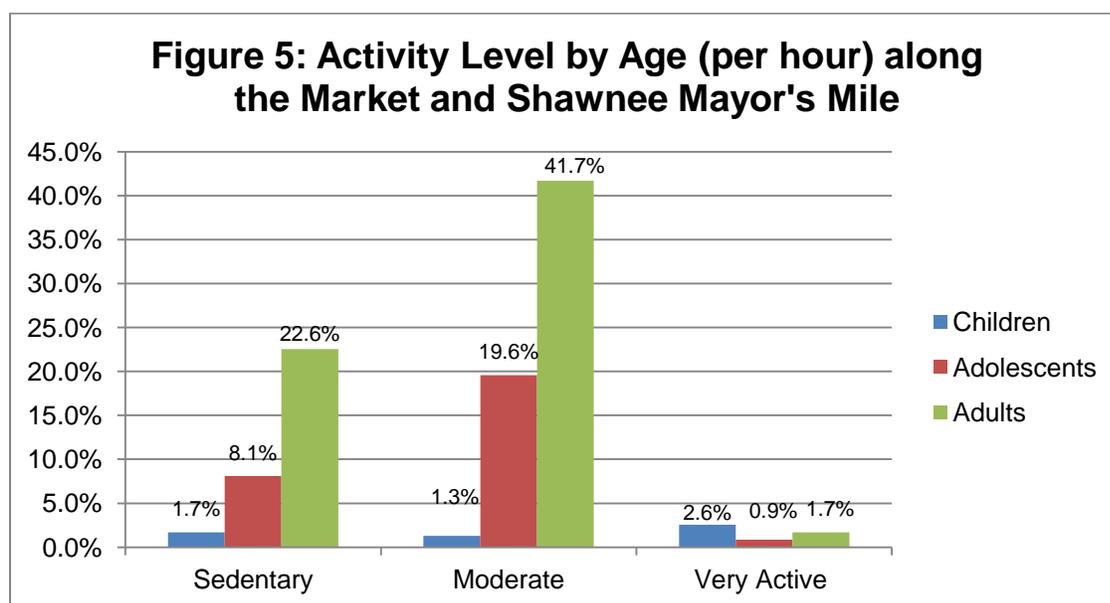
Rates of Activity

A total of five segments were observed along the Market and Shawnee Mayor's Mile. Data were collected over two days (5/11/2013 and 6/27/2013) for a total of two hours and twenty-nine minutes from 2:21 PM to 3:29 PM on 5/11/2013 and from 10:38 AM to 11:06 AM on 6/27/2013. A total of 84 observation periods were completed.

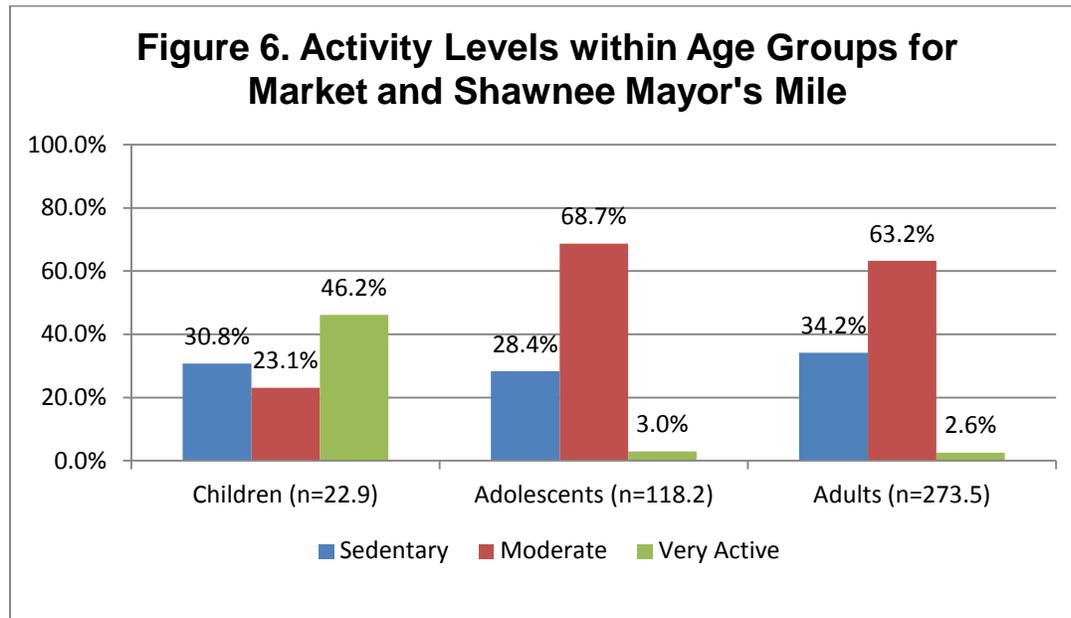
Overall the majority of all activity observed on the Market and Shawnee Mayor's Mile was among adults (66.0%), followed by adolescents (28.5%) (see Table 6 and Figure 5). The proportion of activity observed among children (5.5%) was minimal. Among all age groups, more than half (62.6%) of the behavior observed was moderate with the majority (41.7%) of this behavior observed among adults, followed by adolescents (19.6%) and children (1.3%). Sedentary behavior was observed about one-third (32.3%) of the time; adults were most commonly observed being sedentary (22.6%) compared to other age groups. Only 5.1% of the activity observed was very active.

Table 6. Overall Activity Rates (county per hour) along the Market and Shawnee Mayor's Mile

	Sedentary	Moderate	Very Active	Overall Activity
Children	7.1 (1.7%)	5.3 (1.3%)	10.6 (2.6%)	22.9 (5.5%)
Adolescents	33.5 (8.1%)	81.2 (19.6%)	3.5 (0.9%)	118.2 (28.5%)
Adults	93.5 (22.6%)	172.9 (41.7%)	7.1 (1.7%)	273.5 (66.0%)
All Age Groups	134.1 (32.3%)	259.4 (62.6%)	21.2 (5.1%)	414.7 (100.0%)



When we look at activity levels within age groups, we see that children were more likely to be observed being very active (46.2%), though they were less frequently observed (only 22.9 activity counts per hour compared to 118.2 for adolescents and 273.5 for adults) (see Figure 6). Children were also observed being sedentary (30.8%) and moderately active (23.1%). Among adolescents, moderate (68.7%) and sedentary (28.4%) behaviors were most commonly observed. Very active behavior (3.0%) was also observed in this age group, though less frequently. Very active behavior (3.0%) was also observed in this age group, though less frequently.



Types of Activity

Overall, five types of activity were observed along the Market and Shawnee Mayor’s Mile including walking, jogging/running, biking, no identifiable activity (i.e. not moving), and other activity (see Table 7). Children participated in walking, jogging/running, biking, and no identifiable activity. Adolescents and adults walked, biked, and participated in no identifiable activity. Adults also were observed participating in other, unspecified activity.

Table 7. Types of Activity Observed along the Market and Shawnee Mayor’s Mile

Activity Type	Children	Adolescents	Adults
No identifiable Activity (i.e. not moving)	Present	Present	Present
Walking	Present	Present	Present
Jogging/Running	Present	Absent	Absent
Biking	Present	Present	Present
Roller-blading	Absent	Absent	Absent
Speed walking	Absent	Absent	Absent
Skate boarding	Absent	Absent	Absent
Other activity	Absent	Absent	Present

Portland Mayor's Mile

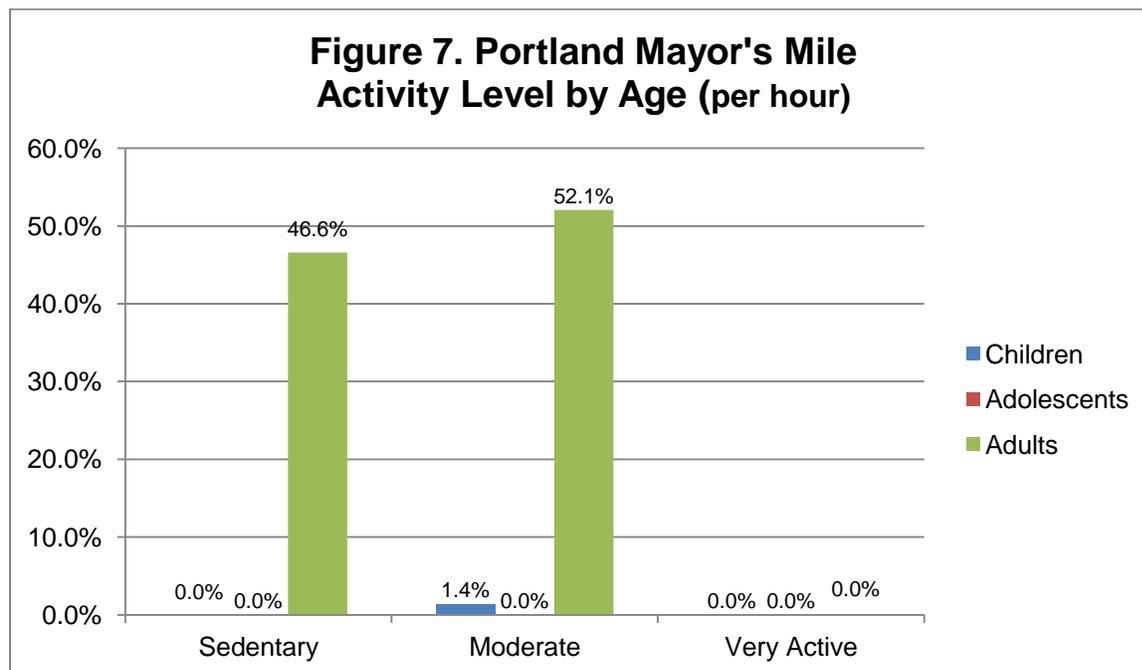
Rates of Activity

A total of three segments were observed along the Portland Mayor's Mile. Data were collected over three days (5/23/2013, 6/7/2013, and 6/27/2013) for a total of two hours and thirty-four minutes from 9:40 to 10:41 AM on 5/23/2013; from 11:00 AM to 12:08 PM on 6/7/2013; and 10:30 AM to 11:26 AM on 6/27/2013. A total of 84 observation periods were completed.

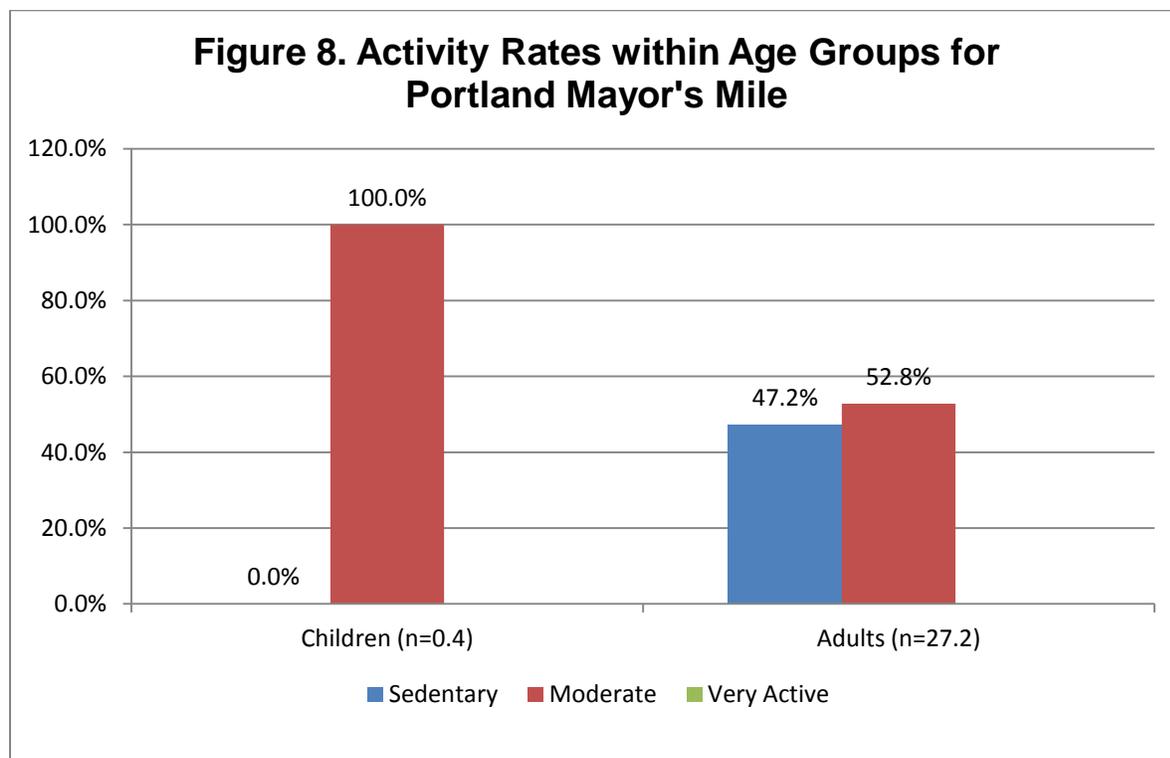
Very little activity in general was observed along the Portland Mayor's Mile. A total of 27.2 activity counts per hour were observed. Most of the activity (98.6%) was observed among adults (see Table 8 and Figure 7), who were moderately active (52.1%) or sedentary (46.6%). Children were observed being moderately active (1.4%). No adolescents were observed. No very active behavior was observed.

Table 8. Overall Activity Rates (county per hour) along Portland Mayor's Mile

	Sedentary	Moderate	Very Active	Overall Activity
Children	0.0 (0.0%)	0.4 (1.4%)	0.0 (0.0%)	0.4 (1.4%)
Adolescents	0.0 (0.0%)	0.0 (0.0%)	0.0 (0.0%)	0.0 (0.0%)
Adults	12.8 (46.6%)	14.3 (52.1%)	0.0 (0.0%)	27.2 (98.6%)
All Age Groups	12.8 (46.6%)	14.7 (53.4%)	0.0 (0.0%)	27.5 (100.0%)



When we look at activity rates within each age group, we see that all observed activity among children was moderate (100.0%) (see Figure 8). About half of the activity observed among adults was moderate (52.8%). The other half of activity was sedentary (47.2%). No very active behavior was observed. No adolescents were observed on the Portland Mayor’s Mile.



Types of Activity

Three types of activity were observed along the Portland Mayor’s Mile (see Table 9) including walking, biking, and no identifiable activity (i.e. not moving). Only adults were observed participating in these activities. No activity types were observed among children or adolescents.

Table 9. Types of Activity Observed on the Portland Mayor’s Mile

Activity Type	Children	Adolescents	Adults
No identifiable Activity (i.e. not moving)	Absent	Absent	Present
Walking	Absent	Absent	Present
Jogging/Running	Absent	Absent	Absent
Biking	Absent	Absent	Present
Roller-blading	Absent	Absent	Absent
Speed walking	Absent	Absent	Absent
Skate boarding	Absent	Absent	Absent
Other activity	Absent	Absent	Absent

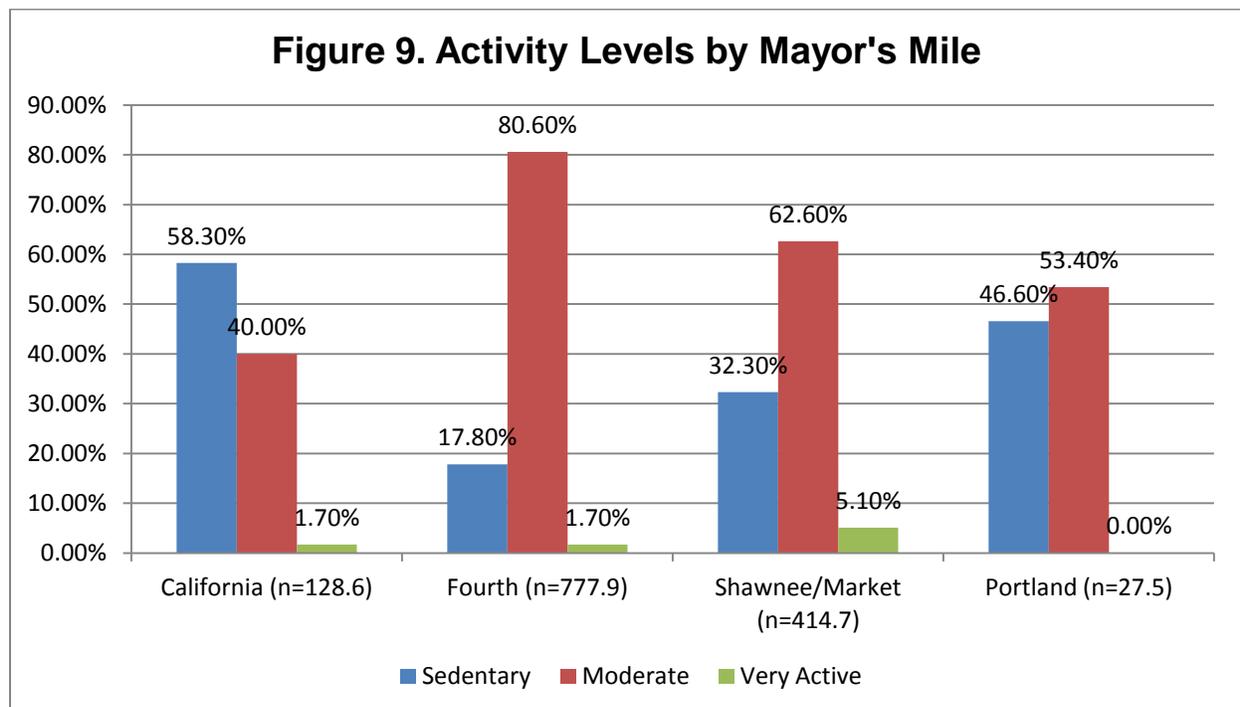
Comparison

Rates of Activity

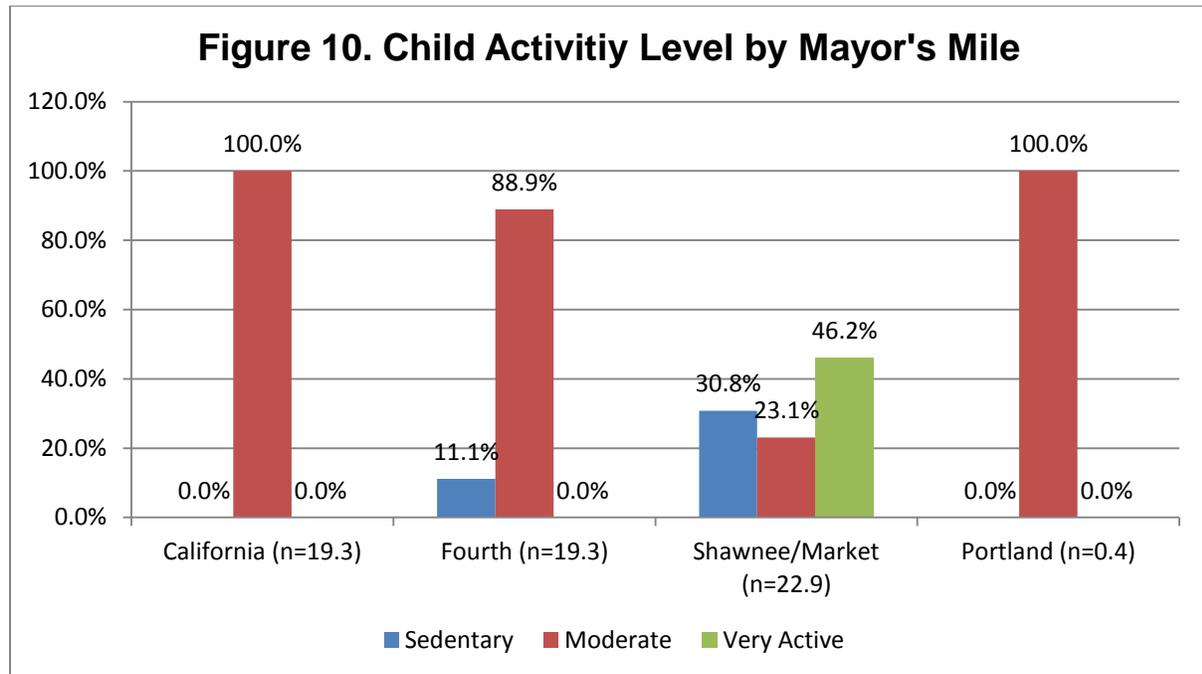
When looking at activity rates across all mayor's miles, we see that moderate and sedentary behavior is more prominent than very active behavior (see Table 10). For each mayor's mile, very active behavior constituted the smallest proportion of activity. Very active behavior was most prevalent along the Market and Shawnee Mayor's Mile (5.1%) (see Figure 9). Moderate activity was most commonly observed across all Mayor's Miles, except for California where sedentary behavior was observed more than half the time (58.3%).

Table 10. Overall Activity Rates (counts per hour) within each Mayor's Mile

	Sedentary	Moderate	Very Active	Total
California	75.0 (58.3%)	51.4 (40.0%)	2.1 (1.7%)	128.6 (100.0%)
Fourth	138.2 (17.8%)	626.8 (80.6%)	12.9 (1.7%)	777.9 (100.0%)
Shawnee/Market	134.1 (32.3%)	259.4 (62.6%)	21.2 (5.1%)	414.7 (100.0%)
Portland	12.8 (46.6%)	14.7 (53.4%)	0.0 (0.0%)	27.5 (100.0%)

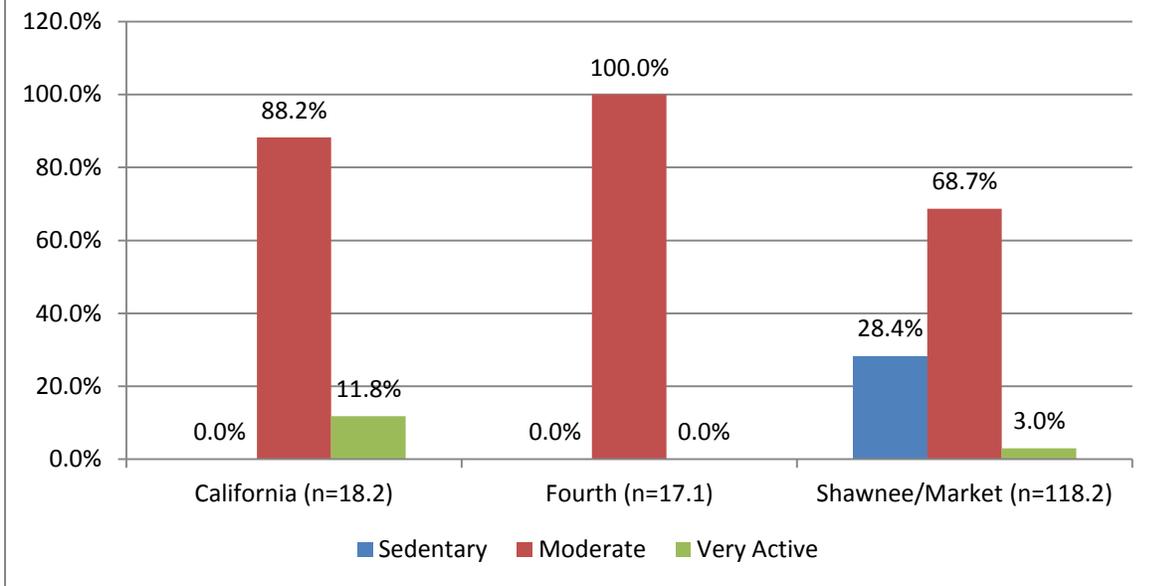


When we look at activity rates within each age group, we see that across all mayor's miles most of the activity among children was moderate (see Figure 10). The Market and Shawnee Mayor's Mile is the exception where very active behavior (46.2%) as opposed to moderate or sedentary was more commonly observed among children. Sedentary behavior was observed only along the Fourth Street (11.1%) and Market and Shawnee (30.8%) Mayor's Miles among children.



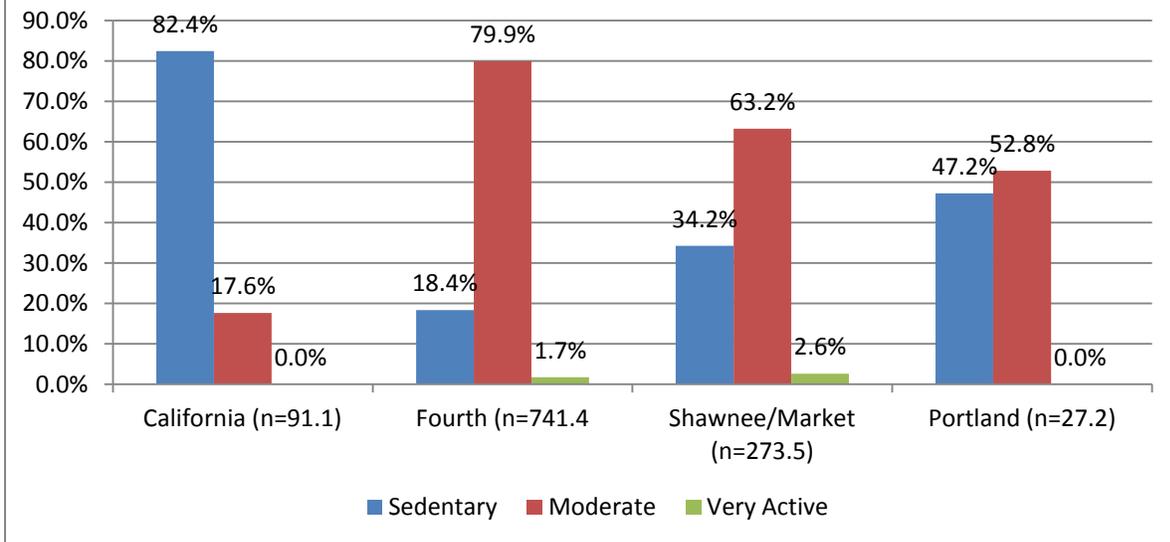
Adolescents were observed at the California, Fourth Street, and Market and Shawnee Mayor's Miles (see Figure 11). Across these three mayor's miles, moderate behavior was most commonly observed. All (100%) activity at the Fourth Street Mayor's Mile, 88.2% of activity at California Mayor's Mile, and 68.7% at Market and Shawnee Mayor's Mile was moderate among adolescents. Very active behavior was less common at California (11.8%) and the Market and Shawnee (3.0%) mayor's miles. Very active behavior was not observed at the Fourth Street Mayor's Mile.

Figure 11. Adolescent Activity Level by Mayor's Mile



Similar to children and adolescents, adults were most commonly observed being moderately active and sedentary across all mayor's miles (see Figure 12). Moderate activity was most commonly observed along the Fourth Street Mayor's Mile (79.9%), followed by Market and Shawnee (63.2%), and Portland (52.8%). Sedentary behavior was the most prominent behavior observed along the California Mayor's Mile (82.4%).

Figure 12. Adult Activity Level by Mayor's Mile



Key Takeaways

- Along the California Mayor's Mile, all activity among children and most activity among adolescents was moderate. A small proportion of activity among adolescents was very active. Adults were mostly observed being sedentary, except for a small proportion that was moderately active.
- Along the Fourth Street Mayor's Mile, moderate activity was most commonly observed among all age groups. A small amount of very active behavior was observed among adults. The majority of the overall activity was observed among adults.
- Along the Market and Shawnee Mayor's Mile, the majority of activity overall was moderate. Nearly half of all activity observed among children was very active.
- Almost all activity observed along the Portland Mayor's Mile was among adults, who were sedentary and moderately active.
- Walking, jogging, and biking were the most commonly observed activity types observed among the four Mayor's Miles.