



Footprints to Health: Franklin Neighborhood Initiative

A Summary Report on a Community-Based Intervention

Background / Summary

Obesity is a complex issue that requires a multi-faceted approach in several settings (e.g. worksites, schools, healthcare) Given the complicated nature of the obesity problem, there is minimal evidence regarding the best types of interventions to address it. Furthermore, there are only a few published community-level obesity prevention interventions. Thus, the Wisconsin Nutrition, Physical Activity and Obesity (NPAO) Program sought to learn more about the design and implementation of local obesity prevention interventions. The NPAO Program awarded a grant to the Healthy Eating, Active Living (HEAL) Coalition of Marathon County in 2005. The grant was part of the funding Wisconsin received through a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC) to prevent obesity. The funding for an intervention (to be carried out by the HEAL Coalition) was to serve two purposes:

- 1) Design, implement, and evaluate a local-level obesity prevention intervention that might be transferable to other Wisconsin communities;
- and, 2) meet the NPAO Program requirement of completing an intervention as part of the CDC Cooperative Agreement criteria.

The intervention was to focus on one of the goals of the Wisconsin Nutrition and Physical Activity State Plan— Create environments that support and promote healthy eating, daily physical activity, and a healthy weight. The grant provided the HEAL Coalition with technical assistance from the NPAO Program and funds to implement a community-based intervention to address obesity in their community. The HEAL Coalition began with a pilot intervention in the summer of 2005. Results from this pilot intervention, which focused on school-aged children, were used to inform the existing intervention -the Footprints to Health-Franklin Neighborhood Initiative. The premise of this community-based intervention was to reduce the prevalence of obesity by changing policies and environmental factors in the neighborhood surrounding the Franklin Elementary School in Wausau. In addition to these factors, objectives related to increased knowledge and skills were also included to assist with individual-level behavior change. The hope was that these combined objectives would lead to healthier lifestyles in neighborhood residents centered on increased physical activity and improvements in

SUMMARY:

Objective – To highlight the success of the Footprints to Health initiative in Wausau in increasing physical activity and fruit and vegetable consumption amongst residents living in a Wausau neighborhood.

Methods – Data and feedback were gathered from evaluation indicators for each of 15 objectives. Data was collected through various means for each objective as well as a general evaluation of pre and post survey findings from the target population.

Findings – The degree of success for any of the 15 objectives was mixed. There were some favorable changes in the physical activity evaluation indicators. The greatest success of the intervention may have been the ancillary outcomes and new partnerships. These included leveraging the initiative to be awarded additional grant funding and developing new working relationships with groups such as the city pedestrian/bicycle committee.

Implications – It can be difficult to address obesity in multiple sectors of a community, while also using a systems approach. Nevertheless, the community setting is still very important in terms of creating a supportive environment for residents where they live, work, play, worship, and learn. It will be imperative for coalitions intervening at the community-level to match available resources to intervention objectives.

nutrition through increased fruit and vegetable consumption.

The intervention, which took place from April 2006 to April 2008, included strategies for changing 1) individual behavior; 2) environmental factors; and 3) policies in the selected neighborhood of Franklin. The primary target audience of the intervention was parents of elementary-aged children attending the Franklin Elementary School. A secondary target audience was the elementary students themselves. These two target audiences involved approximately 250 families whose children attended this neighborhood school.

This community-based intervention was developed using a specific theoretical model, intervention planning processes and evidence-based obesity prevention strategies. The concept was that a defined neighborhood environment would present enough opportunities to impact residents' behavior in several ways and via addressing multiple settings (school, worksite, community, etc.). As a result, improvements in physical activity levels and nutrition (through increased fruit and vegetable consumption) would come through a combination of changes in environment and policy factors and knowledge and skills (which facilitated individual-level behavior change).

The Franklin Neighborhood was chosen based on several factors, including the following:

- a traditional grid neighborhood;
- a fairly well-defined geographical area.
- support from the local school district to help with the initiative and be a hub for information;
- other potential local supports that could be utilized for the initiative.

The purpose of this summary is to describe the intervention action planning process and results of this intervention model used in Wausau.

Beyond the goal of reducing the prevalence of obesity in a Wausau neighborhood, the *Footprints to Health-Franklin Neighborhood Initiative* intended to:

- Create a working partnership between a local coalition and the NPAO Program to improve a local neighborhood;
- Document lessons learned that might be replicable for other Wisconsin communities;
- Determine interventions that are practical, achievable, and realistic for local coalitions to

implement to address the burden of obesity; and

- Document a local coalition's successes and challenges with addressing policy and environmental changes that support healthy eating, physical activity, and a healthy weight.

Methods

In 2005, a summer pilot was done to get an initial assessment of community interest and to help determine the target audience for the longer-term intervention. The pilot intervention, which focused heavily on individual-level behavior change objectives, was targeted for 4th-grade students. This pilot proved successful in providing valuable information for the design of the longer-term intervention. Specifically, the results from the pilot validated the need for the following:

- an intervention that focused on parents;
- the need for a longer intervention time frame, as behavior change may take longer; and
- the need for addressing more system-level issues with environment and policy change.

Thus, it was decided to focus a longer term (two-year) intervention in a specific neighborhood in Wausau. With technical assistance from the NPAO Program, the coalition utilized a multi-step intervention action planning process, social marketing, and the Social Ecological Model (SEM) as tools for designing their intervention. They utilized the SEM as a means for ensuring their intervention had behavioral, environmental, and policy components (*for more information, see the SEM Case Study on the NPAO Program website*). The intervention action planning process included the following steps:

1. Selecting a health outcome
2. Selecting health behavior(s)
3. Identifying a target audience
4. Gathering information (formative assessment) on the target audience?
5. Determining intervention objectives, based on the formative assessment
6. Determining evidence-based strategies, based on the intervention objectives,
7. Identifying resources needed to implement and evaluate the intervention

During this intervention action planning process, the HEAL Coalition and the NPAO Program had several meetings to discuss how to provide a comprehensive intervention to address obesity in

the targeted neighborhood. It was decided that the use of the Socio-Ecological Model (SEM) would provide a framework for implementation that would consider a variety of strategies in multiple settings (for more information, see the *SEM Case Study* on the NPAO program website). Using the model, HEAL decided to address increasing physical activity and increasing fruit and vegetable consumption as their high level behavioral goals, with an overall health outcome of reducing overweight and obesity in their community. To accomplish this, HEAL's planning process resulted in 15 high-level intervention objectives.

Footprints to Health-Franklin Neighborhood Objectives

- Objective 1 - Fruit & vegetable educational messages
- Objective 2 - Family Meal messages
- Objective 3 - Family Meal planning trainings
- Objective 4 - Media Campaign: Family Meals
- Objective 5 - Stores: Environmental Change
- Objective 6 - Restaurants: Environmental Change
- Objective 7 - Farmers Market utilization
- Objective 8 - Organizational Policy on healthy eating
- Objective 9 - Physical Activity Resource Guide
- Objective 10 - Neighborhood Walking Challenge
- Objective 11 - Media Campaign: Physical Activity
- Objective 12 - Neighborhood Environmental Change
- Objective 13 - Mapping of nearby destinations
- Objective 14 - Neighborhood Walking Routes
- Objective 15 - Access to Physical Activity Facilities

(Note: A full description of the objectives can be found on the NPAO program website)



The coalition ensured that there was at least one strategy for both physical activity and nutrition at each level of the SE Model, as the current peer-reviewed literature has demonstrated that having both of these components strengthens an intervention.

Objectives Compared to the SEM Model

<u>Level</u>	<u>Physical Activity</u>	<u>Fruits & Vegetables</u>
Individual	Messages/Tips on how to be more active	Fruit & Vegetable Recipes/Tips for Selecting & Preparing
	Destination Map of nearby restaurants, stores and parks to walk or bike to	
Interpersonal	Activity Resource Guide of recreational opportunities in Wausau	Family Meal Planning Tips/ Family Meal Planning Training for Parents
	Walk to School program in conjunction with Safe Routes	
School/ Organization	Safe Routes to School	Adoption of healthy eating policy at school
	Increase access to facilities through off hours use of school	
Community/ Environment	Activity Resource Guide of recreational opportunities in Wausau	Farmers' Market coupons distributed to primary target audience
	Increase access to facilities through agreement with local clubs	Assessment of and changes to restaurant and grocery and convenience store environments
	Media Campaign; family activity messaging	Media Campaign; family meal messaging
	Walking Challenge as part of a Spring activity campaign	
Social/Policy	Traffic Calming around the school as part of the Safe Routes initiative	Adoption of healthy eating policies at businesses/ organizations in neighborhood
	Increase access to facilities through off hours use of school	

(Note: A full description of the objectives can be found on the NPAO program website)

Partners: The HEAL Coalition networked with a diverse set of partners while planning and implementing the intervention. Partners included:

- Franklin Elementary School: Principal & staff
- Local UW-Extension Office
- Local WIC Project
- County Government
- City Government
- A major local healthcare provider
- Local TV, radio and print media
- County Parks and Recreation Department
- County Planning Department
- Neighborhood grocery and convenience stores
- Neighborhood restaurants
- Farmers Market Manager and Vendors
- Safe Kids Coalition

Results

Process Measures: Each of the objectives had process measures that were used as a means for tracking progress on the activities related to each objective. Those measures, and ultimately the related objective, were achieved to varying degrees depending on the SEM Level. Process measures at the individual, interpersonal and organizational levels were done more completely than measures at the community and policy levels. During the intervention, coalition members noted that this was probably the case because the objectives within the context of the lower-levels of the SEM were more familiar and easier to meet so they naturally gravitated toward implementing those versus the community and policy-related objectives. In addition, creating change at the community and policy levels takes time and may be beyond the control of individual staff or a coalition. When all those factors are taken into account, the resulting emphasis on individual activities is understandable. This also suggests that addressing additional barriers at higher SEM levels may, at least initially, represent an important point of consideration while planning future interventions.

A summary of process measures and whether or not they were met is included in the *Field Notes* for each objective, which can be found on the NPAO Program Website.

Outcome Measures:

Outcome measures were primarily tracked by a comprehensive survey that was mailed to the primary target audience (parents) at three points in time: Pre-intervention (April 2006), Mid-

intervention (April 2007) and Post-intervention (April 2008).

The original analysis plan for the survey was to evaluate change in nutrition and physical activity indicators over time for specific individuals. However, this was not feasible because the panel of individuals (parents who completed both the pre-survey and post-survey) was relatively small (37% of the original sample). As a result, primary analyses were based on comparisons of the entire sample of survey participants in April 2006 and April 2008, with additional analyses, aimed at evaluating whether or not observed changes appeared likely to be related to the intervention. Based on the available information, there is support for a modest favorable impact of the intervention on the target population. However, this was limited to the physical activity component of the intervention. Nutrition indicators showed little or no evidence of any effect due to the intervention; and there are a variety of reasons that might explain this lack of change. Those reasons are summarized in the nutrition section below.

Physical Activity:

Indicators of physical activity outcomes support the occurrence of some level of positive change due to the intervention. Of the 12 indicators of physical activity or its predictors, 5 were at least marginally significant, and all of these observed differences were in a favorable direction. Positive differences were apparent for both adults and children and were distributed across indicators for knowledge (opportunities for activity; safe routes to school) and behavior (adult inactivity / intention to exercise; child activity level).

Additional support for a positive change in physical activity outcomes comes from consideration of specific characteristics of the findings. For example, indicators related to knowledge of opportunities for physical activity and Safe Routes to School increased during the time periods that one would expect to see changes, based on the timing of the intervention (between the midpoint and end of the intervention, respectively). Also, increases in reported activity levels either followed or were concurrent with changes in relevant knowledge. These changes could not easily be explained in other ways (e.g. demographics). Cross-sectional analyses (available only during year 3) in which the relationship between specific process and outcome indicators was examined also supported

that the intervention was a likely source of favorable change. Of note, despite these apparent positive changes, not all of the physical activity objectives at the higher levels of the SEM were implemented as planned.

Nutrition:

With respect to nutrition indicators, although some significant favorable and unfavorable differences were observed during the course of the intervention, none persisted across the entire intervention period and no clear pattern of change was apparent.

Different reasons are likely to have contributed to this apparent lack of change. At baseline, the sample reported relatively high levels of eating dinner together as a family and cooking at home, rather than eating out. The small amount of room for improvement or “ceiling effect” may be one explanation for these items. However, significant changes were also absent for intervention goals that did not appear to have these same measurement issues, such as fruit and vegetable consumption or involving children in meal preparation. In this case, it’s relevant to raise the point that, for a variety of reasons, several aspects of the intervention were not implemented as planned. For example, HEAL was hoping to use existing family events (e.g. Literacy Nights) as a conduit for reaching parents. Intervention objectives that relied on these conduits were not fully implemented. Also, several aspects of the intervention focused on changing higher social ecological influences on behavior, such as modifying stores and restaurants, changing organizational policies, and broadcasting media messages, were only partially implemented. Creating a community intervention with enough “dosage” to measurably change health behaviors represents a somewhat challenging prospect. “Dosage” is the amount or number of exposures the target audience has to positive nutrition and physical activity opportunities during the intervention. Because key policy and environmental aspects of the intervention were not completed as intended, the overall dose to the target audience was less, and this could partially explain an apparent lack of positive change in nutrition outcomes and some of the physical activity outcomes.

A few other observations regarding the survey data may also be worthy of note. For example, participants appeared highly receptive to the idea of increased access to healthful choices in

grocery stores and restaurants. This suggests that some of the unimplemented aspects of the nutrition intervention might have had a positive impact on outcomes, had they been completed. Responses to other nutrition questions that were asked only during the final year suggest that encouraging healthy beverage choices in adults may help reduce access to unhealthful beverages in general for children living in the same household. This could represent an additional point of consideration for future interventions.

Some aspects of the design or conduct of the evaluation represent limitations that cannot be overcome and suggest that some caution in interpreting the results is warranted. For example, no control group was included, and the survey response rates were considerably less than ideal. However, based on the available information, there is some evidence of favorable change in physical activity outcomes that is consistent with that expected from the intervention. However, because there was no comparable change in nutrition outcomes, this second aspect of the intervention should be examined particularly closely before attempting to extend aspects of the intervention to other neighborhoods or communities.

Perhaps the most important factor to note concerning the intervention results was the difficulty in implementing objectives at the higher levels of the SEM. As some of these objectives were not implemented as planned, this is likely to have impacted the “dose” available to the targeted audience. This raises the question of whether there would have been even greater impact on individual-level health behavior (or change distributed across both physical activity and nutrition indicators) if all of these objectives had been fully implemented.

Ancillary Results:

Unintended or ancillary results of the intervention led to significant outcomes in a number of ways. The coalition formed a number of new partnerships and is now involved in new areas that will increase the opportunities for policy and environmental change within the community. Some of the more significant ancillary outcomes were:

- Many of the partnerships that were formed during the two years of the intervention are still continuing, even though the intervention has ended.

- The intervention action planning process helped focus coalition activities around some well defined and targeted (to parents) objectives.
- The SEM model, used to design the intervention, has been used by coalition members in planning other interventions for the community. Experience in implementing this intervention led to an additional grant award for HEAL. This new grant was \$150,000/year for three years and expanded the initiative to seven new neighborhoods:

D C Everest School District

- Weston
- Schofield

Wausau School District

- Lincoln
- South Mountain
- Stettin
- G.D. Jones (2008-09)

Newman Catholic School System

- St Anne's

- Involvement in the intervention led to a connection with the local Municipal Planning Organization and membership on the Pedestrian/Bike Committee.
- A Registered Dietitian was hired to provide more outreach to schools, restaurants, stores and the public based on needs identified during the intervention period.
- Technical assistance from Department of Health Services' NPAO staff was helpful in providing the evidence-based strategies to implement. The selected strategies were consistent with the objectives in the Wisconsin Nutrition and Physical Activity State Plan and with current peer-reviewed literature.



Conclusions and Lessons Learned

It can be undoubtedly difficult to address obesity in multiple sectors of a community, while also using a systems approach like the SEM. Furthermore, community-based interventions are often more challenging than school- or worksite-interventions in terms of measuring change in individual-level health indicators. Nevertheless, the community setting is still worth considering as a viable opportunity to prevent obesity. Working at the community-level gives coalitions an opportunity to impact a greater number of people.

Nevertheless, there is a definite need to match resources and expertise with well planned intervention objectives. For community-based interventions, when resources are limited, it may be wise to: 1) identify a more specific target audience or “segment” of the community to address; 2) using the SEM, select a smaller list of intervention objectives/strategies; or 3) select only one or two sectors of the community to initially address and add additional sectors when resources become available. Focusing coalition efforts on implementing the environment and policy-based objectives may also be a viable means for improving things like dosage, as these types of changes are fairly sustainable (once implemented) when compared to individual-level objectives. Moreover, adequate intervention dosage is something to consider when choosing specific objectives.

The early focus of the intervention in Wausau was to impact all levels of the Socio-Ecological Model using both nutrition and physical activity objectives. In retrospect, this goal was highly ambitious. Furthermore, for various reasons, some of the nutrition and physical activity objectives designed to address the organizational-, community-, and policy-levels of the SEM were only partially implemented during the course of this intervention. Thus, evaluating progress throughout the intervention’s implementation is extremely important. Even with a well thought out intervention action plan, it is important to insert evaluation points throughout implementation of the intervention. This may include checking in with the target audience, revising objectives, or stopping certain intervention components completely. These “check-ins” allow for the refocusing or revising of intervention components as deemed necessary.

Using a theoretical model, such as the Social Ecological Model, increases the likelihood that an intervention will result in behavior change. When using the model, it is important to match available resources and expertise with planned intervention objectives and activities. Select realistic objectives that can be achieved with available resources.

Key Lessons Learned:

In summary, the key lessons learned from the Footprints to Health-Franklin Neighborhood Intervention are the following:

- Start with a high level concept of what you want to do by having a high-level strategic plan for your coalition; tie your intervention action plan to this
 - Sketch out a high-level comprehensive plan; let current and potential partners help formalize the plan
- Define your coalition's role in the planning and implementation of the intervention; Lead? Facilitate?
 - The coalition role can be any or all of the above. Once the plan and partner roles are determined, the coalition needs to consider how to best fill those roles based on what's needed.
- Inventory your community's assets and enlist key partner involvement
 - Determine who is already doing similar work that can be enlisted to help implement the intervention action plan.
 - Identify partners by looking for those individuals or organizations that have similar missions, interests, or funding to accomplish similar goals, in addition to those who are
 - Keep in mind that you will need buy-in first from partners, key champions, etc. before determining final intervention objectives.
- Identify and involve key community champions/key decision makers
 - This might be an elected official, a media person or a local advocate. The point is: can you identify a key "someone" who can make things happen?
- Conduct formative assessment; determine the current challenges and needs of your target audience and determine
- Develop a realistic intervention action plan using the SEM that is appropriately matched to your available resources, consider the following:
 - Consider length of time for the intervention—relative to the behavior change goals and intervention objectives
- Building in "check-ins" or mid-point evaluations to monitor the intervention's progress
- Consider using the RE-AIM Framework to monitor the implementation of the intervention
- Consider intervention dosage to target audience
- Consider your level the current and needed level of buy-in from partners, key champions, etc. before determining final objectives
- Regardless of the size of the "community", time should be taken on the front end to select strategies with the greatest potential impact. Focusing initially on a smaller, targeted set of strategies might be the best way to start.
- Coordinate the intervention action plan, don't "do it all" yourself. Involve partners and members of the target audience.
- Measuring health change at the community level—consider use of mixed methods (qualitative and quantitative), use of different techniques (surveys, environmental assessments), and measurements of things that predict the behavior you want to change (e.g. measure increased access to fruits and vegetables. Because (despite our best efforts) evaluation strategies are still typically imperfect, consider other potential interpretations for observed findings and, to the extent possible, evaluate these. Consider findings for individual indicators, but draw conclusions based on the preponderance of evidence.
- It will take time to change the nutrition and physical activity environment, which may require additional time for that change to impact health behavior or health indicators. To see measurable change, coalitions should consider a lengthening (e.g. 3-5 years) the time frame of interventions of this magnitude.
- Timing is everything; finding the "right time" to try and institute certain changes is a key to success. Take advantage when opportunities present themselves and be patient.

Addressing the community-setting, albeit difficult, is still very important in terms of creating a supportive environment for residents where they live, work, play, worship, and learn. Many studies suggest improved health behaviors are linked to healthy environments, which indicates a promising future for community-intervention work. More interventions are needed that focus on multifaceted community-based environmental change approaches using key elements of other successful social change models, such as the SEM model, are needed. Dosage and adequately impacting the higher-levels of the SEM were important lessons to learn. However, it is also important to note that despite these challenges and limitations, this particular intervention was associated with some favorable changes in physical activity indicators.

Future Implications

There are very few examples in the peer-reviewed literature of community-based interventions focused on obesity, due to the complex nature of both the causes and solutions. However, studies do suggest improved health behaviors are linked to healthy environments, which indicates a promising future for community-intervention work.¹

The ability to change behavioral habits by changing the policies, environment and programming in a community can be difficult without adequate resources (funding, partners, and expertise). The early focus of the intervention in Wausau was to make an impact at all levels of the Socio-Ecological Model. In retrospect, that goal was ambitious because there were not sufficient partners on board to make it happen, despite the good intentions and skills of the key individuals who were involved. Making an impact at the community and policy levels in particular requires buy-in and leadership at a very high level, such as a mayor or key policy maker. Having key stakeholders and champions engaged increases your chances of success. The ability to identify, recruit and facilitate local individuals, groups and resources to implement what is now known will be the biggest challenge for coalitions in impacting the community level. The Nutrition, Physical Activity, and Obesity Program's role in future community interventions will be to develop resources for coalitions that focus on the need for assessing available

community resources, strategic planning and intervention action planning with a focus on what is realistic for coalitions to accomplish when addressing individual, environment, and policy-level change. Because time and resources will continue to be the major barrier to implementation of obesity prevention strategies, development of resources and a structured approach to addressing systems-level change is needed. Thus, development of resources for a tiered approach to change based on local capacity and resources may be one way to give coalitions and local groups the tools they need to make progress.

References Cited:

1. Economos CD, Irish-Hauser S. Community Interventions: A Brief Overview and Their Application to the Obesity Epidemic. *Journal of Law, Medicine, & Ethics*. 2007 35;131-137.

Appendix A: Complete List of Footprints Objectives

Objective/Focus #1: Educational Messages: Produce by April, 2007, research, write, & disseminate to target audience (375 parents) information on time-saving tips & how to select and prepare produce, with the goal of increasing fruit and vegetable consumption. By April 2008, produce 10 more messages.

Objective/Focus #2: Family Meals, By April 2007, research, write & disseminate 40 family meal ideas/recipes that incorporate fruits and vegetables to 375 parents, with the goal to increase the number of family meals. By April 2008, produce 10 more messages.

Objective/Focus: #3 Family Meal Planning Trainings, By April 2007, plan, organize and offer 20 family meal planning trainings for parents at school, church, grocery stores, will reach 200 parents.

Objective/Focus #4: Media Campaign, Family Meal Promotion, By April 2007, create and market at least 20 educational messages concerning family meal promotion, will be disseminated through various media outlets, such as radio, local television, and newspapers.

Objective/Focus: #5 Environmental Change, Stores, Assess, make recommendations, train staff and reassess 8 stores to result in 2 environmental changes in at least 1 grocery store and 1 convenience store.

Objective/Focus: #6 Environmental Change, Restaurants, Assess make recommendations, train staff and reassess 4 restaurants to result in 2 environmental changes in at least 1 locally owned restaurant.

Objective/Focus: #7 By May of 2006, work with Wausau farmers' markets to offer, distribute & redeem at least one voucher for reduced-priced fruits and vegetables for parents participating in Footprints to Health in the Franklin Neighborhood.

Objective/Focus: #8 Organizational Policy for Healthy Eating, by June 2007, a healthy eating policy is in place for at least 3 of 4 or more neighborhood organizations. Separate meetings, assessments and assistance given to targeted Franklin Neighborhood organizations: one after school program, three churches, one community clinic, and the Franklin Elementary School will have taken place.

Objective/Focus #9: Physical Activity Inventory, By April 2006 and August 2006, the HEAL coalition and its partners will complete and distribute an inventory of existing spring/summer and fall/winter physical activity programs and an assessment of current participation of parents in the Franklin neighborhood.

Objective/Focus #10: Neighborhood Walking Challenge, By May 2007, 50 parents living in the Franklin Neighborhood will have participated in a neighborhood walking challenge for families.

Objective/Focus #11: Media Campaign, physical activity, by April 2007, at least 12 educational messages on the benefits of physical activity and ways to be more active will be disseminated through various media outlets such as radio, television and newspapers and via flyers. Messages will focus on how to integrate physical activity into your daily routine.

Objective/Focus #12: Neighborhood Environment, get input from neighborhood leaders, form a neighborhood committee, assess the neighborhood activity environment. By April 2007, at least 2 of the recommended environmental changes will be implemented in the Franklin neighborhood to make more conducive for residents to be physically active.

Objective/Focus 13: Mapping of destinations, by June 2006, public destinations (grocers, parks, retail shops, etc) have been mapped with distances listed and distributed to residents to encourage walking and biking to nearby destinations. Target is 200 Franklin neighborhood households with elementary school children.

Objective/Focus #14: By April 2007, at least 2 walking routes and a walk-to-school program involving parents and children will be established in the Franklin neighborhood. The number of participants using identified walking routes will increase by 10%.

Objective/Focus#15: Access to facilities for physical activity, by April 2007, meet with facility directors in the community (schools, YMCA, park and recreation) to discuss facility availability and policies that will increase availability by 10%. Coalition members will make recommendations to facility directors for expanded hours.